Health & Social Care Bulletin

In this issue No 67/January 2016

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**Prime Minister pledges to deliver seven day GP services by 2020**

Millions of patients will benefit from plans for seven-day access to both their GPs and hospitals, the Prime Minister has announced. The Prime Minister announced details of a new, voluntary contract for GPs to deliver seven day care for all patients by 2020. He has also unveiled proposals to deliver seven day hospital services across half the country by 2018. These are the next steps in making England the first country in the world to provide a seven day health service.


NHS England (London) is successfully engaging with patients and the public according to an independent report launched. The report – written by London Patient Voice (LPV) – sets out how NHS England (London) has made good progress over the last year in engaging with patients, especially when set against a difficult operating environment undergoing significant structural change.

**One in four GP appointments are potentially avoidable**

A new report argues that perhaps 27 per cent of GP appointments could potentially be avoided if there was more co-ordinated working between GPs and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens, and wider system changes. The Making Time In General Practice study by NHS Alliance and the Primary Care Foundation was commissioned as part of the work NHS England is doing with its partners to implement the NHS Five Year Forward View, and expand and strengthen GP services and primary care across England.

**UK end of life care 'best in world'**

End of life care in the UK has been ranked as the best in the world with a study praising the quality and availability of services. The study of 80 countries said thanks to the NHS and hospice movement the care provided was "second to none". Rich nations tended to perform the best - with Australia and New Zealand ranked second and third respectively. But the report by the Economist Intelligence Unit praised progress made in some of the poorest countries.

**Chief Inspector of Hospitals finds significant progress at Croydon Health Services NHS Trust, but further improvements still required**

The Chief Inspector of Hospitals has rated Croydon Health Services NHS Trust as Requires Improvement 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 June 2015. Inspectors found that overall Croydon Health Services NHS Trust was providing services that were effective and caring, but Required Improvement in order to provide services that are safe, responsive and well-led.
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<th>New guidance to raise awareness of the importance of good nutritional care</th>
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<td>NHS England has published new guidance to help ensure patients receive excellent nutrition and hydration care. The guidance has been produced to address the issues raised within ‘Hard Truths’ and the Francis Report; and to the concerns of patient, carers and the public with regard to malnutrition and dehydration. The new guidance draws together the most up to date evidence based resources and research to support commissioners to develop strategies to help ensure excellent nutrition and hydration care in acute services and the community.</td>
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<th>Radical change needed from foundation trusts to tackle intense pressures</th>
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<td>NHS foundation trusts are providing the widest ever range of services to patients in order to protect their health and wellbeing. However, Monitor the health regulator, has warned trusts of the need to continue to improve how they operate - including making radical changes to how care is delivered - if they are to counter the intense pressure they’re under from an increased demand for care and a worst in a generation financial position. Monitor’s analysis of trusts’ performance between April 2015 and June 2015 shows that England’s 151 foundation trusts (the majority of NHS providers) missed a number of national waiting times targets, including in A&amp;E, for routine operations and some cancer treatments. Trusts also struggled to deal with an increase in demand for diagnostic tests, partly due to staff shortages and ineffectively organised services.</td>
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<th>Most hospices are ‘Good’ or better, says the CQC</th>
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<td>Hospices in England are caring for and supporting people in a compassionate way at the end of their lives, according to the Care Quality Commission (CQC). The regulator’s latest ratings data shows that over 90 per cent (34 out of 37 hospices) inspected so far have been judged to be providing Outstanding or Good care. These ratings also mark one year on since the CQC introduced its more rigorous and expert-led approach that assesses hospices across England on whether they are safe, caring, effective, responsive to people’s needs and well-led.</td>
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<th>NHS performance frameworks need radical simplification and alignment, The King’s Fund review finds</th>
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<td>The approach to performance assessment in the NHS requires radical simplification and alignment in future, a review by The King’s Fund finds. This should include a consolidation of the three national outcomes frameworks into a single framework covering the NHS, public health and social care. The review of how to assess the performance of local health systems, commissioned by the Department of Health, finds that the number of national bodies involved in assessing performance results in duplication of effort and unnecessary complexity. It also recommends a rationalisation of the disparate public-facing websites to provide the public with an integrated view of services in an area.</td>
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<th>Improving NHS productivity in elective care will reduce costs and cut the time patients spend in hospital</th>
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<td>The NHS could increase productivity in elective care significantly and cut the length of time patients spend in hospital, if it takes up recommendations in research by Monitor, the health service regulator. Monitor has set out a series of practical steps that hospitals can take to improve clinical outcomes and reduce the amount of money spent on ophthalmology and orthopaedic services by between 13 per cent and 20 per cent.</td>
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<th>Clampdown on NHS staffing agency costs</th>
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<td>A further clampdown on staffing agencies and highly-paid NHS managers employed through agencies has been announced by Health Secretary Jeremy Hunt. This will cap the amount companies can charge per shift for all staff, including doctors and non-clinical personnel. Additionally, NHS regulators will be setting expectations on overall levels of agency spend for each NHS organisation.</td>
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<th>New study reveals ‘striking’ disparity in emergency care use for people with mental ill health</th>
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<td>People with mental ill health had almost five times more emergency hospital admissions in 2014 relative to people without; yet the vast majority of these emergency admissions were not explicitly to support mental health needs, and a proportion of them were potentially preventable. The findings, contained in a new study published by the Nuffield Trust and Health Foundation, suggest that people with mental ill health are not having their physical health adequately managed, despite being known to the NHS for their mental health needs.</td>
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| 23   | New report reviews how well hospitals prevent inpatient falls  
The Royal College of Physicians National Audit for Inpatient Falls (NAIF) reviews how well hospital trusts and local health boards prevent inpatient falls in England and Wales, which are set against the NICE guideline (CG161) on falls assessment and prevention. This is the first time this has been reviewed. The NAIF report reveals that many trusts and local health boards have policies that include the main areas of falls prevention. However, there is often no association between what the policies include and the care patients received once admitted to hospital. |
| 24   | Most people are receiving good care – but strong leadership and collaboration are crucial to facing challenges ahead  
The Care Quality Commission (CQC) has published its annual analysis of the quality of health and adult social care in England. This is the first time such a national assessment has been possible following the CQC’s introduction of a tough, rigorous ratings system. Key findings include that despite increasingly challenging circumstances, the majority of services across health and social care have been rated as good, with some rated outstanding. However, there is significant variation in quality - and safety continues to be the biggest concern across all the sectors that CQC regulates. |
| 27   | NHS 111 opens new front door to improved urgent care  
Delivery of NHS 111 and general practice out of hours services are to be brought closer together to provide patients with a “new front door” to urgent health care services, NHS England has announced. The new service will offer patients improved access to a new 24/7 urgent clinical assessment, advice and treatment service – bringing together NHS 111, GP out of hours and clinical advice. The move is part of NHS England’s ongoing Urgent and Emergency Care Review and will see a streamlining of the way urgent care services are provided around the country. |
| 28   | The Carter Review: reducing variation in care could save NHS £5 billion  
Hospitals can save around £5 billion by reducing variation in care and improving the way they care for patients, Lord Carter has announced. The call is part of the Lord Carter Review into how savings can be made by the NHS, which aims to help local NHS chief executives make their hospitals safer and more efficient at the same time. For the first time, the activity carried out by all NHS hospitals has been reviewed together and broken down by clinical specialty. The results show huge variations in clinical costs, infection rates, readmission rates, litigation payments and device and procedure selection. The review has highlighted the huge opportunity for hospitals to tackle these variations. |
| 28   | The management of adult diabetes services in the NHS: progress review  
Progress has been made in reducing the additional risk of death for people with diabetes and the additional risk of diabetes-related complications has been stable or has reduced for most complications, according to a report from the National Audit Office (NAO) entitled, “The management of adult diabetes services in the NHS: Progress review”. However, there are still 22,000 people estimated to be dying each year from diabetes-related causes that could potentially be avoided. |
| 29   | Social care budget cuts damaging the NHS, latest King’s Fund quarterly monitoring report finds  
Cuts in local authority social care budgets are adversely affecting health services, according to nearly nine out of 10 (88 per cent) of NHS trust finance directors and eight out of 10 (80 per cent) of clinical commissioning group finance leads surveyed for The King’s Fund’s latest quarterly monitoring report. These findings are reinforced by NHS performance data analysed for the report. This shows that more than 5,000 patients experienced delays in being discharged from hospital at the end of August 2015 – the highest level at this time of year since 2007. Further analysis for the report reveals that nearly a third of these delays were caused by problems accessing social care services – an increase of 21 per cent in the past year. |
| 30   | New figures published for adult safeguarding referrals  
Official statistics about adult safeguarding referrals made to councils in England have been published by the Health and Social Care Information Centre (HSCIC). The ‘Safeguarding Adults, England 2014/15’ report, contains information about instances where a concern has been raised to a council about an adult over the age of 18 who is at risk of abuse. The report also includes the results of investigations into these concerns. |
Where cancer patients live could influence late diagnosis
If all the regions of England were as good as the South West at diagnosing cancer early nearly 20,000 more patients over two years could be diagnosed at stage 1 or 2, giving them a better chance of survival, according to Cancer Research UK. In breast cancer the figures show that, where staging data has been recorded, almost a quarter of breast cancer patients in London were diagnosed late compared to just 10 per cent in Leicestershire and Lincolnshire. This equates to around 1,000 London breast cancer patients missing out on an earlier diagnosis.

Health Secretary outlines measures for greater patient power
The Health Secretary, Jeremy Hunt has outlined plans for the most patient-focused NHS culture ever. From 2016, for the first time, new ‘Ofsted style’ ratings will show patients how their local area’s health service is performing in crucial areas, including: cancer, dementia, diabetes, mental health, learning disabilities and maternity care. The new ratings, broken down by clinical commissioning group (CCG), will not only be based on local data but will also be verified by experts in each field.

Better Health for London: One Year On
On 30 October 2014, Lord Darzi published the ‘Better Health for London’ report which, along with the NHS’ Five Year Forward View, set out aspirations for improving the health of Londoners and making the capital the healthiest city in the world. Now, one year on, the London Health Board - made up of NHS England (London), the capital’s 32 clinical commissioning groups (CCGs), Public Health England (London) and Mayor Boris Johnson - has published a new report setting out the extent of the progress made over the past 12 months.

‘Gradual decline’ in NHS waiting times unlikely to improve soon, but other areas of care quality show a more mixed picture
Waiting times for hospital and other care services are under severe strain and are unlikely to improve in the near future, according to new analysis published by the Nuffield Trust and The Health Foundation. But there are still many areas of excellent care despite considerable pressures on the NHS, the report reveals. The findings are published in the Nuffield Trust and Health Foundation’s annual assessment of the quality of care being delivered to patients in England. The report highlights many areas of continued improvement in care quality, from high vaccination and screening rates, to reductions in unplanned admissions for children.

Junior doctors’ contract offer
A firm contract offer for junior doctors has been published by the Department of Health and NHS Employers. The offer is fairer and safer for doctors and safer for patients and builds on the cast-iron guarantees that the Government has already set out on pay, working hours and patient safety, according to the Department of Health.

Integrated care “critically important” for older people with social care needs and multiple long term conditions
Health and social care services should work more closely together to ensure older people with social care needs and multiple long term conditions receive effective care, according to the National Institute for Health and Care Excellence (NICE). In the latest social care guidance, NICE calls for care to be integrated so that better, more person-centred care can be provided for the growing number of older people with social care needs and multiple long term conditions.

Sunday GP appointments ‘not in demand’, research says
Four out of five people are happy with their GP surgery’s opening hours, and Sunday appointments are not in demand, suggests research in the British Journal of General Practice (BJGP). The figures come from a survey of more than 800,000 patients across England. The Government wants GP practices to team up to offer services over seven days of the week in their local area, saying it will reduce pressure on A&E. But doctors’ leaders say the move is not the best use of NHS resources.

Big data driving earlier cancer diagnosis in England
The proportion of cancers diagnosed as an emergency at hospital has decreased. At the same time, the proportion of cancers diagnosed through urgent GP referral with a suspicion of cancer has increased. The complete Routes to Diagnosis data, which covers more than two million patients diagnosed with cancer from 2006 to 2013, has been published by Public Health England (PHE). This data shows how people are diagnosed, with associated survival rates, for 56 different cancer sites and is a vital tool to help improve early diagnosis.
### Waiting times for reablement services double
Waiting times for reablement services have doubled over the past two years, finds an annual audit of intermediate care provision. People waited 8.7 days on average between referral and assessment for a reablement service in 2015, up from 5.3 days in 2014 and just 4.2 days in 2013. The increase, revealed by the National Audit of Intermediate Care 2015, came as investment in reablement fell from 2014/15.

### More than 150,000 A&E patients in London ‘not GP-registered’
More than 150,000 patients who were seen in London’s Accident and Emergency (A&E) units in 2014 were not GP-registered at the time, the BBC has discovered. Because many of them did not need emergency care, this put unnecessary pressure on A&E departments and staff. One leading GP and author said doctors would struggle to cope if everybody in London tried to register with a GP.

### More UK Muslims likely to use hospice care, report says
UK hospices could see a significant increase in Muslim patients in the coming years, in part due to changes to the traditional family structure, a report has suggested. Muslim communities have historically not relied upon hospices, with families instead caring for relatives at home, the report by the Woolf Institute says. But that is becoming harder, with more parents both now working, it added. It called for better planning so Muslim patients can access care in the future.

### Mental health services take a ‘leap in the dark’ on patient care
Large-scale changes to mental health services are a ‘leap in the dark’ and are having a negative impact on patient care, says a briefing published by The King’s Fund. The briefing entitled, ‘Mental health under pressure’ shows that the sector is under a huge amount of strain, with around 40 per cent of mental health trusts experiencing a cut in income in 2013/14 and 2014/15. This is in marked contrast to the acute sector, where more than 85 per cent of trusts saw their income increase over the same period.

### Winter NHS pressures ‘bite early’
Winter pressures are biting early with latest figures showing a host of targets are being missed and signs more patients are getting stuck in hospital. Data from NHS England showed that in September 2015 the health service missed its A&E target to see, treat or discharge patients within four hours. Performance also fell short on access to cancer treatment, diagnostic tests and ambulance response times. Delays discharging hospital patients have also reached record levels.

### London’s urgent and emergency care to become co-ordinated, consistent and clear
Healthy London Partnership, a collaboration between all London clinical commissioning groups (CCGs) and NHS England London region, has set out in its report how London’s urgent and emergency care services will become co-ordinated, consistent, clear and available seven days a week. Once implemented it would mean three standardised centres for urgent and emergency care: urgent care centres; emergency centres; and emergency centres with specialist services.

### Challenging environment for NHS providers
NHS providers – both trusts and foundation trusts – are facing significant challenges on both finance and operational performance against key national standards at the mid-point of the year. Figures setting out the financial position of the NHS provider sector show that it recorded a half year (1 April to 30 September 2015) deficit of £1.6 billion. While between 1 July to 30 September 2015 – many providers struggled to achieve several key national healthcare standards.

### Inequalities in health and life expectancies persist
Inequalities in health and life expectancies persist in England and its local authority areas. A new Office for National Statistics (ONS) report produced in conjunction with Public Health England (PHE) has been published revealing the scale of inequalities in life expectancy and healthy life expectancy across England, but also within local authority areas. The data shows that wide inequalities exist not only between the most and least deprived areas of the country; but between the most and least deprived areas within local councils across the country.

### Unprecedented investment in the NHS
The NHS will receive an additional £10 billion a year above inflation by 2020, with almost £6 billion frontloaded by the first year of the Spending Review, the Government has decided. The Spending Review announcement means that over the course of this Parliament, the Government will spend over half a trillion pounds on the health service – an unprecedented level of investment. The additional funding will allow the NHS to offer 800,000 more operations and treatments, two million more diagnostic tests, 5.5 million more outpatient appointments and spend up to £2 billion more on new drugs that patients need.
Prime Minister announces funding for UK’s first Dementia Research Institute
The UK’s first Dementia Research Institute is set to receive up to £150 million to deliver a step change in research and development to tackle the disease. Led by the Medical Research Council, the Institute will bring together world-leading experts, universities and organisations to drive forward research and innovation in fighting dementia. The Institute will have a central UK hub, with links to universities across the country and will build on the centres of excellence in dementia already operating across the UK.

Excess Winter Mortality in England and Wales 2014/15 (Provisional) and 2013/14 (Final)
The Office for National Statistics (ONS) has published figures on Excess Winter Mortality in England and Wales 2014/15. An estimated 43,900 excess Winter deaths occurred in England and Wales in 2014/15, the highest number since 1999/00, with 27 per cent more people dying in the Winter months compared with the non-Winter months. The majority of deaths occurred among people aged 75 and over; there were an estimated 36,300 excess Winter deaths in this age group in 2014/15, compared with 7,700 in people aged under 75.

Hospital inpatient care: over 10,000 more admissions a day than 10 years ago
Latest figures published by the Health and Social Care Information Centre (HSCIC) show that there were 15.9 million admissions to NHS hospitals in England in 2014/15 - the equivalent of 43,500 per day. This is 1,200 more per day on average than in 2013/14 and 10,400 more per day on average than 10 years ago in 2004/05. The report entitled, ‘Hospital Episode Statistics, Admitted Patient Care, England - 2014-15’; from the HSCIC includes national and regional statistics on admissions relating to time waited, diagnosis and procedure, consultant main speciality and external cause codes.

Chief Inspector of Hospitals recommends London Ambulance Service NHS Trust is placed into special measures
England’s Chief Inspector of Hospitals, Professor Sir Mike Richards, has recommended that London Ambulance Service NHS Trust should be placed into special measures following an inspection by the Care Quality Commission (CQC). Overall, London Ambulance Service (LAS) NHS Trust has been rated as Inadequate. A team of inspectors found that the Trust delivered services that were caring, but that improvements were needed on safety, effectiveness, responsiveness and leadership.

Stocktake of access to general practice in England
People’s experience of accessing general practice remains positive, with almost nine in 10 patients reporting in 2014/15 that they could get an appointment. Patient satisfaction with access is, however, gradually and consistently declining, and a fifth of patients report opening hours are not convenient, according to a report from the National Audit Office (NAO) entitled, ‘Stocktake of access to general practice in England’.

A&E waiting times ‘getting worse’
Waiting times in accident and emergency (A&E) departments across the UK are worsening as pressures grow in hospitals, figures suggest. The data, collected by the Royal College of Emergency Medicine (RCEM), showed 88 per cent of A&E patients were treated or admitted within four hours - below the 95 per cent target. The figures are based on evidence submitted by more than 40 trusts - one in five of the total in the UK. Hospitals also reported significant problems discharging patients.

Listening to Londoners: how NHS England (London) engaged with patients and the public in 2014/15
NHS England (London) has launched its annual report on patient and public participation and engagement for 2014/15. The report outlines how patients and the public have been involved in the commissioning processes and decisions across the organisation, from steering London’s Pharmaceutical Services Regulation Committee to improving cancer services in the capital and more.

Stroke in the UK: what to expect
The latest annual Sentinel Stroke National Audit Programme (SSNAP) report has revealed further improvement in stroke care is needed. The second annual SSNAP report said that, despite steady progress in stroke care, further work needs to be done to ensure that patients have access to key interventions and assessments when they are admitted to hospital.

Improvements in A&E and financial performance at Kingston Hospital recognised by regulator
Monitor has closed its investigation into Kingston Hospital NHS Foundation Trust after the Trust took action to improve its A&E and financial performance. The regulator launched its investigation in June 2015 because patients were waiting too long to receive A&E treatment and to understand what could be done to reduce the deterioration of the Trust’s finances.
**Monitoring the Deprivation of Liberty Safeguards report shows the need for greater efforts to protect vulnerable adults**

The Care Quality Commission (CQC) has published its sixth annual monitoring report on how hospitals and care homes in England are using the Deprivation of Liberty Safeguards (DoLS). Part of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards protect the rights of people who are deprived of their liberty so that they can be given necessary care and treatment. Data from the CQC’s own more robust and specialist inspection regime shows that there is variation between providers. This means that people are not consistently receiving the protections of the Deprivation of Liberty Safeguards, which help to make sure that they are treated and cared for with dignity and respect, as much as possible in line with their own wishes.

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**Devastated families left without answers as avoidable death and harm incidents aren’t being investigated properly by hospitals across England**

Nearly three-quarters of hospital investigations into complaints about avoidable harm and death claimed there were no failings in the care given, despite the Parliamentary and Health Service Ombudsman’s (PHSO) investigations of the same incidents uncovering serious failings. The wide-ranging review of the quality of NHS investigations into complaints about avoidable harm or death by the Parliamentary and Health Service Ombudsman, found that inadequate hospital investigations are leaving distraught patients and families without answers and delaying much-needed service improvements.

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**NHS discharge delays hit record levels**

Vulnerable patients are getting stuck in hospital in England as delays discharging people hit record levels, figures show. There were more than 160,000 days lost to delays in October 2015 - up a third since 2010. Experts said the problems were being caused by a lack of community services to release patients into. The figures also showed many NHS targets - covering A&E units, cancer care and ambulances - were being missed.

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**The NHS will struggle this Winter, new analysis shows**

Just 3.6 per cent of patients took up over a third of all bed capacity in acute hospitals in England last year, new analysis by the Nuffield Trust of pressures on the NHS last Winter has found. The patients in this group were likely to have been frail or elderly people who the system was not ready to return to their own homes or to nursing or residential homes, despite their medical treatment being finished.

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**NHFD report urges commissioners to question how long patients with hip fractures remain in rehabilitation**

The National Hip Fracture Database (NHFD) commissioners’ report highlights that clinical commissioning groups (CCGs) in England should question the length of stay for rehabilitation beds they commission in community hospitals and care homes for hip fracture, and other conditions affecting older people because NHS information systems are not reliably recording this information. They should also investigate the quality of care at the hospitals in their area. The NHFD commissioners’ report is aimed at CCGs in England and, in particular, commissioners who commission services for hip fracture, trauma and care for older people.

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**People are not being offered enough support to exercise their rights when subject to the Mental Health Act, finds the CQC**

People are not being offered enough support to exercise their rights when subject to the Mental Health Act, the Care Quality Commission (CQC) has found. The CQC has highlighted that greater attention needs to be given to supporting people who are subject to the Mental Health Act. This includes how they are involved in their care, if they are empowered to exercise their legal rights and if they receive the safeguards provided to them by the Mental Health Act when they are being detained in hospitals or subject to conditions in the community.

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**Inpatient survey shows only modest improvements in patient experience**

The inpatient survey in England shows that over the past nine years, trusts have seen only a modest improvement in quality of care as judged by patients, according to a new report from The King’s Fund and Picker Institute Europe. The first longitudinal study of patient experience by trust entitled, ‘Patients’ experience of using hospital services’ finds that, while overall there have been small improvements in patient experience reported between 2005 and 2013, the results show a tendency towards inertia or regression to the average.
### Care Quality Commission not yet an effective regulator

The Public Accounts Committee (PAC) has raised new concerns about the performance of the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. Its 12th report of this Session recognises the Commission has made "substantial progress" since 2012 but finds "it is behind where it should be, six years after it was established, in that it is not yet an effective regulator."

### London deal paves way to transform health care across the capital

Plans that will set in motion the radical transformation of health and social care services across London were revealed on 15 December 2015 by Chancellor of the Exchequer George Osborne and Health Secretary Jeremy Hunt. Outlining the first steps towards reshaping healthcare across London, the Chancellor signed a health devolution agreement with the capital’s health and civic leaders which will allow it to begin the process of taking control of its own affairs. The agreement, signed at Great Ormond Street Hospital, will begin with five devolution pilots to be launched across London focused on different topics:

### Sustainability and financial performance of acute hospital trusts

The financial performance of acute hospital trusts has significantly declined in the last year and their financial position looks set to worsen in 2015/16, according to a report from the National Audit Office (NAO) entitled, ‘Sustainability and financial performance of acute hospital trusts.’ The deterioration in the financial position of NHS trusts and NHS foundation trusts has been severe and worse than expected, with their £843 million deficit in 2014/15 representing a sharp decline from the £91 million deficit reported in 2013/14.

### New guidelines to improve care for people at the end of life

The National Institute for Health and Care Excellence (NICE) has launched the first guidelines for the NHS on improving care for people who are in their last days of life. The guidelines aim to put the dying person at the heart of decisions about their care, so that they can be supported in their final days in accordance with their wishes.

### Hospitals get £1.8 billion for sustainability and transformation

A sustainability and transformation fund will give NHS the resources it needs as part of the Five Year Forward View to sustain services, the Department of Health has announced. The money will also help challenged hospitals to achieve financial balance while focusing on changing the way they provide high quality care for patients. The transformation fund, which will be allocated dependent on hospitals meeting a series of strict conditions, will give the NHS the time and space it needs to put transformation plans in place. This will make seven day services a reality for patients and will meet the ambitions of the NHS Five Year Forward View.

### Health Survey for England, 2014

The Health Survey for England series was designed to monitor trends in the nation’s health, to estimate the proportion of people in England who have specified health conditions, and to estimate the prevalence of risk factors associated with these conditions. The surveys provide regular information that cannot be obtained from other sources on a range of aspects concerning the public’s health. The surveys have been carried out since 1994 by the Joint Health Surveys Unit of NatCen Social Research and the Research Department of Epidemiology and Public Health at the University College London.

### NHS England allocates £560 billion of NHS funding to deliver NHS Five Year Forward View

The NHS England Board has decided how the health service will spend its budget for the next five years, including the additional £8.4 billion real terms NHS funding growth announced in the Government’s Spending Review in November 2015. The health service locally is being given a five year settlement so local health leaders in every part of the country can put services on a stable financial footing and develop robust plans to accelerate the redesign of care set out in the NHS Five Year Forward View, according to the Department of Health.

### NHS nursing levels: Nine in 10 hospitals missing targets

The vast majority of hospitals in England are struggling to recruit enough nurses, figures show. Some 92 per cent of the 225 acute hospital trusts in England did not manage to run wards with their planned number of nurses during the day in August 2015. The figures, published by the NHS, show that hospitals in England are falling short of their own targets for levels of safe staffing. The Department of Health said staffing was a priority.
### Millions ‘suffer in silence’ with incontinence

Millions of people in England experience problems with continence but many are not getting the support they need, health officials have warned. In guidance published by NHS England, experts have suggested people “suffer in silence” because they are too embarrassed to talk about the issue. It has called for better training for all staff. Patients also need to be told more about what treatments and support are available, it said.

### Frail older people too afraid to complain about poor care

Many older people are afraid to raise the alarm when something goes wrong in their care and worry about what will happen to them if they do, according to a new report. The report entitled, ‘Breaking down the Barriers’ produced by the Parliamentary and Health Service Ombudsman (PHSO), reveals that people over the age of 75 often lack the knowledge and confidence to complain, and worry about the impact complaining might have on their future care and treatment.

### Social Care

#### CQC inspectors publish ratings on London adult social care services

The Care Quality Commission (CQC) has published reports on the quality of care provided by adult social care services across London. Under the CQC’s new programme of inspections, all of England’s adult social care services are being given a rating according to whether they are safe, effective, caring, responsive and well led.

#### New requests for adult social care support actioned by councils approaches two million

Just under two million (1,846,000) requests for adult social care support for new clients were actioned by councils during 2014/15. This equates to an average of 5,000 new requests actioned per day. This figure comes from ‘Community Care Statistics: Social Services Activity, England 2014-15’, released by the Health and Social Care Information Centre (HSCIC). This report is based on a new national data collection from councils, which covers short and long term social care and provides new information on the primary reason people need support.

#### Government won’t claw back £146 million paid to councils for delayed Care Act reforms

The Government will not claw back £146 million paid out this year to local authorities to prepare for Care Act funding reforms that were originally due to come into force in April 2016, but were later postponed by ministers until 2020. Councils received £146m million to carry out early assessments of self-funders in 2015 on the basis that a cap on care costs would be introduced from April 2016. When the Government decided to delay the reforms until 2020 questions were raised over whether councils would get to keep the funding or not. Jon Rouse, the Department of Health’s director general for social care, told the House of Commons’ Public Accounts Committee on 12 October 2015 the cash will be invested in the social care system.

#### Care sector faces crisis as huge new care workforce gap revealed

The adult social care sector in England faces a gap of 200,000 care workers by the end of this Parliament because of restrictions on immigration and a failure to attract British workers. Longer term, the sector could face a shortfall of one million workers in the next twenty years. That’s according to new research from Independent Age, the older people’s charity, and the International Longevity Centre-UK (ILC-UK). The report entitled, ‘Moved to care’, maps the size, shape and scope of the care workforce in England and warns of the impact of recent restrictions on migration and a continued failure to attract more UK born workers to social care.

#### Adult Social Care and the Spending Review and Autumn Statement 2015

The Spending Review creates a social care precept to give local authorities who are responsible for social care the ability to raise new funding to spend exclusively on adult social care. The precept will work by giving local authorities the flexibility to raise council tax in their area by up to two per cent above the existing threshold. If all local authorities use this to its maximum effect it could help raise nearly £2 billion a year by 2019-20. From 2017, the Spending Review makes available social care funds for local government, rising to £1.5 billion by 2019/20, to be included in an improved Better Care Fund.

#### Tackling the ‘revolving door of care’ for adults with social care needs needing hospital treatment

New guidance has been published to help prevent people with social care needs staying in hospital unnecessarily. The guideline from the National Institute for Health and Care Excellence (NICE) will ensure people with social care needs who need hospital treatment get the support they need to leave hospital in a co-ordinated and timely way. The guideline will also help to avoid repeated hospital stays.
Care Act reforms highlight increasing cost pressures on councils

The Public Accounts Committee (PAC) has raised fresh concerns over the funding and provision of public services in its tenth Report of this Session entitled, ‘Care Act first-phase reforms and local government new burdens’. The Report follows the Committee’s inquiry into the implementation of the first phase of the Care Act, which places additional cost burdens on local councils. The Committee believes “carers and the people they care for may not get the services they need because of continuing reductions to local authority budgets and demand for care being so uncertain”.

Care sector ‘at risk despite promises of more money’

Vital care services for older and disabled people in England remain at risk - despite Government attempts to protect the sector, care leaders have said. In November 2015, the Chancellor of the Exchequer George Osborne announced plans he said would lead to an above-inflation rise in care budgets. But council chiefs, NHS managers and care bosses have cast doubt on those claims in a letter to the Chancellor. It warns his plans would leave a funding gap and put vulnerable people at risk - denied by the Government.

For further info
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Health
Prime Minister pledges to deliver seven day GP services by 2020

Millions of patients will benefit from plans for seven day access to both their GPs and hospitals, the Prime Minister has announced.

The Prime Minister announced details of a new, voluntary contract for GPs to deliver seven day care for all patients by 2020. He has also unveiled proposals to deliver seven day hospital services across half the country by 2018. These are the next steps in making England the first country in the world to provide a seven day health service.

In 2014, the Prime Minister pledged to provide seven day GP services for families throughout the country by 2020. By March 2016, 18 million people will have benefited from improved access to general practice, including appointments in the evening, at the weekend and by phone.

The Department of Health said that the Government has listened to GP leaders who say that the time has come for a new, voluntary contract option for general practice, integrated with community nurses and other health and care professionals, to provide more seamless, person-centred care for patients. That approach is embedded at the heart of NHS England’s Five Year Forward View. This new contract will be better for GPs and better for patients, and the Government will fund it with money from within the £10 billion of additional investment on the back of a strong economy. The key principles of the new contract will be:

- more money for primary care
- more control for GPs over the way they work
- more time to care for patients, and services seven days a week.

The Department of Health went on to say that the new contract will remove the bureaucratic box-ticking of the 2004 GP contract – freeing up GP time to provide the quality of care that they and their patients want. Micro-management of GPs’ work through the Quality and Outcomes Framework (QOF) and other sorts of bureaucracy will be scrapped, giving doctors far greater professional control.

As part of a new “patient guarantee”, the Prime Minister announced that the Government intends to make it a requirement in its new mandate to NHS England that they and clinical commissioning groups (CCG) should ensure that every patient has access to seven day services by 2020. The Department of Health will be setting out milestones for delivery in the coming months. By improving access to primary care, the Government will be able to relieve pressure on A&E and other emergency services within the NHS.

The Government is also committing £750 million over the next three years to fund improvements in premises, technology and modern ways of working, such as supporting federations and larger practices in providing seven day services through a flexible range of face-to-face, telephone, email and Skype consultations.

The Government is now guaranteeing, by the end of this Parliament, that patients who need to be in hospital will receive the same high quality assessment, diagnosis and treatment as on any other day of the week. By 2017, a quarter of the population who have urgent or emergency hospital care needs will have access to the same level of consultant assessment and review, diagnostic tests and consultant-led interventions seven days a week, including those living in Northumberland and the North East, Greater Manchester, Leicester, Leicestershire and Rutland, Southampton and North West London.

The Government is now giving the NHS the concrete objective of achieving 50 per cent population coverage to those standards by 2018, and complete coverage by 2020.
The Government will work with the medical and nursing professions to offer, by April 2017, a new contract to GPs that properly recognises the outcomes that GPs and their colleagues deliver for patients, including seven day access.

The new contract will be voluntary, with federations or practices that cover populations of at least 30,000 patients. GPs who choose to join it will continue to work in local neighbourhood surgeries and health centres, with all the traditional benefits of family practice. But they will now be able to join forces with neighbouring GPs to form these federations and networks of practices – allowing them to deliver better integrated care and work more closely alongside community nurses, hospital specialists, pharmacists and other health and care professionals.

This will help to break down old-fashioned boundaries between GPs and hospitals, between physical and mental health, between health and social care – and enable the NHS to work better with local communities to keep people healthy and avoid unnecessary hospital admissions.

The new contract will be offered to GPs on a phased basis, starting with those groups of GPs that are most ready to work in this new way and building on the success of the pioneering Prime Minister’s Challenge Fund for GP access and the NHS vanguards. In addition, the Government’s £750 million GP access fund will be subject to a bidding process, with applications to be received by the end of 2015 and the first schemes approved in 2016.

The Department of Health has said that the plans will mean a dramatic improvement in standards of patient care at weekends. In the first phase, at least a quarter of the population will, by 2017, have access to services which meet the key seven day clinical standards recommended by Prof Sir Bruce Keogh, the NHS Medical Director and supported by the Academy of Medical Royal Colleges.

Whatever day of the week it is, if patients are admitted to hospital in an emergency, they will be seen and have a thorough assessment by a suitable consultant as soon as possible and no more than 14 hours after arrival, over and above other treatment. If they are in a high dependency ward, they will be seen and reviewed by a consultant twice daily. If they are on a general ward, they will be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week. Now, only 10 per cent of hospitals report that they meet this standard in all their clinical specialties measured in the baseline – falling as low as 33 per cent of patients in geriatric medicine.

Whatever day of the week it is, inpatients will get the full range of diagnostic tests, such as xray, ultrasound, and MRI – and then will be given the results without delay. And they will get quick access to any urgent consultant-led treatment they need. Now, just over 10 per cent of hospitals across England report that they provide all 14 of the diagnostic services seven days – though all the evidence shows that in tackling diseases like cancer, early diagnosis and treatment are the key factors in improving survival rates. Currently there is only 52 per cent availability over seven days for echocardiography results. There will be 50 per cent population coverage in all key hospital services to those same standards by 2018, and then complete coverage by 2020.

Source: [www.gov.uk](http://www.gov.uk) 4 October 2015


NHS England (London) is successfully engaging with patients and the public according to an independent report launched. The report – written by London Patient Voice (LPV) – sets out
how NHS England (London) has made good progress over the last year in engaging with patients, especially when set against a difficult operating environment undergoing significant structural change.

London Patient Voice is an innovative and independent scrutiny panel set up by NHS England (London) to assess whether it is successfully engaging the public and patients in the London region. NHS England (London), LPV and the Centre for Public Scrutiny (CiPS) which recruited the panel, believe the unique approach of assisting patients and the public to scrutinise how well the NHS is involving them in service delivery and planning, could provide a useful template for other areas to emulate.

The report contains a number of recommendations, all of which have been accepted by NHSE (London) many of which are already being implemented. The recommendations made by LPV include: improvements in the planning and consistency of training, better recruitment of lay members, on-going support for members, ensuring parity of esteem of patient involvement and learning from best practice in other organisations. LPV also recommended that patient involvement is hardwired into commissioning to improve patient experience and outcomes.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 5 October 2015

**One in four GP appointments are potentially avoidable**

A new report argues that perhaps 27 per cent of GP appointments could potentially be avoided if there was more co-ordinated working between GPs and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens, and wider system changes.

The Making Time In General Practice study by NHS Alliance and the Primary Care Foundation was commissioned as part of the work NHS England is doing with its partners to implement the NHS Five Year Forward View, and expand and strengthen GP services and primary care across England. The report was overseen by a steering group including the Royal College of GPs and the British Medical Association (BMA) GPs’ Committee.

The report finds that a significant amount of GP time could be freed up if family doctors were not having to spend time rearranging hospital appointments, and chasing up test results from local hospitals. This accounted for 4.5 per cent of appointments in the study, an estimated 15 million appointments if repeated across England.

The report also estimated one in six of the patients in the study could potentially have been seen by someone else in the wider primary care team, such as clinical pharmacists, practice nurses or physician assistants, or by being supported to meet their own health needs.

The report states:

- 6.5 per cent of their appointments could have been seen by another professional within the practice
- 5.5 per cent could have been seen by community pharmacy or the patient could have been given support to deal with the problem through self-care
- four per cent of appointments might have been dealt with through social prescribing/navigation.

In July 2015, NHS England launched a £15 million scheme to fund, recruit and employ clinical pharmacists in GP surgeries.
The study argues that the reduction of bureaucracy in general practice should be made a national priority; freeing up time for practices to work together, improving communication between general practice and hospitals, unlocking the potential for the whole system to work together, as well as supporting changes and improvements within individual practices. In particular, the report calls for streamlined payment systems that GPs use, to simplify and speed up how much time practice managers spend on entering data.

Immediate practical steps to cut down on bureaucracy suggested by the report include:

- patients who are unable to attend a hospital appointment should be able to re-book within two weeks without going back to the GP. Booking and rearranging hospital appointments should be simpler without the patient needing to go back to the GP
- practices should employ a wider range of staff within the practice team, with the decision on the type of staff left to the discretion of individual practices and federations
- NHS England will work with doctors to streamline communication, particularly between hospitals and practices, and reduce the workload of processing information within practices
- practices should free up time for GPs and other leaders in the practice to think through how they can work differently, learning the lessons from the Prime Minister’s Challenge Fund sites and the Vanguard sites as they become available – creating the ‘headroom’ needed to plan new ways of working and clinical innovation
- GP federations should be funded to work across their practices to build practical social prescribing projects that offer real alternatives to taking up GP time with patients whose needs can be better met by other kinds of support in the wider community.

Source: www.england.nhs.uk 5 October 2015

UK end of life care 'best in world'
End of life care in the UK has been ranked as the best in the world with a study praising the quality and availability of services.

The study of 80 countries said thanks to the NHS and hospice movement the care provided was "second to none".

Rich nations tended to perform the best - with Australia and New Zealand ranked second and third respectively.

But the report by the Economist Intelligence Unit praised progress made in some of the poorest countries.

For example Mongolia - ranked 28th - has invested in hospice facilities, while Uganda - 35th - has managed to improve access to pain control through a public-private partnership.

The rankings were worked out following assessments for the quality of the hospitals and hospice environments, staffing numbers and skills, affordability of care and quality of care.

Just 34 out of 80 countries provided what could be classed as good end of life care - and these accounted for just 15 per cent of the adult population.

The report said the quality of end of life care was becoming increasingly important with the ageing population, meaning people were increasingly facing “drawn-out” deaths.

The UK received top marks for affordability - as would be expected for a service that is provided free at the point of need - but also got a perfect score for quality of care.
Overall it was given 93.9 out of 100, but the report still said there was room for improvement - as there was with all the top-performing nations.

The UK also came top the last time this report was produced in 2010. Also in the top 10 this time were the Irish Republic, France, Germany and the US.

Iraq and Bangladesh finished bottom of the ranking, while China was in the worst 10.

Source: www.bbc.co.uk/news 6 October 2015

Chief Inspector of Hospitals finds significant progress at Croydon Health Services NHS Trust, but further improvements still required

The Chief Inspector of Hospitals has rated Croydon Health Services NHS Trust as Requires Improvement 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 June 2015. Inspectors found that overall Croydon Health Services NHS Trust was providing services that were effective and caring, but Required Improvement in order to provide services that are safe, responsive and well-led.

Trust core services, including emergency services, critical care, maternity and gynaecology, and end of life care are provided at Croydon University Hospital, while outpatient, phlebotomy and imaging services are provided at Purley War Memorial Hospital. The Trust also provides community health services for adults, children, young people and families.

Community health services for adults were found to be effective, caring and well-led, but required some improvement to ensure that all aspects of care were safe and that services were responsive to patient needs.

Community health services for children, young people and families were found to be safe, caring and responsive; however, some improvements were required in order to ensure that services were effective and well-led.

Although patients said that they received compassionate care and were treated with dignity and respect, inspectors found that not all staff were reporting incidents and the Trust was reporting fewer incidents than trusts of a similar size. Feedback and learning from incidents was also inconsistent.

Operations were sometimes cancelled and the day surgery department experienced difficulty in coping with the increased level of activity. Patients were also often delayed when being discharged from the critical care department.

Staff working within the inpatient and community service teams were using different IT systems to record patient care. Although aspects of the systems were working, staff in some services were continuing to use paper records until problems had been resolved or the systems could be more effectively integrated.

Inspectors found that staff attendance at mandatory training including safeguarding vulnerable adults and children varied across services and needed to improve.

Vacancies across all staff groups, including nurses, doctors and allied health professionals remained. In order to maintain safe staffing levels, the Trust regularly used locum and bank and agency staff, while the recruitment of new staff was on-going.

The Chief Inspector of Hospitals, Professor Sir Mike Richards, said:
“Since our last inspection, in September 2013, Croydon Health Services NHS Trust has made significant improvements across a number of services in relation to patients being able to access care and treatment in line with national standards.

“Good progress has been particularly made in developing both the inpatient and community health services to meet the specific needs of the local population, particularly for vulnerable people.

“Patients and families we spoke with told us they received compassionate care and were treated with dignity and respect.

“Despite this, the Trust continues to face challenges in many other areas, including community services, surgery and critical care.

“Operations were sometimes cancelled, the day surgery department experienced difficulty in coping with the increased level of demand and patients were often delayed when being discharged from critical care.

“We were concerned that vacancies across all staff groups remained an ongoing issue, resulting in the regular use of locum and bank and agency staff to maintain safe staffing levels. However, we were encouraged to see that the Trust is committed to ongoing recruitment of new staff.

“Although we found several examples of outstanding practice, we have told the Trust about a number of areas that require improvement, which I expect the Trust to address as a priority. We will continue to monitor the Trust's performance and we will return in due course to check on their progress.”

Inspectors saw several areas of outstanding practice, including:

- the Specialist Palliative Care team had engaged with the public and staff to inform the development of the ‘care of the dying person care plan’. This included new prescribing guidance for symptoms that occur at the end of life, as well as new medical guidance
- the Trust was involved in the LEGACY study for secondary breast cancer, in collaboration with the Royal Marsden and the Institute of Cancer Research. The objectives of the LEGACY study are to provide researchers with the best opportunity to understand secondary breast cancer, how it works and how to stop it
- the special care baby unit had level 2 UNICEF accredited baby-friendly status where breast feeding was actively encouraged and mothers were given every opportunity to breast feed their babies
- the urogynaecology and pelvic floor reconstruction unit had an international profile in relation to research, providing courses to the obstetric community which had won numerous awards
- the maternity service was currently developing and piloting a programme of antenatal courses designed to support women with limited English
- the children's specialist nurse diabetic service supported children and young people along with their carers to manage their disease and were part of a 24-hour helpline enabling parents and young people to access the advice and care they needed at all times.

The Trust has been told that it must make improvements including:

- continue to improve and embed systems to monitor the quality and safety of care provided
• improve clinical governance and risk management in the surgical directorate at Croydon University Hospital
• implement prompt plans to refurbish theatres and to put in place an equipment replacement programme
• ensure that 90 per cent of staff receive up-to-date safeguarding and mandatory training.

The Care Quality Commission has already presented 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.

The Trust must submit a report to the Care Quality Commission which details the action that will be taken to improve services to meet required services.

Source: www.cqc.org.uk 7 October 2015

New guidance to raise awareness of the importance of good nutritional care

NHS England has published new guidance to help ensure patients receive excellent nutrition and hydration care.

The guidance has been produced to address the issues raised within ‘Hard Truths’ and the Francis Report; and to the concerns of patient, carers and the public with regard to malnutrition and dehydration.

Malnutrition is still a concern for the health service and is more common than many people expect – affecting more than three million people in the UK at any one time.

Around one in three patients admitted to hospital or who are in care homes are malnourished or at risk of becoming so.

Poor nutrition and hydration not only harms patients’ health and wellbeing, it can also reduce their ability to recover and leads to increased admissions to hospitals and care homes.

The new guidance draws together the most up to date evidence based resources and research to support commissioners to develop strategies to help ensure excellent nutrition and hydration care in acute services and the community.

It also outlines why commissioners should make this issue a priority – how to tackle the problem, how to assess the impact of commissioned services and highlighting the good work which is already underway.

The new guidance was developed in collaboration with NHS clinical commissioning groups (CCGs), local authorities, patient groups, expert nutrition groups; representatives from the catering industry, the Care Quality Commission (CQC), NHS Trust Development Authority (TDA), the Department of Health, as well as people who use health care services and their carers.

Source: www.england.nhs.uk 8 October 2015

Radical change needed from foundation trusts to tackle intense pressures

NHS foundation trusts are providing the widest ever range of services to patients in order to protect their health and wellbeing. However, Monitor the health regulator, has warned trusts of the need to continue to improve how they operate - including making radical changes to how
care is delivered - if they are to counter the intense pressure they’re under from an increased demand for care and a worst in a generation financial position.

Monitor’s analysis of trusts’ performance between April 2015 and June 2015 shows that England’s 151 foundation trusts (the majority of NHS providers) missed a number of national waiting times targets, including in A&E, for routine operations and some cancer treatments. Trusts also struggled to deal with an increase in demand for diagnostic tests, partly due to staff shortages and ineffectively organised services.

For the second successive financial year, the sector has recorded a deficit (£-£445 million) in the first quarter. Trusts have cited higher than expected pay costs - after over-relying on expensive agency staff - as being the primary cause of this deficit.

This report covers the period before the recent action to limit the amount trusts spend on agency staff and management consultants. Since July 2015, Monitor has launched a series of initiatives aimed at helping trusts improve the quality of care, access to services and drive up their productivity.

A report to Monitor’s board on the performance of the foundation trust sector - three months ended 30 June 2015 found:

- overall, the sector reported a deficit of £445 million which is £90 million worse than planned
- 118 foundation trusts (78 per cent) ended the period in deficit of whom 75 per cent were acute or specialist trusts
- the foundation trust sector’s wages bill was £7,411 million, £59 million more than planned (£7,352 million)
- trusts made £232 million worth of cost savings which was £64 million less than planned
- the foundation trust sector as a whole has missed the A&E waiting time target of seeing 95 per cent patients within four hours
- the size of the waiting list for routine operations reached 1.9 million, an 169,100 increase on the same period for 2014/15
- trusts treated 93.1 per cent of non-emergency patients within 18 weeks compared to a requirement of 92 per cent
- 10,800 patients waited longer than the recommended six weeks for diagnostics tests
- 29,000 people waited on a trolley for more than four hours between the decision to admit them to A&E and their arrival on a ward due to reduced bed availability
- Foundation trust ambulance services meet the national waiting time for responding to the most critical and life threatening incidents between April and June 2015
- Monitor intervened or agreed regulatory action at 37 trusts (25 per cent of the sector) because of operational or financial concerns.

The NHS Trust Development Authority has also published the overarching financial position of NHS trusts for the first quarter of 2015/16.

*Source:* [www.gov.uk](http://www.gov.uk) 9 October 2015

**Most hospices are ‘Good’ or better, says the CQC**

Hospices in England are caring for and supporting people in a compassionate way at the end of their lives, according to the Care Quality Commission (CQC).

The regulator’s latest ratings data shows that over 90 per cent (34 out of 37 hospices) inspected so far have been judged to be providing Outstanding or Good care.
These ratings also mark one year on since the CQC introduced its more rigorous and expert-led approach that assesses hospices across England on whether they are safe, caring, effective, responsive to people’s needs and well-led.

The new approach includes publishing reports that rate hospices, including when this support is provided in people’s homes, as Outstanding, Good, Requires Improvement or Inadequate to help members of the public make more informed choices about their care, shine a spotlight on the action being taken to drive up poor care, and to celebrate success.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 10 October 2015

**NHS performance frameworks need radical simplification and alignment, The King’s Fund review finds**

The approach to performance assessment in the NHS requires radical simplification and alignment in future, a review by The King’s Fund finds. This should include a consolidation of the three national outcomes frameworks into a single framework covering the NHS, public health and social care.

The review of how to assess the performance of local health systems, commissioned by the Department of Health, finds that the number of national bodies involved in assessing performance results in duplication of effort and unnecessary complexity. It also recommends a rationalisation of the disparate public-facing websites to provide the public with an integrated view of services in an area.

The King’s Fund recommends that information be made available at three levels of detail. First, a small set of headline indicators should be selected to enable the public to assess how the local health system is performing. Second, a broader group of indicators should be developed based on existing frameworks. The final level would include a more detailed set of indicators that provide as comprehensive a picture as possible of local health system performance for commissioners and providers to assess the quality and effectiveness of local services and identify areas for improvement. At all levels, information should be available to patients and the public.

The review considered the case for publishing an aggregate score that would provide an overall rating for the local health system in clinical commissioning group areas. It concluded that an aggregate score can mask good or poor performance on individual indicators and therefore would not be a meaningful picture of performance. Instead, the King’s Fund recommends that the data on the performance of local health systems should be made available for the purpose of transparency and to support the improvement in care by commissioners and providers.

Source: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) 12 October 2015

**Improving NHS productivity in elective care will reduce costs and cut the time patients spend in hospital**

The NHS could increase productivity in elective care significantly and cut the length of time patients spend in hospital, if it takes up recommendations in research by Monitor, the health service regulator.

Monitor has set out a series of practical steps that hospitals can take to improve clinical outcomes and reduce the amount of money spent on ophthalmology and orthopaedic services by between 13 per cent and 20 per cent.
The research, developed with the Royal College of Ophthalmologists and the British Orthopaedic Association, has looked into the efficiency and productivity of elective services at a range of NHS providers, as well as at five international centres.

A result of close collaboration with providers, the report and its detailed appendices describe where and how elective teams can concentrate their efforts to maximise quality and efficiency, from first consultation to follow-up after operations. The results include benefits for patients, such as shorter hospital stays.

Other areas that could boost NHS productivity in elective care include:

- rating patients by risk and simplifying pathways for lower risk patients
- extending clinical roles to enable lower grade staff to undertake routine tasks in theatre or outpatient departments usually performed by consultants
- increasing efficiency in theatres by better measuring, communicating and managing the number of procedures per theatre session
- implementing enhanced and rapid recovery practices to reduce length of stay
- providing virtual follow-up for patients without complications.

Monitor intends to do further work with foundation trusts to support providers in the implementation of the recommendations in the report.

Source: www.gov.uk 12 October 2015

Clampdown on NHS staffing agency costs

A further clampdown on staffing agencies and highly-paid NHS managers employed through agencies has been announced by Health Secretary, Jeremy Hunt. This will cap the amount companies can charge per shift for all staff, including doctors and non-clinical personnel. Additionally, NHS regulators will be setting expectations on overall levels of agency spend for each NHS organisation.

Building on previously announced controls, which introduced mandatory use of frameworks for nursing staff and will introduce a cap on nursing spend coming into force shortly, these new measures will remove £1 billion from agency spending bills over three years so that savings can be re-invested in frontline patient care.

A new hourly price cap will now be introduced for all types of agency staff, in addition to the nursing cap announced in June 2015, ending the practice of some agencies charging up to £1,800 for a standard shift for a nurse and £3,500 for a weekend shift for a doctor.

The caps will be ratcheted down over time, so that in future agencies cannot charge the NHS a shift rate that is more than the hourly rate paid to existing substantive doctors, nurses and other clinical and non-clinical staff. The measures will ensure staff who undertake short term agency work will ultimately not be rewarded better than those in substantive posts, which provides better continuity of care for patients.

That means no more agencies charging more than three times what a doctor might earn for a normal shift or expecting an hourly rate of more than £50 for a nurse who would usually be paid approximately £15 an hour.

Remuneration for interim very senior managers paid on an agency basis will also be subject to the Monitor/Trust Development Authority (TDA) consultancy approvals process. NHS England will take an equivalent approach for clinical commissioning groups.
The caps sit alongside strict new rules announced earlier in 2015 which include mandatory use of agencies from frameworks, putting a defined cap on total agency staff spending for all NHS trusts and each foundation trust receiving interim support from the Department of Health or in breach of their licence for financial reasons, and a requirement to obtain specific approval for any consultancy contracts over £50,000.

The cap was introduced on 23 November 2015. To begin with, caps will be set slightly higher than the pay that substantive staff receive but will be gradually reduced to the same level as substantive staff by April 2015. This gradual reduction in the cap will mean trusts are better able to manage this change.

The full range of financial controls will help the NHS bring down agency staff bills - which cost the NHS £3.3 billion in 2014, more than the cost of all that year’s 22 million Accident & Emergency (A&E) admissions combined.

The price caps have been developed with, and are supported by, clinical leaders in the Care Quality Commission (CQC) and NHS England. Trusts will be able to override caps where absolutely necessary to protect patient safety. Any overrides will be subject to scrutiny by Monitor and the NHS Trust Development Authority to ensure these situations are appropriate.

Source: www.gov.uk 13 October 2015

New study reveals ‘striking’ disparity in emergency care use for people with mental ill health

People with mental ill health had almost five times more emergency hospital admissions in 2014 relative to people without; yet the vast majority of these emergency admissions were not explicitly to support mental health needs, and a proportion of them were potentially preventable.

The findings, contained in a new study published by the Nuffield Trust and Health Foundation, suggest that people with mental ill health are not having their physical health adequately managed, despite being known to the NHS for their mental health needs.

Drawing on analysis of over 100 million hospital records per year, the research compares hospital use between two patient groups: people who have previously been to hospital for their mental health and people whose previous hospital use does not relate to mental health.

The analysis looks at patterns of emergency and planned hospital use between 2009/10 and 2013/14.

It finds that:

- people with mental ill health experienced 4.9 times more emergency hospital admissions and 3.2 times more A&E attendances than people without mental ill health in 2013/14
- despite previous experience of mental ill health, only a fifth of the emergency hospital admissions this group experienced in 2013/14 were explicitly for mental health needs
- people with mental ill health had 3.6 times more potentially preventable emergency admissions than those without but slightly fewer planned inpatient admissions
- for some common physical health procedures, people with mental ill health were more likely to have an emergency rather than planned admission, stay longer in hospital or be admitted overnight. For example, for people with mental ill health who had a hip replacement, 40 per cent experienced an emergency rather than planned admission;
whereas for people without mental ill health, just eight per cent of these admissions were an emergency.

Source: www.qualitywatch.org.uk 14 October 2015

New report reviews how well hospitals prevent inpatient falls
The Royal College of Physicians National Audit for Inpatient Falls (NAIF) reviews how well hospital trusts and local health boards prevent inpatient falls in England and Wales, which are set against the NICE guideline (CG161) on falls assessment and prevention. This is the first time this has been reviewed.

The NAIF report reveals that many trusts and local health boards have policies that include the main areas of falls prevention. However, there is often no association between what the policies include and the care patients received once admitted to hospital.

The report shows data on nearly 5,000 patients aged 65 years or older across 170 hospitals, and includes an assessment of the patient’s environment and the falls risk assessments they receive.

The report reveals that most patients had safe footwear available and their immediate environment was free from clutter. However, almost one-fifth of patients in this study were unable to access their call bell and almost one-third of patients observed could not safely access their walking aid (if they needed one), which would limit their ability to mobilise safely.

The report also reveals that while nearly all patients had their level of mobility recorded only 16 per cent of patients had their lying and standing blood pressure recorded. This is important because some patients may suffer from a drop in blood pressure on standing which increases their risk of falling. This can be prevented by ensuring the patient is well hydrated and by modifying their medication.

The report also highlights that some trusts and health boards are doing all that they can to prevent falls in hospitals. Other trusts and health boards however, are missing these opportunities and are not assessing patients in the right way, such as checking for any visual impairment to help reduce the number of falls.

The results also showed that currently there are around six people (6.6) per 1,000 occupied bed days (OBD) fall in hospitals nationally.

Other recommendations include:

- trusts and health boards should review their falls pathway and regard the following groups of inpatients as being at risk of falling in hospital and manage their care for - all patients aged 65 years or older - and patients aged 50 to 64 who are assessed by a clinician to be at higher risk of falling because of an underlying condition
- trusts and health boards should regularly audit the use of bed rails against their policy and make changes to ensure appropriate use
- trusts and health boards should regularly audit whether the call bell and walking aid (if needed) is within reach of the patient
- all patients over 65 years old (and those over 50 at particular risk) are assessed for visual impairment and a care plan developed if needed
- all patients over 65 years (and those over 50 at particular risk) have a lying and standing blood pressure performed as soon as practicable and actions taken if there is a significant drop in blood pressure on standing.
Inpatient falls are common and remain a great challenge to the NHS. Falls in hospitals are the most commonly reported patient safety incident and is an ideal marker on the quality and care given to patients. Previous research has shown that 700 falls occur daily across hospitals in England – this equates to 250,000 falls every year.

Some falls in hospitals result in serious injuries such as hip fracture (around 3,000 per year). Falls in hospitals also result in patients staying longer so there is an urgent need to minimise the risk of falling, the risk of harm arising, and to minimise any deficiencies in patient care.

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Inpatient falls were thought to cost £15 million to trusts alone in 2007 and will be more expensive now. Therefore falling has an impact on quality of life, health and healthcare costs.

Research has shown that through collaborative care planning to support patients, for example, identifying visual deficits or cardiac conditions; falls can be reduced by 20 to 30 per cent. This is particularly important for patients with dementia or delirium.

Source: www.rcplondon.ac.uk 14 October 2015

Most people are receiving good care – but strong leadership and collaboration are crucial to facing challenges ahead

The Care Quality Commission (CQC) has published its annual analysis of the quality of health and adult social care in England. This is the first time such a national assessment has been possible following the CQC’s introduction of a tough, rigorous ratings system. Key findings include:

- despite increasingly challenging circumstances, the majority of services across health and social care have been rated as good, with some rated outstanding
- however, there is significant variation in quality - and safety continues to be the biggest concern across all the sectors that CQC regulates
- strong leadership and collaboration is emerging as more crucial than ever to delivering good care
- evidence increasingly shows that the CQC’s work is leading to improvements in care.

The number of services rated as either good or outstanding by the CQC suggests most people are receiving safe, effective care.

Although the CQC has not finished inspecting all providers, the ratings published up until the end of May 2015 show more than 80 per cent of GP practices are rated either good or outstanding; in adult social care, nearly six out of ten services are rated good or outstanding; and 38 per cent of hospitals and trusts, including mental health, have been rated good or outstanding.

The inspections have identified strong leadership as a crucial factor among those providers rated as either good or outstanding. More than nine out of 10 (94 per cent) of the services that the CQC has rated as good or outstanding overall are also rated as good or outstanding for their leadership. Similarly over eight out of ten (84 per cent) of the services that the CQC has rated as inadequate overall were rated inadequate for leadership.

Leadership – at all levels – is key not only to running a successful organisation, but in turning around a failing one; the ability to recognise a problem, coupled with the ability to change. Genuine engagement with staff is crucial, and there is a positive correlation between whether
staff would recommend the NHS trust that they are working for and the CQC’s rating for that trust.

Having the right numbers and mix of staff are also crucial to delivering excellent care. This means looking at staffing in a sophisticated way which is focused on the quality of care, patient safety and efficiency, rather than just crude numbers and ratios of one group of staff. The providers who are getting this right are practicing robust workforce planning informed by excellent data, alongside a willingness to collaborate with partners across the local health economy.

However, alongside these encouraging findings, there remains an unacceptable level of poor care, with seven per cent of providers of acute, primary medical and adult social care in England rated as inadequate.

Safety continues to be the CQC’s biggest concern across all of the services it inspects. The CQC rated over one in 10 hospitals (13 per cent) and a similar proportion of adult social care providers (10 per cent) as inadequate for safety. In primary medical services, six per cent of those the CQC rated were inadequate for safety.

The CQC’s analysis highlights a range of factors affecting safety across all of the sectors. These include: a failure to adequately investigate and learn from incidents and errors so they don’t happen again, concerns around the adequacy of staffing numbers and staffing mix, failure to undertake safety checks and staff not being able to raise concerns.

In this year’s State of Care, the CQC is able to demonstrate how it encourages improvement. The initial results from the CQC’s re-inspections so far suggest that half of providers have been able to improve their ratings within six months in at least one of the five key questions. Where improvements are not made, the CQC is increasingly likely to take enforcement action - in seven per cent of inspections in 2014/15, compared with four per cent in 2013/14.

In the CQC’s most recent annual cross-sector provider survey, almost three-quarters (73 per cent) said that its inspection had helped to identify areas of improvement and over seven out of 10 providers (72 per cent) said the inspection reports were useful.

The challenges for the care sector as identified in the report are:

- building a collaborative culture, through good leadership, engaging with all staff to ensure they are bought into the vision and values and owning the quality of care they deliver
- being open and transparent and learning from mistakes, ensuring the most accurate information is on hand to make good decisions and to understand what works (and what doesn’t), using opportunities to learn from the best
- working with local and national partners to ensure that services have the right staff and skills in place to ensure that care is always safe.

Sector specific highlights and the CQC’s challenge to the sector include:

**Adult social care:**

- by the end of 31 May 2015, the CQC had rated 18 per cent of residential care homes, 27 per cent of nursing homes, eight per cent of domiciliary care services and 10 per cent of other community services
- the inspections so far showed that 59 per cent of services overall were providing good or outstanding care
the vast majority of services are caring, with 85 per cent receiving a rating of good or outstanding. This is supported by high satisfaction rates of people who use adult social care services.

the re-inspections that have carried out so far have led to 40 per cent of inadequate ratings changing to a higher rating. Twenty-eight per cent of requires improvement ratings have improved on re-inspection.

the sector is under pressure and there are issues of sustainability, due to increasing demand and costs.

services must have a registered manager consistently in post, as this has a crucial influence on the quality of a service.

recruitment and retention of staff, particularly of nurses and care support workers, remain a serious challenge.

Hospitals:

up until 31 May 2015, the CQC has rated over 150 services which includes: acute hospitals, mental health trusts, ambulance and community trusts.

of these, two (one per cent) were rated outstanding, 51 (34 per cent) were good, 85 (57 per cent) required improvement and 12 (eight per cent) were rated inadequate. The overall ratings in the sector show a lower proportion of good and outstanding hospital ratings (38 per cent), compared to primary care and adult social care ratings.

nationally, intensive/critical care offers the highest quality (68 per cent were good or outstanding), while the strongest need for improvement is in medical care (34 per cent were rated good or outstanding).

urgent and emergency care has the joint highest proportion of outstanding ratings (four per cent) but also the second highest proportion of inadequate ratings (nine per cent).

the acute sector reported 10 per cent more serious incidents between 2013 and 2014.

there is a positive correlation between whether staff would recommend the NHS trust they are working for and CQC’s quality rating for that trust.

of the eight NHS mental health trusts rated so far, four are good, three require improvement and one is inadequate.

hospitals need to move the focus from developing individual, short term quality initiatives to creating the right culture in which staff are able work with autonomy and confidence.

patients must be able to complain with the confidence that they will be listened and they should be reassured that raising a complaint will not negatively impact on the standard of care they receive.

Primary care:

over four in five (85 per cent) of the GP practices the CQC has rated are good or outstanding. Almost one in nine (11 per cent) of the GP practices the CQC inspected required improvement. Four per cent of those it inspected were inadequate.

by 31 May 2015 the CQC had inspected and rated 976 GP practices and out of hours services.

the CQC remains concerned by the very poor practice it finds in some practices through its inspections.

GP practices are generally well-led, with 85 per cent of practices rated good or outstanding.

ninety-six per cent of services were rated good or outstanding for caring.
- GP practices deliver a better quality of care when sharing learning and providing joined-up care through multi-professional networks. Single handed practices are more likely to work in professional isolation, resulting in a lack of communication and engagement with staff and patients.
- The CQC encourages all healthcare professionals to avoid professional isolation and work with colleagues in and out of their practice.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 15 October 2015

**NHS 111 opens new front door to improved urgent care**

Delivery of NHS 111 and general practice out of hours services are to be brought closer together to provide patients with a “new front door” to urgent health care services, NHS England has announced.

The new service will offer patients improved access to a new 24/7 urgent clinical assessment, advice and treatment service – bringing together NHS 111, GP out of hours and clinical advice. The move is part of NHS England’s ongoing Urgent and Emergency Care Review and will see a streamlining of the way urgent care services are provided around the country.

It comes as local health services are responding to the highest ever number of ambulance calls, A&E attendances and emergency admissions in NHS history.

As part of this new service commissioners are being recommended to establish “urgent care clinical hubs”, which will provide clinical advice and support to patients as well as professionals working in out of hospital settings. Some of the clinicians and professionals that make up these hubs may be physically located in the Integrated Urgent Care call centre and provide a 24/7 presence, but more often, they will provide this advice from their normal place of work.

As it gears up for this new service, NHS England has published new commissioning standards guidance to commissioners on how to bring together call handling and assessment, clinical advice and treatment under a single commissioning framework.

Before the guidance was published widespread engagement has taken place through a variety of routes and with a wide range of external stakeholders, including the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA). A Steering Group consisting of important stakeholders including representatives from the Royal Colleges, out of hours providers and patient groups critically reviewed its development.

The new standards are published as NHS England and Health Education England embark on plans to bolster the NHS 111 workforce.

The NHS 111 Integrated Urgent Care Workforce Development Programme aims to support the development needs of the existing and future NHS 111 workforce, and to improve services and outcomes for patients. This will be achieved by commissioners, providers and local education and training groups working together to develop new and innovative training based on best practice.

The programme will be designed to improve recruitment and retention by providing more opportunity for staff to pursue new career opportunities in healthcare, for example training for specialist and advanced level practice, for clinicians and health advisors.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 15 October 2015
The Carter Review: reducing variation in care could save NHS £5 billion

Hospitals can save around £5 billion by reducing variation in care and improving the way they care for patients, Lord Carter has announced.

The call is part of the Lord Carter Review into how savings can be made by the NHS, which aims to help local NHS chief executives make their hospitals safer and more efficient at the same time.

For the first time, the activity carried out by all NHS hospitals has been reviewed together and broken down by clinical specialty. The results show huge variations in clinical costs, infection rates, readmission rates, litigation payments and device and procedure selection. The review has highlighted the huge opportunity for hospitals to tackle these variations.

One hundred and thirty seven NHS acute hospital trusts (non-specialist) in England have received detailed plans that show how and where they can improve patient care and become more efficient. The £5 billion worth of savings has been broken down by specialty. The top 12 specialties are:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Potential saving (£ million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General medicine</td>
<td>381</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>362</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>286</td>
</tr>
<tr>
<td>Pathology</td>
<td>256</td>
</tr>
<tr>
<td>Cancer Services</td>
<td>255</td>
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<tr>
<td>Emergency Medicine</td>
<td>254</td>
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<tr>
<td>General Surgery</td>
<td>234</td>
</tr>
<tr>
<td>Community Nursing</td>
<td>217</td>
</tr>
<tr>
<td>High cost drugs</td>
<td>213</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>209</td>
</tr>
<tr>
<td>Intensive &amp; Critical Care</td>
<td>209</td>
</tr>
<tr>
<td>Cardiology</td>
<td>184</td>
</tr>
</tbody>
</table>

In the next few months, Lord Carter and Professor Tim Briggs (newly-appointed National Director for Clinical Quality and Efficiency) will travel the country, helping trusts to make these improvements. Lord Carter will meet with NHS hospitals across the country to discuss the savings target he has given them in each clinical area, with the aim of finalising and publishing these targets early in 2016. The targets will be published alongside a model hospital, highlighting best practice so local NHS leaders can mirror the best performers. Further details will be announced in early 2016.

Source: [www.gov.uk](http://www.gov.uk) 21 October 2015

The management of adult diabetes services in the NHS: progress review

Progress has been made in reducing the additional risk of death for people with diabetes and the additional risk of diabetes-related complications has been stable or has reduced for most complications, according to a report from the National Audit Office (NAO) entitled, “The management of adult diabetes services in the NHS: Progress review”. However, there are still...
22,000 people estimated to be dying each year from diabetes-related causes that could potentially be avoided.

In 2013/14, an estimated 3.2 million people aged 16 or over in England had diabetes, and each year another 200,000 people are newly diagnosed. The estimated cost of diabetes to the NHS in England in 2010/11 was £5.6 billion, 69 per cent of which was the cost of complications, such as amputation, blindness, kidney failure and stroke.

The report on the Department of Health, its arms-length bodies and the NHS, finds that performance in delivering key care processes and achieving treatment standards, which help to minimise the risk of diabetes patients developing complications in the future, is no longer improving. In 2012/13, 60 per cent of patients received all the care processes except eye screening, and 36 per cent achieved all three treatment standards to control blood glucose, blood pressure and cholesterol levels. Very few newly diagnosed diabetes patients are recorded as attending structured education that could help them to manage their condition and reduce the risk of developing complications.

In 2013, people with diabetes in England were 34 per cent more likely to die that year than the general population, an improvement since 2011 when they were 44 per cent more likely to die. Since the NAO last reported on diabetes services, the relative risk for people with diabetes developing complications has not changed or has reduced for most complications. However, the increase in the number of people with diabetes means that the absolute number of diabetes patients with complications is rising.

There are significant variations across England in delivering key care processes, achieving treatment standards and improving outcomes for diabetes patients. For example, across clinical commissioning groups (CCGs): the percentage of people with diabetes receiving all the recommended care processes, apart from eye screening, ranged from 30 per cent to 76 per cent in 2012/13; and the additional risk of death among people with diabetes within a one-year follow-up period, ranged from 10 per cent to 65 per cent.

In addition, some groups of diabetes patients receive worse routine care and treatment and have poorer outcomes. Younger people with type 1 and type 2 diabetes and all people with type 1 diabetes receive fewer of the recommended care processes and are less likely to achieve all three treatment standards. This can lead to poorer outcomes. For example, the relative risk of premature death for young women (aged 15 to 34) with type 1 diabetes is particularly high.

The NAO finds that although the percentage of beds in acute hospitals in England occupied by people with diabetes increased from 14.8 per cent in 2010 to 15.7 per cent in 2013, diabetes specialist staffing levels have not changed since it last reported on diabetes services.

Amongst the NAO’s recommendations is that NHS England should set out how it intends to hold clinical commissioning groups to account for poor performance in delivering key care processes, the three treatment standards and longer-term outcomes.

Source: www.nao.org.uk 21 October 2015

Social care budget cuts damaging the NHS, latest King’s Fund quarterly monitoring report finds

Cuts in local authority social care budgets are adversely affecting health services, according to nearly nine out of 10 (88 per cent) of NHS trust finance directors and eight out of 10 (80 per
cent) of clinical commissioning group finance leads surveyed for The King’s Fund’s latest quarterly monitoring report.

These findings are reinforced by NHS performance data analysed for the report. This shows that more than 5,000 patients experienced delays in being discharged from hospital at the end of August 2015 – the highest level at this time of year since 2007. Further analysis for the report reveals that nearly a third of these delays were caused by problems accessing social care services – an increase of 21 per cent in the past year.

With cuts in local authority budgets now having a significant impact on health and social care services, The King’s Fund is calling on the Government to use the Spending Review to protect social care from further budget cuts and reinvest the £6 billion previously earmarked to implement the Dilnot reforms (now delayed).

This quarter’s survey – which was carried out in September 2015, two months after the period covered by recent reports from NHS regulators – also confirms that the NHS is now in serious financial crisis.

Almost two-thirds (63 per cent) of trust finance directors and 88 per cent of acute trusts are forecasting a deficit at the end of the financial year. These forecasts include additional in-year financial support for 75 per cent of finance directors in NHS trusts.

As measures to cap spending on agency staff come into force, a quarter (27 per cent) of NHS trust finance directors say this will affect their ability to ensure safe staffing levels.

Staff morale continues to top the list of concerns raised by trust finance directors.

As the NHS heads towards Winter, the report shows that NHS continues to face significant performance issues. The most up to date figures show:

- in August 2015, 5.7 per cent of patients spent longer than four hours in A&E – the first time the target has been missed in this month since monthly recording started in 2010
- the proportion of patients still waiting for treatment after 18 weeks – the main target measure for elective surgery waits – increased to 7.4 per cent in August, just within the eight per cent target
- the proportion of patients receiving cancer treatment within 62 days of an urgent referral from their GP fell to a record low of 82 per cent in the first quarter of 2015/16, well below the 85 per cent target and the lowest since the target was introduced in 2009.

Source: www.kingsfund.org.uk 22 October 2015

New figures published for adult safeguarding referrals

Official statistics about adult safeguarding referrals made to councils in England have been published by the Health and Social Care Information Centre (HSCIC).

The ‘Safeguarding Adults, England 2014/15’ report, contains information about instances where a concern has been raised to a council about an adult over the age of 18 who is at risk of abuse. The report also includes the results of investigations into these concerns. Types of abuse include physical, sexual, psychological, financial, neglect, discrimination and institutional.

The report provides data, including regional analysis on:

- demographics of individuals with referrals opened in 2014/15
- case details for referrals that concluded in 2014/15
• the mental capacity of individuals with concluded referrals
• the number of serious case reviews that took place.

The report can be found at: [http://www.hscic.gov.uk/pubs/sa1415](http://www.hscic.gov.uk/pubs/sa1415)

**Source:** [www.hscic.gov.uk](http://www.hscic.gov.uk) 28 October 2015

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**Where cancer patients live could influence late diagnosis**

If all the regions of England were as good as the South West at diagnosing cancer early nearly 20,000 more patients over two years could be diagnosed at stage 1 or 2, giving them a better chance of survival, according to Cancer Research UK.

The biggest difference in stage at diagnosis among all cancers across England in 2012/13 was between Merseyside and the area incorporating Bath, Gloucestershire, Swindon and Wiltshire. Almost half the cancer patients in Merseyside (49 per cent) are diagnosed late compared to 40 per cent of patients in the South West, according to a Cancer Research UK analysis of data that recorded the stage of diagnosis in around two-thirds of all cancer cases in England.

These areas show the biggest percentage difference in stage at diagnosis among all cancers across England from 2012/13. If Merseyside reached the level of the South West almost 1,000 more of all its cancer patients would have had an earlier diagnosis and a greater chance of beating their disease.

In breast cancer the figures show that, where staging data has been recorded, almost a quarter of breast cancer patients in London were diagnosed late compared to just 10 per cent in Leicestershire and Lincolnshire. This equates to around 1,000 London breast cancer patients missing out on an earlier diagnosis.

And with bowel cancer, Merseyside came bottom in England again with almost 60 per cent of patients diagnosed late compared with half of bowel cancer patients in East Anglia, which came top. This equates to almost 140 Merseyside patients missing the chance of their bowel cancer being diagnosed earlier.

These statistics were released as Cancer Research UK launched a nationwide Early Diagnosis Campaign. The campaign will encourage people to know what’s normal for their bodies so they spot unusual changes and see their GP about possible cancer symptoms without delay. Survival for some of the most common types of cancer is known to be more than three times higher when the disease is diagnosed in the earlier stages.

Analysts looked at available data on 10 types of cancer across 25 areas of England in 2012 and 2013, and whether the disease was diagnosed early – at stage 1 or 2 – or later, at stage 3 or 4.

They found that people’s chances of being diagnosed early could also depend on which cancer they have, with areas that were among the best for diagnosing one type of cancer early not always doing as well when it came to other types of the disease. For example, although East Anglia was the best place for detecting bowel cancer at an early stage, it was almost the worst for spotting melanoma skin cancer early.

Staging information was not recorded at the time of diagnosis in around a third of all cancer cases in 2012 and 2013. But the Cancer Research UK analysis suggests that this would not change the overall picture.

**Source:** [www.cancerresearchuk.org](http://www.cancerresearchuk.org) 28 October 2015
Health Secretary outlines measures for greater patient power

The Health Secretary, Jeremy Hunt has outlined plans for the most patient-focused NHS culture ever.

From 2016, for the first time, new ‘Ofsted style’ ratings will show patients how their local area’s health service is performing in crucial areas, including:

- cancer
- dementia
- diabetes
- mental health
- learning disabilities
- maternity care.

The new ratings, broken down by clinical commissioning group (CCG), will not only be based on local data but will also be verified by experts in each field, including:

- the Chief Executive of Cancer Research UK, Harpal Kumar, who will verify cancer ratings
- the Government’s Mental Health Taskforce Chairman Paul Farmer, who will lead on mental health ratings.

Initial ratings, based on the current CCG assessments, will be published in June 2016. As part of the Government’s transparency agenda, this will both spread best practice and help bring about improvement where services are underperforming. This will create a complete picture of care quality in the NHS.

By giving patients access to performance data, healthcare services in local towns and cities will be much more accountable to their local population than previously.

Patients and clinicians will also benefit from a range of new measures to cut bureaucracy across the health system, saving valuable time and money. Up to 27 per cent of GP appointments could potentially be avoided if there was more co-ordinated working between GPs and hospitals, wider use of primary care staff and better use of technology. New measures will include immediately stopping pointless referrals from hospitals back to GPs – a waste of time which accounts for around 2.5 per cent of appointments. By giving two hours a week back to each GP, there could be a five per cent increase in workforce capacity - equivalent to 15 million appointments a year.

Other measures to save valuable resources which can be given over to patient care include:

- introducing a single payment system that covers all transactions to stop GP practices chasing different organisations for payment
- making surgeries paperless by 2018, ending the use of fax machine communications between hospitals and surgeries.

As part of this vision to empower patients there will also be action to take forward the findings from the Academy of Medical Royal Colleges’ report on clinical accountability. The Government will ensure that a named, responsible clinician for individual patients will be incorporated into planning guidance from 2016.

NHS England will also provide plans to increase the choice in maternity, end of life care, and the roll out of personal budgets and there will be a focus on removing barriers to putting patients first. Additionally, a world expert on the pitfalls of new IT systems, Professor Bob
Wachter, will conduct a review for the NHS on lessons that need to learned to ensure a smooth move towards a digital future.

Source: [www.gov.uk](http://www.gov.uk) 29 October 2015

**Better Health for London: One Year On**

On 30 October 2014, Lord Darzi published the ‘Better Health for London’ report which, along with the NHS’ Five Year Forward View, set out aspirations for improving the health of Londoners and making the capital the healthiest city in the world.

Now, one year on, the London Health Board - made up of NHS England (London), the capital’s 32 clinical commissioning groups (CCGs), Public Health England (London) and Mayor Boris Johnson - has published a new report setting out the extent of the progress made over the past 12 months.

During the London Health Board’s one year on event, both the Mayor and Simon Stevens broached the subject of trialing a sugar tax in London to help tackle obesity both in adults and children.

Other interesting projects include the London Digital Mental Wellbeing project – a world first – which has been commissioned to enable people to self-assess and manage their own mental wellbeing via advice, online support and virtual communities.

This taps into a wider theme of encouraging Londoners to take more responsibility for their own health and wellbeing and to acknowledge that they play a huge role in being able to prevent the onset of some long term conditions like type 2 diabetes through diet and exercise.

One of the 10 aims of the London Health Commission was to ensure that every Londoner is able to see a GP at a time that suits them. The transformation of general practice in London has already begun with access to many GP teams from 8am to 8pm now the norm. Funding to modernise GP premises has received around 200 bids from practices across the capital and the national £100 million Prime Minister’s Challenge Fund has also hugely increased investment in primary care in 2015/16.

Work is underway with London’s premier professional football clubs to encourage men aged over 35 years to become more active. In Camden, ‘Give it a go’ offers free gym membership to residents identified as inactive through an NHS Health Check or the Outreach Service, with emphasis on the most deprived areas of the borough.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 30 October 2015

‘Gradual decline’ in NHS waiting times unlikely to improve soon, but other areas of care quality show a more mixed picture

Waiting times for hospital and other care services are under severe strain and are unlikely to improve in the near future, according to new analysis published by the Nuffield Trust and The Health Foundation. But there are still many areas of excellent care despite considerable pressures on the NHS, the report reveals.

The findings are published in the Nuffield Trust and Health Foundation’s annual assessment of the quality of care being delivered to patients in England. The report highlights many areas of continued improvement in care quality, from high vaccination and screening rates, to reductions in unplanned admissions for children.
However, it notes that in areas around access to care highlighted in last year’s annual statement, performance has continued to deteriorate. For example, over the past year:

- performance against the four hour A&E target in major A&E units reached its lowest level in more than 10 years (in the last quarter of 2014/15)
- the number of people waiting more than four hours after the decision is taken to admit them from A&E into hospital (trolley waits) grew by 45 per cent from 167,941 (3.2 per cent) of patients in 2013/14 to 304,276 patients (5.5 per cent) of patients in 2014/15
- the target that 75 per cent of life threatening emergency calls should be attended by an ambulance within eight minutes was regularly missed, reaching a low of 61 per cent in December 2014.

The report also highlights areas of variation in care quality, pointing to disparities between child and adult diabetes services and differences between the care received by people with mental and physical health needs. For example, last year 26 per cent of people waited more than eighteen weeks for their first outpatient appointment under a mental health specialty compared with six per cent for people waiting for a physical health appointment.

On staffing, the report notes the persistently high stress levels felt by those working in the NHS (38 per cent) and high vacancy rates across primary and hospital care, which the two organisations say could already be reducing the quality of care patients receive.

*Source:* [www.qualitywatch.org.uk](http://www.qualitywatch.org.uk) 2 November 2015

**Junior doctors’ contract offer**

A firm contract offer for junior doctors has been published by the Department of Health and NHS Employers. The offer is fairer and safer for doctors and safer for patients and builds on the cast-iron guarantees that the Government has already set out on pay, working hours and patient safety, according to the Department of Health.

Health Secretary Jeremy Hunt has written directly to all junior doctors in England confirming that no junior doctor will receive a pay cut compared to their current contract. Around three quarters of junior doctors moving to the new contract will see an increase in pay with the remainder getting pay protection.

Alongside the changes to the contract, the Government also announced plans to better support doctors to raise concerns if employers breach limits on safe working hours. Following work with the Care Quality Commission (CQC), the working hours and the service delivery of junior doctors will be included within its inspection regime on how trusts manage their medical workforce to deliver safe quality care for patients.

Where doctors are asked to work in conditions they believe are unsafe, including being asked to work patterns that put patient safety at risk, they will use the reporting mechanisms available to them to raise the issue and this data will then be available for the CQC to use during inspections.

The new contract will be implemented from August 2016 for newly qualified junior doctors and those changing their contracts of employment as they advance through training or change specialism.

*Source:* [www.gov.uk](http://www.gov.uk) 4 November 2015
Integrated care "critically important" for older people with social care needs and multiple long term conditions

Health and social care services should work more closely together to ensure older people with social care needs and multiple long term conditions receive effective care, according to the National Institute for Health and Care Excellence (NICE).

In the latest social care guidance, NICE calls for care to be integrated so that better, more person-centred care can be provided for the growing number of older people with social care needs and multiple long term conditions.

Many long term conditions such as dementia, diabetes, heart disease, and cancer are linked with age. Since the population is ageing, the number of people with long term conditions is set to rise by about one million in the next three to five years.

The best outcomes for older people with social care needs and multiple long term conditions are improved quality of life, and increased independence, choice, dignity and control. These can be achieved through co-ordinated care that is person-centred.

However, recent reports suggest that care is often fragmented and hard to access, and that some people are being treated as a collection of conditions or symptoms rather than as a whole person.

To help tackle these issues NICE has published a new guideline on older people with social care needs and multiple chronic conditions. The guideline provides services with a framework for acting more effectively so that they can offer appropriate care to those who most need it.

Aimed at social care and health practitioners, managers and commissioners, the guideline recommends ensuring that older people with social care needs and multiple long term conditions have a single, named care co-ordinator who acts as their first point of contact.

The care co-ordinator should lead in the assessment process, liaise and work with all health and social care services, including those provided by the voluntary and community sector, and ensure referrals are made and are actioned appropriately.

Care plans should be updated regularly and at least annually to recognise the changing needs associated with multiple long term conditions.

In addition, health and social care services should ensure they are tailored to each person, giving them choice of control and recognising the inter-related nature of multiple long term conditions.

The guideline also recommends ensuring community-based multidisciplinary support for older people with social care needs and multiple long term conditions. This support should recognise the progressive nature of many conditions.

Members of such teams might include a community pharmacist, physiotherapist or occupational therapist, a mental health social worker or psychiatrist, and a community-based services liaison worker.

Elsewhere, the guideline calls for health and social care providers to ensure that care is person-centred and that the person is supported in a way that is respectful and promotes dignity and trust.

A number of recommendations are also directed towards care home providers, to ensure the specific needs of people in care homes are catered for.

Source: [www.nice.org.uk](http://www.nice.org.uk) 4 November 2015
Sunday GP appointments ‘not in demand’, research says

Four out of five people are happy with their GP surgery's opening hours, and Sunday appointments are not in demand, suggests research in the British Journal of General Practice (BJGP).

The figures come from a survey of more than 800,000 patients across England.

The Government wants GP practices to team up to offer services over seven days of the week in their local area, saying it will reduce pressure on A&E.

But doctors' leaders say the move is not the best use of NHS resources.

The research, carried out by a team from the University of East Anglia and the University of Oxford, used data from the 2014 General Practice Patient Survey which was sent to more than 8,000 GP practices.

Responding to the question: "Is your GP surgery currently open at times that are convenient for you?" the large majority (81 per cent) responded: "Yes", while 19 per cent said: "No".

Of those who were not happy about opening times, 76 per cent were in favour of weekend opening.

From that group, three out of four said opening surgeries on a Saturday would make it easier for them to see or speak to a doctor.

But only one in three said Sunday opening times would be preferable.

The groups most likely to favour weekend opening were:

- younger people
- those working full time
- those who could not get time off work.

People with illnesses such as Alzheimer's disease and diabetes, learning difficulties or problems with walking were more likely to be happy with traditional opening times.

Not every GP surgery will be expected to be open at the weekend.

Prime Minister David Cameron has said he wants GP practices to team up to offer seven day services by 2020.

A decline in patient satisfaction with GP practices over the past few years underlies the Government's policy.

A Department of Health statement said the public wanted GP appointments seven days a week to suit their busy lives.

Pilot schemes currently running in England to test the benefits of providing extended GP opening times "are also benefiting the rest of the NHS, reducing minor A&E visits by 15 per cent", the Department of Health said.

But critics - including GP leaders - say the move is unaffordable and not matched with what patients need.

A recent NHS England review of the 20 pilot schemes offering extended GP opening times indicated weekday slots were well utilised but patient demand for routine appointments on Sundays was very low.
The review said that providing additional opening times on Saturdays, particularly in the morning, was most likely to meet people’s needs.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 6 November 2015

**Big data driving earlier cancer diagnosis in England**

The proportion of cancers diagnosed as an emergency at hospital has decreased. At the same time, the proportion of cancers diagnosed through urgent GP referral with a suspicion of cancer has increased.

The complete Routes to Diagnosis data, which covers more than two million patients diagnosed with cancer from 2006 to 2013, has been published by Public Health England (PHE). This data shows how people are diagnosed, with associated survival rates, for 56 different cancer sites and is a vital tool to help improve early diagnosis.

In 2006, almost 25 per cent of cancers, one in four, were diagnosed as an emergency. In 2013, this figure had fallen to 20 per cent, or one in five. This is against a rise in the overall cases of cancer.

Rates of survival for cancer patients diagnosed as an emergency are much lower than through other routes.

In cancers with screening programmes, like bowel and cervical, the proportion of those detected by screening, with the associated improved survival rates, have increased compared to 2006.

For a common cancer, like lung, the proportion diagnosed through the urgent GP referral route increased from 22 per cent in 2006 to 28 per cent in 2013, while the proportion diagnosed through emergency presentation fell each year, from 39 per cent in 2006 down to 35 per cent in 2013.

Source: [www.gov.uk](http://www.gov.uk) 10 November 2015

**Waiting times for reablement services double**

Waiting times for reablement services have doubled over the past two years, finds an annual audit of intermediate care provision.

People waited 8.7 days on average between referral and assessment for a reablement service in 2015, up from 5.3 days in 2014 and just 4.2 days in 2013.

The increase, revealed by the National Audit of Intermediate Care 2015, came as investment in reablement fell from 2014/15. In 2015, clinical commissioning groups (CCGs) and local authorities invested £0.6 million per 100,000 weighted population (a figure that adjusts for different levels of need between areas), down from £0.7 million in each of 2013 and 2014. Referrals for reablement also fell, from 583 to 497 per 100,000 weighted population.

The Audit, published by the NHS Benchmarking Network, was based on responses from 61 of the 211 clinical commissioning groups in England and 46 local authorities.

Waiting times also rose for people waiting to receive home-based – as opposed to hospital-based intermediate care – from 4.6 days in 2013 and 6.1 days in 2014 to 6.3 days in 2015. The Audit found that one third of those waiting for home-based intermediate care or reablement were waiting in an acute hospital bed.
The Audit also found that staffing levels and levels of contact hours per service user fell in reablement services. Whole-time staffing levels stood at 3.95 per 100 service users in 2015, down from 4.64 in 2014; contact hours per service user fell from 35.6 to 25.6. However, the report said that these differences could reflect a change in the composition of the sample from 2014/15.

Reablement services provide personal care and daily living support, usually for up to six weeks, in a bid to boost service users’ confidence and skills to live independently. They are often jointly commissioned by CCGs and councils. The services offer ‘step up’ support to prevent a person going into hospital and ‘step down’ support for people admitted to hospital to facilitate their discharge and prevent readmission.

There was a fall in 2015 in the proportion of step-down provision, from 43 per cent to 35 per cent, within reablement, with the majority of services geared towards preventing admissions.

The 2012 Audit concluded that intermediate care capacity needed to double to meet need, but capacity has remained relatively static ever since according to successive audits.

The audit was produced in partnership with organisations including the Association of Directors of Adult Social Services, the British Geriatrics Society and the College of Occupational Therapists.

*Source:* [www.communitycare.co.uk](http://www.communitycare.co.uk) 11 November 2015

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**More than 150,000 A&E patients in London 'not GP-registered'**

More than 150,000 patients who were seen in London’s Accident and Emergency (A&E) units in 2014 were not GP-registered at the time, the BBC has discovered.

Because many of them did not need emergency care, this put unnecessary pressure on A&E departments and staff.

One leading GP and author said doctors would struggle to cope if everybody in London tried to register with a GP.

Health Minister Ben Gummer admitted there were not yet enough GPs to meet the Government’s ambitions.

Responses to Freedom of Information (FoI) requests submitted by BBC Radio London showed 153,564 patients who presented at A&E in London in 2014 were not GP-registered.

The true figure is likely to be even higher though, because not all NHS trusts record the figures.

At Barts & The London hospital, 22,642 unregistered patients were seen, while 10 per cent of attendees at the Homerton in East London - which now employs non-clinical navigators (NCNs) to help people sign up with a GP - were not registered.

NCN Faria Khattak said:

"We tend to have a lot of fluid population, young professionals that move in and out of the area, so we get a lot of people [for whom] their first point of contact is coming to the hospital for care.

"We also get a fair share of immigrants who have no idea how the NHS works."

Health Minister Ben Gummer told BBC Radio London:
"We need more GPs and that's why the Government at the election promised that we would deliver 5,000 more GPs over the course of this Parliament, so by implication, we don't have enough for the work we want to do.

"Part of which is delivering a seven day NHS across the system and that is why we are promising to resource that promise with £10 billion extra and part of that will be spent on additional GPs.

"So, we are responding precisely to the concerns that I know people have in London as they do across the country."

Source: www.bbc.co.uk/news 12 November 2015

More UK Muslims likely to use hospice care, report says
UK hospices could see a significant increase in Muslim patients in the coming years, in part due to changes to the traditional family structure, a report has suggested.

Muslim communities have historically not relied upon hospices, with families instead caring for relatives at home, the report by the Woolf Institute says.

But that is becoming harder, with more parents both now working, it added.

It called for better planning so Muslim patients can access care in the future.

The study warned that demographic changes within Muslim communities were likely to increase the demand for hospice and end of life care.

Although still younger on average than the wider UK population, the number of Muslims aged 65 and over was increasing steadily, the report added.

The number of elderly Muslim people was expected to reach 250,000 in the next 15 years, it said.

But it said there were "glaring gaps" when it came to data around the number of Muslims using hospices in the UK.

The report called for local councils, the NHS and hospices to ensure data was recorded about the religion and ethnicity of those using their services to help plan care in the future.

It concluded that, unless action was taken now, Muslim communities would not be able to access vital services when they needed them most.

Source: www.bbc.co.uk/news 12 November 2015

Mental health services take a 'leap in the dark' on patient care
Large-scale changes to mental health services are a 'leap in the dark' and are having a negative impact on patient care, says a briefing published by The King's Fund.

The briefing entitled, 'Mental health under pressure' shows that the sector is under a huge amount of strain, with around 40 per cent of mental health trusts experiencing a cut in income in 2013/14 and 2014/15. This is in marked contrast to the acute sector, where more than 85 per cent of trusts saw their income increase over the same period.

The briefing shows that, driven by the need to reduce costs, trusts have embarked on large-scale transformation programmes aimed at shifting demand away from acute services towards recovery-based care and self-management. This has seen a move away from evidence-based
services in favour of care pathways and models of care for which the evidence is often limited. There has also been little formal evaluation of the impact of these changes.

One example cited in the briefing is the merger of specialist crisis resolution home treatment teams (CRHTs) and early access to psychosis services into generic community health teams. Evidence suggests that these teams are often unable to provide the level of support required by patients, reducing quality of care and increasing pressure on inpatient beds.

Drawing on a range of sources, the briefing highlights widespread evidence of poor quality care:

- only 14 per cent of patients say that they received appropriate care in a crisis
- an increase of 23 per cent in out of area placements for inpatients in the year up to 2014/15
- bed occupancy rates routinely exceeding recommended levels.

The briefing finds that, as their financial situation deteriorates, many trusts are considering a further wave of large-scale changes, which could further destabilise services and reduce the quality of care for patients. It calls on the sector to focus on using evidence to improve practice and reduce variations in care, but says it is essential that this is underpinned by stable funding, with no more cuts to budgets.

Source: www.kingsfund.org.uk 12 November 2015

Winter NHS pressures 'bite early'

Winter pressures are biting early with latest figures showing a host of targets are being missed and signs more patients are getting stuck in hospital.

Data from NHS England showed that in September 2015, the health service missed its A&E target to see, treat or discharge patients within four hours.

Performance also fell short on access to cancer treatment, diagnostic tests and ambulance response times.

Delays discharging hospital patients have also reached record levels.

A snapshot taken on the last Thursday of the month showed more than 5,000 patients were occupying beds, even though they were ready to leave.

This was the worst level since records began in 2010 - and the rise in delays over the past few months has been largely driven by problems accessing social care services, such as help in the home.

The monthly data also showed:

- just 73 per cent of the most serious 999 calls were answered in eight minutes - the fourth month in a row the 75 per cent target has been missed
- the four hour target to see, treat or discharge A&E patients was missed for the 12th time in 13 months
- at the end of the month 1.9 per cent of patients had been waiting over six weeks for diagnostic tests - nearly twice the proportion that should be
- one of the key cancer targets - the 62 day target for treatment to start - was missed with nearly one in five patients waiting longer.
However, there were some measures the NHS did meet. In total six of the eight cancer targets were met, while the 18 week target for patients to be seen for non-emergency operations such as knee and hip replacements was achieved.

Source: www.bbc.co.uk/news 12 November 2015

London’s urgent and emergency care to become co-ordinated, consistent and clear
Healthy London Partnership, a collaboration between all London clinical commissioning groups (CCGs) and NHS England London region, has set out in its report how London’s urgent and emergency care services will become co-ordinated, consistent, clear and available seven days a week.

Once implemented it would mean three standardised centres for urgent and emergency care: urgent care centres; emergency centres; and emergency centres with specialist services.

Like the rest of England, London’s Urgent and Emergency care (U&EC) system is facing many challenges. Professor Sir Bruce Keogh’s National Urgent and Emergency care review in 2013 called for the transformation of services to address the unsustainable pressure on the system.

With an ageing population, more people need urgent or emergency care, but a confusing and inconsistent array of urgent care services means Londoners often struggle to find and access what they need and NHS England London has responded to this with consistent specifications. Through a survey of 1,000 Londoners and interviews with over 800 individuals attending accident and emergency (A&E) departments it was found that:

- three in five Londoners find urgent care services confusing
- sixty-eight per cent do not know difference between ‘Urgent Care Centres’, ‘Walk in Centres’, ‘Minor Injury Units’ and ‘GP-led Health Centres’.

From the engagement conducted by the London Health Commission:

- ninety-four per cent strongly think U&EC services should be consistent across the whole week
- eighty-six per cent think the ability for healthcare professionals to access their up to date health information is important.

Source: www.england.nhs.uk 17 November 2015

Challenging environment for NHS providers
NHS providers – both trusts and foundation trusts – are facing significant challenges on both finance and operational performance against key national standards at the mid-point of the year.

Figures setting out the financial position of the NHS provider sector show that it recorded a half year (1 April to 30 September 2015) deficit of £1.6 billion. While between 1 July to 30 September 2015, many providers struggled to achieve several key national healthcare standards.

In particular, delayed transfers of care – where medically fit patients cannot leave hospital because the care they need is not yet in place – are having a negative impact on NHS organisations meeting other standards, especially in A&E, while spending on agency staff is continuing to have an extremely detrimental effect on their financial position.
Clinicians and managers locally are working hard to limit the impact of these pressures on delivering safe and effective care for patients, including starting to implement measures set out by Monitor and the NHS Trust Development Authority (TDA) which aim to improve both the financial situation and providers’ ability to tackle performance issues and respond to increases in demand.

These actions include creating the conditions that will put an end to exorbitant agency costs, cap consultancy spend and support providers to find more savings during the year.

Beginning on 23 November 2015, a series of new hourly price caps limited the amount of money various types of agency staff working in the NHS can earn. This will build upon the new framework system that has been launched to ensure only agencies that provide quality staff at a price that is value for money can provide nurses to the NHS and the introduction ceilings on the numbers of agency nurses.

Controls on management consultancy expenditure came into force in the Summer of 2015 and were expected to have an impact by the end of 2015. NHS foundation trusts and NHS trusts will also be reducing capital expenditure for the remainder of the year where it is safe to do so.

Although the full benefit of these measures will take time to realise, Monitor and the NHS TDA expect trusts to turn the tide on the worsening financial position and end the financial year closer to where they expected to be at the beginning of 2015/16. Both Monitor and the NHS TDA will be focusing on supporting individual trusts facing financial, operational or local health economy challenges in an effort to secure their long term sustainability.

Other figures for quarter 2 of 2015/16 show that:

- 182 out of the 241 NHS providers reported a deficit for the second quarter of the year
- overall, the NHS provider sector reported a year-to-date deficit of £1.6 billion – £358 million worse than planned at the beginning of the year
- delayed discharges are estimated to have cost NHS providers £270 million over the first six months of this financial year
- the provider sector spent £1.8 billion on contract and agency staff – almost double what they planned
- providers made a total of £1.12 billion worth of cost savings – around 2.8 per cent of total costs – although they are falling behind on Cost Improvement Plans
- despite the size of the waiting list increasing by eight per cent compared to the same period last year, NHS providers performed well against the referral to treatment performance standard, hitting 92.2 per cent in September 2015
- 93.6 per cent of A&E patients were seen, treated and admitted or discharged within four hours. This missed the operational standard, largely due to delayed transfers of care preventing providers from freeing beds in time to meet demand, compounded by a rise in demand for beds
- improvements are required to performance against cancer standards, with providers treating 82.1 per cent of cancer patients referred by GPs within 62 days of referral where the operational standard is 85 per cent, largely due to increasing demand having an impact on providing diagnostic tests
- recognising the importance of cancer standards, we have been working with providers to support them develop improvement plans.

Source: www.gov.uk 20 November 2015
Inequalities in health and life expectancies persist

Inequalities in health and life expectancies persist in England and its local authority areas. A new Office for National Statistics (ONS) report produced in conjunction with Public Health England (PHE) has been published revealing the scale of inequalities in life expectancy and healthy life expectancy across England, but also within local authority areas.

The data shows that wide inequalities exist not only between the most and least deprived areas of the country; but between the most and least deprived areas within local councils across the country.

This is the first time such an analysis has been done and it will help health professionals, both nationally and within local authority areas, assess, down to very small geographies, where they need to focus their efforts.

The number of years an individual could expect to live in good health (healthy life expectancy) in 2009 to 2013 in England was 63.5 years for males and 64.8 years for females.

Compared with the most deprived areas, the figures for those living in the least deprived areas were higher by 16.7 years for males and 16.8 years for females. This difference was much greater for healthy life expectancy than it was for life expectancy.

The report also concludes that there has been little change in this inequality over the last decade.

Source: www.gov.uk 20 November 2015

Unprecedented investment in the NHS

The NHS will receive an additional £10 billion a year above inflation by 2020, with almost £6 billion frontloaded by the first year of the Spending Review, the Government has decided.

This will deliver, in full, the Five Year Forward View – the NHS’s own plan for the future of the service, Chancellor George Osborne announced.

The Spending Review announcement means that over the course of this Parliament, the Government will spend over half a trillion pounds on the health service – an unprecedented level of investment.

The additional funding will allow the NHS to offer 800,000 more operations and treatments, two million more diagnostic tests, 5.5 million more outpatient appointments and spend up to £2 billion more on new drugs that patients need.

As the NHS faces growing demands from an ageing population, it will also allow the development of better out of hospital services that will see more people treated closer to home, give patients greater control over their own care, and help prevent people getting seriously ill in the first place.

The additional investment will deliver a seven day NHS, with the services people need being offered in hospitals at the weekend and people able to access a GP at evenings and weekends.

By 2020, everyone will be able to access GP services in the evenings and at weekends.

This will mean 5,000 extra doctors working in general practice, with £750 million of investment, the Chancellor announced.

By 2018, there will be seven day coverage in all key hospital services for half the population, rising to 100 per cent by 2020.
The Department of Health will receive £4.8 billion in capital funding in every year of the Spending Review, improving services so they are delivered nearer to patients’ homes.

The continued rollout of the 50 vanguards sites will enhance services in local areas bringing home care, mental health, community nursing, GP and hospital services together.

There will be up to £300 million more spent on cancer diagnostics every year by 2020/21, so anyone with suspected cancer will be diagnosed within a maximum of 28 days of being referred by a GP, which experts say could help save 11,000 lives a year.

Over £500 million, meanwhile, will be invested in new hospitals including in Cambridge, Brighton, and Sandwell.

Selling surplus estates will generate a further £2 billion for reinvestment in the health service, while releasing land for 26,000 new homes.

The Five Year Forward View also involves £22 billion of efficiency savings – equivalent to two to three per cent per annum – in a number of areas, including better procurement, better use of NHS resources and reducing avoidable hospital attendances.

The money will be reinvested in front line services.

Source: www.gov.uk 24 November 2015

Prime Minister announces funding for UK’s first Dementia Research Institute

The UK’s first Dementia Research Institute is set to receive up to £150 million to deliver a step change in research and development to tackle the disease.

Led by the Medical Research Council, the Institute will bring together world-leading experts, universities and organisations to drive forward research and innovation in fighting dementia – a disease that affects an estimated 850,000 in Britain, a figure that’s expected to double in the next 20 years.

The Institute will have a central UK hub, with links to universities across the country and will build on the centres of excellence in dementia already operating across the UK. The Medical Research Council will open a competitive process in the New Year of 2016 asking universities to come forward to host the Institute itself and will lead the search for a director to head it.

The commitment to form a UK-based Institute, was announced by the Prime Minister in his Challenge on Dementia 2020 in February 2015 – a long term strategy focused on boosting research, improving care and further raising public awareness about the disease.

This follows a commitment from G8 health ministers to aim to identify a cure or a disease modifying therapy for dementia by 2025, with the first ever $100 million global Dementia Discovery Fund unveiled by Health Secretary Jeremy Hunt in March 2015.

Once established, the Institute will draw together world-leading researchers, charities and universities to take forward three key strands of work:

- accelerate the pace of discovery research in order to boost drug development
- attract new partnerships with the biopharmaceutical sector to develop new treatments and ways of diagnosing dementia
- develop and promote strategies for interventions that prevent the development or progression of dementia.

Source: www.gov.uk 24 November 2015
Excess Winter Mortality in England and Wales 2014/15 (Provisional) and 2013/14 (Final)
The Office for National Statistics (ONS) has published figures on Excess Winter Mortality in England and Wales 2014/15.

The main points are:

- an estimated 43,900 excess Winter deaths occurred in England and Wales in 2014/15; the highest number since 1999/2000, with 27 per cent more people dying in the Winter months compared with the non-Winter months
- the majority of deaths occurred among people aged 75 and over; there were an estimated 36,300 excess Winter deaths in this age group in 2014/15, compared with 7,700 in people aged under 75
- there were more excess Winter deaths in females than in males in 2014/15, as in previous years. Male excess Winter deaths increased from 7,210 to 18,400, and female deaths from 10,250 to 25,500 between 2013/14 and 2014/15
- respiratory diseases were the underlying cause of death in more than a third of all excess Winter deaths in 2014/15
- the excess Winter mortality index was highest in the South West in 2014/15 and joint lowest in Yorkshire and The Humber, and Wales.

Source: [www.ons.gov.uk](http://www.ons.gov.uk) 25 November 2015

Hospital inpatient care: over 10,000 more admissions a day than 10 years ago
Latest figures published by the Health and Social Care Information Centre (HSCIC) show that there were 15.9 million admissions to NHS hospitals in England in 2014/15 - the equivalent of 43,500 per day. This is 1,200 more per day on average than in 2013/14 and 10,400 more per day on average than 10 years ago in 2004/05.

The report entitled, ‘Hospital Episode Statistics, Admitted Patient Care, England - 2014-15’, from the HSCIC includes national and regional statistics on admissions relating to time waited, diagnosis and procedure, consultant main specialty and external cause codes.

The latest analysis shows an increase of 2.8 per cent (430,400) in hospital admissions from 2013/14 (15.5 million) and an increase of 31.3 per cent (3.8 million) in hospital admissions from 2004/05 (12.1 million).

Over the same time period the population has grown, although at a lower rate than hospital admissions. The rate of admissions in 2014/15 was 29,260 per 100,000 population, compared to 24,110 admissions per 100,000 population in 2004/05. This may be partly attributable to the increased proportion of older people in the population.

The report also shows that in 2014/15:

Admitted Patient Care:

- the greatest number of admissions by age band was for patients aged 65 to 69 (1.3 million)
- the greatest increase in the number of admissions was for patients aged 70 to 74, up 5.9 per cent (68,100) since 2013/14 to 1.2 million in 2014/15
• the average length of stay has decreased to 5.0 days from 5.1 in 2013/14, and has been steadily decreasing since 2004/05 (7.1 days)
• female patients accounted for 56.0 per cent of admissions (8.9 million)
• regionally, Durham, Darlington and Tees Area Team (AT) had the highest rate of admissions at 350 per 1,000 residents (409,600 admissions). Thames Valley AT had the lowest rate of admissions per population at 250 per 1,000 residents (509,300 admissions).

Source: www.hscic.gov.uk 25 November 2015

Chief Inspector of Hospitals recommends London Ambulance Service NHS Trust is placed into special measures

England's Chief Inspector of Hospitals, Professor Sir Mike Richards, has recommended that London Ambulance Service NHS Trust should be placed into special measures following an inspection by the Care Quality Commission (CQC).

Overall, London Ambulance Service (LAS) NHS Trust has been rated as Inadequate. A team of inspectors found that the Trust delivered services that were caring, but that improvements were needed on safety, effectiveness, responsiveness and leadership.

During the inspection, which took place over a three week period in June 2015, a team of 54 CQC inspectors and specialists including paramedics, urgent care practitioners, operational managers and call handlers looked in detail at the Trust's emergency operations centres, the emergency and urgent care service, patient transport services and the resilience service, including the hazardous area response team.

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

"I am recommending that London Ambulance Service be placed into special measures because I believe that this is the step necessary to ensure that this vital service - which provides emergency medical services to 8.6 million Londoners - gets the support it needs to improve.

"The Trust has been performing poorly on response times since March 2014. This is a very serious problem, which the Trust clearly isn't able to address alone, and which needs action to put right.

"The frontline staff who CQC inspectors talked to and observed in their work were overwhelmingly dedicated, hardworking and compassionate, which is why I have rated this service ‘Good’ for Caring.

"However, these staff were not being properly supported to do their jobs. Some reported a culture of harassment and bullying and we found that in many cases there just weren’t enough properly trained staff, or that the proper equipment wasn’t available to them.

"The leadership of LAS has told us that they have already taken action to address the issues we have raised, and we will be monitoring the service closely to ensure this continues. But support from external partners including the NHS Trust Development Authority and NHS England will also be crucial to achieving the improvements needed. This is why I’m making a recommendation of special measures, triggering a process which gives LAS access to a package of additional resources and support.

"While we do have significant concerns about the performance of the ambulance service, I want to provide Londoners with some reassurance. Firstly, that once care arrives, it is of a
good standard - and dedicated and caring call handlers, drivers, paramedics and other frontline staff are working hard to ensure this. And secondly, that urgent steps are being taken - and improvements have already been made - to ensure that everyone who relies on this service receives excellent, timely care and that London has the ambulance service it deserves."

The CQC’s inspection team visited 16 ambulance stations, emergency operations centres, and other bases; spoke with 110 staff; conducted focus group discussions with frontline staff, support staff and emergency volunteers; spoke to 45 patients and relatives; and observed patient handovers at emergency departments.

Inspectors found that patients were treated with compassion, dignity and respect by ambulance staff often in difficult and distressing situations. Staff were dedicated and proud of their work, while being open and honest about the issues they faced.

While being well supported by immediate managers, staff found some senior managers and board members lacked understanding of the challenges staff experienced. However, several members of staff told inspectors that the management style of the new chief executive had helped improve the organisation’s performance targets and boost staff morale.

The service had a high number of frontline vacancies. All the ambulance crew members said there were not enough appropriately trained staff to ensure that patients were consistently safe and received the right level of care. Serious concerns were also identified about how the Trust had been fulfilling its responsibilities to deliver a Hazardous Area Response Team (HART) service because of insufficient paramedics, although the Trust has told CQC that it has now recruited to 97 per cent of the posts in this team.

Staff were working long hours and many reported feeling high levels of stress and fatigue. Inspectors found large number of frontline staff to be demoralised. There was a recognised issue with bullying and harassment and a perception of discrimination which had not been dealt with. An independent report into bullying and harassment commissioned by LAS was produced in November 2014, but was only presented to the board in June 2015.

Although staff had access to clinical advice by telephone or radio, some staff felt they did not have enough supervision or support when they were on the road. Some newly qualified paramedics said they were expected to work on the frontline without the guidance of an experienced or senior paramedic while they settled into the role.

Until March 2014 the Trust was consistently the best performing service in the country in responding to ‘category A’ calls. Since then, there had been a substantial decline in performance, and the target time of 75 per cent of calls being responded to within eight minutes had not been met. Feedback from local Healthwatch indicated that patients were concerned about response and waiting times.

The report identifies 11 key actions for the Trust:

- develop and implement a detailed and sustained action plan to tackle bullying and harassment
- recruit sufficient frontline paramedic and other staff to meet patient safety and operational standards requirements
- recruit to the required level of HART paramedics to meet its requirements under the National Ambulance Resilience Unit (NARU) specification
- improve its medicines management including the formal appointment of a board director responsible for overseeing medication errors and formally appoint a medication safety officer
• review the system of code access arrangements for medicine packs to improve security
• set up a system of checks and audit to ensure medicines removed from paramedic drug packs have been administered to patients
• set up control systems for the issue and safekeeping of medical gas cylinders
• improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly
• ensure staff report all appropriate incidents and are always encouraged to do so.

The inspection team also highlighted areas of good practice including:

• the percentage of cardiac patients receiving primary angioplasty was 95.8 per cent against an England average of 80.7 per cent
• the Trust's system helped to prevent overload of ambulances at any particular hospital emergency department
• there were good levels of clinical advice provided to frontline staff from the Trust's clinical hub
• staff were caring and compassionate often in very difficult and distressing circumstances
• good multi-disciplinary working with other providers at trust and frontline staff levels.

The CQC has published two reports on LAS. The provider report describes judgments against five questions – is the service safe, is it effective, is it caring, is it responsive to people’s needs and is it well-led – while the location report describes the judgements on the Trust’s main services: Urgent and emergency care services; Patient transport services; Emergency operations centre; Resilience planning.

These judgements are based on a combination of the CQC’s inspection findings, information from the CQC’s Intelligent Monitoring system, and information provided by patients, the public and other organisations including Healthwatch.

On 2 December 2015, the CQC presented 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.

LAS is the first ambulance trust to be placed into special measures, a regime applied to NHS trusts where there are concerns that the existing leadership cannot make the necessary improvements in the time required without support. This will usually happen following a recommendation from Professor Sir Mike Richards, Chief Inspector of Hospitals; the NHS Trust Development Authority (TDA) is responsible for actually placing NHS trusts into special measures. The TDA has been working with the CQC to develop a bespoke package of support which will ensure that the Trust gets the help it needs to make rapid improvements.

Source: www.cqc.org.uk 27 November 2015

Stocktake of access to general practice in England

People’s experience of accessing general practice remains positive, with almost nine in 10 patients reporting in 2014/15 that they could get an appointment. Patient satisfaction with access is, however, gradually and consistently declining, and a fifth of patients report opening hours are not convenient, according to a report from the National Audit Office (NAO) entitled, ‘Stocktake of access to general practice in England’.
Worsening access to general practice matters: if patients cannot access general practice they are more likely to suffer poorer health outcomes or to use other, more expensive, NHS services such as accident and emergency departments.

The NAO found that there is considerable variation in access between different patient groups: older patients were more likely than younger patients to report that they were able to access appointments. The NAO also found that people from a white ethnic background reported better access than those from other ethnic groups. Differences in GP practices’ working arrangements also affect the proportion of patients who can get appointments.

Nationally, 92 per cent of people live within two kilometres of a GP surgery, but there are stark differences between urban and rural areas. Only one per cent of people in urban areas do not have a GP surgery within two kilometres, compared with 37 per cent in rural areas.

Demand for general practice is increasing as the population grows and people live longer, often with multiple medical conditions. However, the Department of Health and NHS England do not have up to date data to estimate the number of consultations. The organisations that the NAO spoke to considered that general practice is under increasing pressure, with demand rising by more than capacity.

The NAO identified that problems in recruiting and retaining GPs are increasing, with 12 per cent of training places in 2014/15 remaining unfilled. GPs make up only 29 per cent of the general practice workforce, so alone are unlikely to be able to deal with the rising demand for services. Practices are increasingly using other staff to help manage demand.

The report finds that deprived areas tend to have a lower ratio of GPs and nurses to patients, and where the ratio is lower it is harder for patients to get appointments. The distribution of general practice staff across the country does not reflect need. NHS England allocates funding to local areas using weighted populations that reflect factors such as demographics, health needs and local costs. Despite this, inequalities remain, with the combined number of GPs and nurses in each local area ranging from 63 to 114 per 100,000 weighted population.

Among the NAO’s recommendations are that NHS England should improve the data it collects on demand and supply in general practice, and research how different practices’ appointment booking and other working arrangements drive variations in access. While making changes designed to improve access, NHS England should analyse the impact on different patient groups.


**A&E waiting times ’getting worse’**

Waiting times in accident and emergency (A&E) departments across the UK are worsening as pressures grow in hospitals, figures suggest.

The data, collected by the Royal College of Emergency Medicine (RCEM), showed 88 per cent of A&E patients were treated or admitted within four hours - below the 95 per cent target.

The figures are based on evidence submitted by more than 40 trusts - one in five of the total in the UK.

Hospitals also reported significant problems discharging patients.

In some places, a fifth of hospital beds are occupied by patients who are ready to leave hospital but cannot be discharged because of a lack of community services available to care for them.
The problems have developed despite three-quarters of hospitals increasing their stock of beds to try to relieve the pressure, and a growing number of routine operations being cancelled.

College president Dr Cliff Mann predicted the "worst is yet to come".

"The majority of hospitals have endeavoured to increase the number of beds available to cope. "Despite this, elective operations have had to be cancelled and postponed as bed capacity is insufficient to cope."

He also said the problems with delayed discharges - which have caused a number of hospitals to declare major incidents - showed no signs of diminishing.

The College has been collecting the data for the past seven weeks to monitor the pressures on hospitals during Winter.

It shows a gradual worsening in performance since hospitals started submitting the data at the start of October 2015.

Then, just over 92 per cent of patients were seen in four hours, compared with 88 per cent in the week ending 13 November 2015.

If that performance is replicated across the NHS - and the College says the data should reflect the national picture - it means hospitals are in the worst shape heading into Winter for a generation.

Weekly data on the four hour target in England has been provided by NHS England and the Government in recent years, but they have now stopped that.

Instead, it is published monthly, but with a six week time lag.

That means the latest official data is from September 2015. It showed the four hour target was being missed along with other targets covering ambulance response times, cancer care and diagnostics tests.

Scotland, which has tended to have the best performance on the four hour target, is the only part of the UK that now publishes on a weekly basis.

Data up to mid-November 2015 showed that 94.4 per cent of patients were seen in four hours.

A spokeswoman for NHS England, which oversees more than three-quarters of the hospitals in the UK, said the key to dealing with the strain on the system was to create more joined-up care between the NHS and council-run social care - something that has been made a priority across the UK.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 27 November 2015

**Listening to Londoners: how NHS England (London) engaged with patients and the public in 2014/15**


The report outlines how patients and the public have been involved in the commissioning processes and decisions across the organisation, from steering London’s Pharmaceutical Services Regulation Committee to improving cancer services in the capital and more.

Regional Chief Nurse, Caroline Alexander said:
“Our ambition is that every Londoner has a chance to share their experiences about receiving health services in the capital and also have every opportunity to shape how care is delivered. “This report showcases how we are working hard to make this happen by promoting participation and engagement with patients, carers and the public in our area. It highlights examples of good practice and identifies weaknesses and how we propose to improve.”

“We are committed to ensuring that public and patient voices are at the heart of shaping our healthcare services. There are always opportunities arising for interested individuals to become more involved.”

If you want to be involved in shaping how health and care is delivered, please contact the team at England.qualityhub@nhs.net or tweet @NHSEnglandLDN.

Source: www.england.nhs.uk 1 December 2015

**Stroke in the UK: what to expect**

The latest annual Sentinel Stroke National Audit Programme (SSNAP) report has revealed further improvement in stroke care is needed.

The second annual SSNAP report said that, despite steady progress in stroke care, further work needs to be done to ensure that patients have access to key interventions and assessments when they are admitted to hospital.

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

SSNAP measures processes of care provided to stroke patients, as well as the structure of stroke services, such as staffing levels. Written in conjunction with patient representatives, this annual report provides answers about what happens to stroke patients, covering important interventions like clot busting treatment (thrombolysis), and the range of specialist assessments that patients should have before leaving hospital.

Headline results from this report on care of stroke patients between April 2014 and March 2015 include:

- the percentage of patients being admitted to a stroke unit within four hours has reduced (56.8 per cent compared to 58 per cent in the previous year). This is concerning as admission to a specialist stroke unit has shown to be crucial in improving survival and reducing dependency after a stroke
- improvements (compared to last year) in the percentage of stroke patients receiving a brain scan within 12 hours (88.2 per cent compared to 84.6 per cent) and in the time between having a stroke and receiving clot-busting treatment (thrombolysis) (56 minutes compared to 58 minutes) is encouraging as it suggests that stroke teams in hospitals are better organised compared to last year
- sixty-eight per cent of patients who needed a swallow screen had one within four hours of arriving at hospital – an increase of four per cent compared to last year. This still means that many patients who might be struggling to swallow and are at risk of inhaling food and drink into their lungs are not being assessed promptly upon arrival
- tracking data over time indicates that age discrimination in stroke units has been vastly reduced, if not eliminated. Data in 2004 showed that older patients were less likely to be admitted to a stroke unit than younger patients and this is no longer the case
• three out of 20 patients who needed a continence plan did not have one three weeks after their stroke. This is an improvement on last year (five out of 20), but is still unacceptably high.

Source: www.rcplondon.ac.uk 2 December 2015

Improvements in A&E and financial performance at Kingston Hospital recognised by regulator

Monitor has closed its investigation into Kingston Hospital NHS Foundation Trust after the Trust took action to improve its A&E and financial performance.

The regulator launched its investigation in June 2015 because patients were waiting too long to receive A&E treatment and to understand what could be done to reduce the deterioration of the Trust’s finances.

Monitor’s investigation found that the Trust is working closely with other local NHS organisations to find ways to improve its A&E performance and provide patients in South West London with quality services.

The Trust also has a tighter grip on its finances, reducing its predicted end of year deficit from £8.8 million to £6.1 million. It has improved its short and long term financial planning and developed a recovery plan to ensure that it remains financially sustainable so it can continue to deliver quality care for patients.

Source: www.gov.uk 4 December 2015

Monitoring the Deprivation of Liberty Safeguards report shows the need for greater efforts to protect vulnerable adults

The Care Quality Commission (CQC) has published its sixth annual monitoring report on how hospitals and care homes in England are using the Deprivation of Liberty Safeguards (DoLS).

Part of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards protect the rights of people who are deprived of their liberty so that they can be given necessary care and treatment.

Data from the CQC’s own more robust and specialist inspection regime shows that there is variation between providers. This means that people are not consistently receiving the protections of the Deprivation of Liberty Safeguards, which help to make sure that they are treated and cared for with dignity and respect, as much as possible in line with their own wishes.

While it recognises that some positive practice is occurring, the report calls for providers to take action to meet the requirements of the MCA including the Deprivation of Liberty Safeguards, to make sure that they are being used effectively and consistently. This includes making sure that staff receive training on and understand the MCA, that providers have policies and processes in place to support the Deprivation of Liberty Safeguards, and that processes are being properly implemented so that people are cared for appropriately and their interests are protected.

This year’s report also highlights the tenfold increase in applications from providers to deprive individuals of their liberty. This follows the Supreme Court ruling in March 2014 which expanded the previous understanding of when a deprivation of liberty takes place. Local authorities and organisations such as the Association of Directors of Adult Social Services
(ADASS) have taken action in response to this rise, but there is still an increasing backlog. This may delay the external scrutiny needed to make sure that it is appropriate for people to be deprived of their liberty and, consequently, that they receive care which meets their needs.

The CQC welcomes the Law Commission’s current review of the Deprivation of Liberty Safeguards. The CQC will continue to engage with the Law Commission on this review and look forward to contributing to this work further.

Source: www.cqc.org.uk 4 December 2015

**Devastated families left without answers as avoidable death and harm incidents aren’t being investigated properly by hospitals across England**

Nearly three quarters of hospital investigations into complaints about avoidable harm and death claimed there were no failings in the care given, despite the Parliamentary and Health Service Ombudsman’s (PHSO) investigations of the same incidents uncovering serious failings.

The wide-ranging review of the quality of NHS investigations into complaints about avoidable harm or death by the Parliamentary and Health Service Ombudsman, found that inadequate hospital investigations are leaving distraught patients and families without answers and delaying much-needed service improvements.

The report entitled, ‘A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged’ reveals that hospitals are not investigating serious incidents properly because they often do not gather enough evidence, use inconsistent methods and do not look at the evidence closely enough to find out what went wrong and why.

The Parliamentary and Health Service Ombudsman, which investigates complaints which have failed to be resolved by the NHS locally, launched the Review because it found a wide variation in the quality of investigations carried out by the NHS into complaints about avoidable death and harm.

The Review reveals that some investigations carried out by the NHS into complaints about avoidable harm and death are not being carried out by someone sufficiently removed from the incidents complained about.

Only half (52 per cent) of the investigations about avoidable harm and death carried out by the NHS where a clinician reviewed what had happened, used a clinician who was independent of the events complained about, the review uncovered.

The Review was based on interviews with hospital staff, a survey of NHS complaint managers and a review of the unresolved NHS complaints brought to the Parliamentary and Health Service Ombudsman. It found that:

- nearly three quarters (73 per cent) of cases where the Parliamentary and Health Service Ombudsman found clear failings, hospitals claimed in their earlier investigations of the same incident that they hadn’t found any failings
- hospitals failed to class more than two thirds (20 of 28) of avoidable harm cases as serious incidents, meaning that they were not properly investigated
- a fifth (19 per cent) of NHS investigations were missing crucial evidence such as medical records, statements, and interviews
• more than a third (36 per cent) of the NHS investigations which recorded failings did not find out why they had happened, despite more than 90 per cent (91 per cent) of NHS complaint managers claiming that they are confident they could find out answers.

As a result, people often have no choice but to bring their complaints to the Parliamentary and Health Service Ombudsman to try to get answers about what happened to them or a loved one and so that hospitals acknowledge the distress caused and demonstrate that they have learnt lessons and improved the service.

The Review found that even when a hospital trust finds failings in the care provided as a result of a complaint, it does not always take action to prevent the same mistakes happening again.

The hospital visits and survey of NHS managers found that frontline staff do not understand the important of learning from investigations because discussions about what improvements should be made are trapped at meetings with senior managers, who then fail to discuss them with those who provide the care.

When Ombudsman staff spoke to hospital staff, they did not find any consistency about the level of training of NHS investigators. Some hospitals had a list of trained investigators while others did not use trained investigators but said that incidents were investigated by 'the appropriate person'.

Complaints about potential avoidable death make up around 20 per cent of the NHS complaints the Parliamentary and Health Service Ombudsman investigates. Since 1 January 2015 to 1 December 2015, it investigated 536 cases about potentially avoidable deaths and upheld around half of these, a total of 264. Overall for health cases it upholds around 40 per cent of complaints.

Source: www.ombudsman.org.uk 8 December 2015

**NHS discharge delays hit record levels**

Vulnerable patients are getting stuck in hospital in England as delays discharging people hit record levels, figures show.

There were more than 160,000 days lost to delays in October 2015 - up a third since 2010.

Experts said the problems were being caused by a lack of community services to release patients into.

The figures also showed many NHS targets - covering A&E units, cancer care and ambulances - were being missed.

The NHS England October 2015 performance data showed:

• 92.3 per cent of A&E patients were seen in four hours - below the 95 per cent target and down on the previous month
• ambulances missed their target to answer 75 per cent of the most serious 999 calls in eight minutes - the fifth month in a row it has not been achieved
• A&E units missed their four hour target to see, treat or discharge A&E patients - the 13th time in 14 months performance has dropped below 95 per cent
• at the end of month, 1.7 per cent of patients had been waiting over six weeks for diagnostic tests - nearly twice the proportion that should be suffering such delays
• one of the key cancer targets - the 62 day target for treatment to start - was missed with nearly one in five patients waiting longer
• the NHS 111 phone service missed its target to answer 95 per cent of call within 60 seconds
• but hospitals did hit their 18 week waiting time target for routine operations, like hip and knee replacements.

The position on many of the measures is worse than it was in October 2014, which ended up being the most difficult Winter for a generation.

Source: www.bbc.co.uk/news 10 December 2015

The NHS will struggle this Winter, new analysis shows

Just 3.6 per cent of patients took up over a third of all bed capacity in acute hospitals in England last year, new analysis by the Nuffield Trust of pressures on the NHS last Winter has found.

The patients in this group were likely to have been frail or elderly people who the system was not ready to return to their own homes or to nursing or residential homes, despite their medical treatment being finished.

This new figure for bed occupancy helps to explain why the health service still suffered a Winter ‘crisis’ last year, the authors say, despite receiving record extra funding from NHS England of almost £700 million specifically to deal with pressures caused by Winter.

The fact that no extra funding for Winter 2015 is being allocated this year means the position will be even worse in the coming months, they argue. The Health Secretary Jeremy Hunt announced in November 2014 that the money was being awarded to the NHS to ‘make sure it is better prepared [for winter] than ever before’ - yet by January 2015, a string of trusts in England had declared major incidents or ‘black alerts’, whereby hospitals were closed to all new admissions, while performance against the four hour A&E standard was the worst in a decade.

The way in which this small group of patients was treated meant that bed occupancy rates in many hospitals were running far higher last Winter than the 85 per cent generally recommended by experts as the maximum that should be reached in the NHS – which, in turn, held up the admission of patients from emergency departments, thereby preventing those arriving at the ‘front door’ of A&E from being seen quickly enough and causing the four hour A&E standard to be breached repeatedly.

But further analysis by the Nuffield Trust has revealed that ensuring that no more than 85 per cent of beds in hospitals in England were occupied at any one time, which would then allow trusts to admit patients from Emergency Departments quickly enough, would require another 14,000 beds to be opened in the NHS. Such an enormous expansion in beds is extremely unlikely to take place – and furthermore, would be undesirable, according to the authors.

The research shows the breadth of measures adopted by trusts last Winter to try to deal with additional demand, and the amount spent on each from the £652 million ‘pot’. The three initiatives on which the most money was spent were:

• providing extra beds and staff: £254 million
• improving discharge processes: £74 million
• seven day working: £61 million.

Source: www.nuffieldtrust.org.uk 10 December 2015
NHFD report urges commissioners to question how long patients with hip fractures remain in rehabilitation

The National Hip Fracture Database (NHFD) commissioners’ report highlights that clinical commissioning groups (CCGs) in England should question the length of stay for rehabilitation beds they commission in community hospitals and care homes for hip fracture, and other conditions affecting older people because NHS information systems are not reliably recording this information. They should also investigate the quality of care at the hospitals in their area.

The NHFD commissioners’ report is aimed at CCGs in England and, in particular, commissioners who commission services for hip fracture, trauma and care for older people.

This report should also be used alongside the recently published NHFD annual report to fully understand the quality of hip fracture services in their area. This can be found on the NHFD’s website.

Main key recommendations include:

- CCGs should challenge any local hospitals where fewer than 70 per cent of patients receive the prompt surgery recommended by NICE CG124 (that states patients with hip fractures should have surgery on their first or second day in hospital)
- some CCGs (1.4 per cent) will need to question why more than 80 per cent of their local population do not receive treatment in a hip fracture programme (HFP), a model of care that was central to National Institute for Health and Care Excellence (NICE) guidance
- one in nine CCGs should consider why fewer than half of their patients were able to be mobilised out of bed on the day following surgery, and question whether this reflects poor control of hydration, or a failure to provide the early physiotherapy assessment recommended in NICE QS16.

Where poor performance is highlighted in this report, CCGs will wish to examine their local hospitals’ performance, as detailed in the colour coded performance tables of the NHFD annual report and in individual hospital dashboards available on the NHFD website.

The NHFD commissioners’ report details variation in practice around the UK, supporting the development of the best way to care for the frail and older patients who experience hip fracture injuries. Full details can be found at www.nhfd.co.uk

Hip fracture is an ideal marker of the quality of care given to frail and older patients in the NHS. The care of hip fracture patients is complex, involving a wide range of specialists, clinical teams, healthcare departments and agencies.

Hip fracture is common, with 60,000 injuries each year across England. Hip fracture patients face a significant risk of dying or of losing their independence, and their recovery is dependent on how well hospital and community services work together.

The NHFD audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit (NCA) Programme. The NHFD audit is managed by the Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians (RCP) as part of the Falls and Fragility Fracture Audit Programme (FFFAP).

Source: www.rcplondon.ac.uk 10 December 2015

People are not being offered enough support to exercise their rights when subject to the Mental Health Act, finds the CQC
People are not being offered enough support to exercise their rights when subject to the Mental Health Act, the Care Quality Commission (CQC) has found.

The regulator of health and social care has highlighted that greater attention needs to be given to supporting people who are subject to the Mental Health Act. This includes how they are involved in their care, if they are empowered to exercise their legal rights and if they receive the safeguards provided to them by the Mental Health Act when they are being detained in hospitals or subject to conditions in the community.

The Care Quality Commission’s sixth annual report shows that there is insufficient staff training and monitoring the impact of the Mental Health Act and outcomes for patients by leadership and management teams. This means that the protections offered to people by the updated (April 2015) Mental Health Act Code of Practice are not being consistently delivered. The Code, which must be observed by all services, offers statutory guidance for patients, their families and professionals in how people should be treated while subject to the Act, how their rights will be protected and what they can expect as a minimum from services.

In the report, which assesses how NHS mental health trusts and independent mental health hospitals have used the Mental Health Act in the last year (2014/15), the CQC has found some excellent examples where staff have made sure that people affected by the Act are supported and empowered to make decisions about their care and treatment and encouraged to help shape the planning of services. It also champions the many services who are seriously addressing their rules and procedures to ensure that they are not unfairly restrictive to individual patients.

However, the CQC is concerned that there remains an unacceptable variation in practice, including how management teams are dealing with the operation of the Mental Health Act and its outcomes for patients. This includes findings that staff had received no training on the revised Code in half (29) of 58 wards visited in September and October 2015. Throughout the year, they found no evidence of patient involvement or patients’ views being considered in a quarter (25 per cent; 961) of the 3,836 care plans that it examined during visits to hospital settings. There has been no improvement in this from the figures reported in 2013/14.

Furthermore, 10 per cent (395) of the records that the CQC examined in 2014/15 did not show whether patients had had their rights discussed or explained to them, even though this is a strict legal requirement. This is a slight improvement from the 13 per cent of records that lacked such evidence in the previous year.

The need for the NHS and independent mental health providers to get this right is greater than ever as the data from the Health and Social Care Information Centre has shown that the Mental Health Act is being used more than ever before. In the last year alone, the Act has been used over 58,000 times, 10 per cent more than the 53,176 times in 2013/14 and the highest number of uses on record.

As part of its work to monitor the Act, the CQC carried out 1,292 visits to mental health wards from April 2014 to March 2015, assessing how people had been treated, meeting over 5,900 patients to discuss how the Mental Health Act and its Code of Practice were being applied to them.

The report recommends a number of changes to be made to practice across the system including specific calls to action for providers, NHS England and the Department of Health to tackle the issues and improve the care being provided for patients affected by the Mental Health Act.
The Mental Health Act Code of Practice has recently been updated and revised with the new version introduced in April 2015, including updates to the guiding principles applied by practitioners when taking decisions under the Act. The new principles include the additional expectations for services to empower patients and involve them in decisions about their care and treatment, even in the context of compulsory treatment under the Mental Health Act – and provide a much greater emphasis on avoiding blanket rules and restrictive practices for patients.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 10 December 2015

**Inpatient survey shows only modest improvements in patient experience**

The inpatient survey in England shows that over the past nine years, trusts have seen only a modest improvement in quality of care as judged by patients, according to a new report from The King’s Fund and Picker Institute Europe.

The first longitudinal study of patient experience by trust entitled, ‘Patients’ experience of using hospital services’ finds that, while overall there have been small improvements in patient experience reported between 2005 and 2013, the results show a tendency towards inertia or regression to the average. However, when this is set against tightening funding since 2010, the fact that patient experience has not deteriorated is reassuring.

The report, co-written by The King’s Fund and Picker Institute Europe, analysed the inpatient survey data for nine years across 156 trusts – accounting for more than half a million inpatients – and found that generally there was a mixed pattern of performance. For most trusts there was positive improvement in some areas and deterioration in others.

Where there has been a national policy focus, improvements in patient experience can be seen at almost all trusts – for example, in ward cleanliness.

Where there have been system-wide pressures beyond the hospital, a deterioration in patient experience is often seen – for example, in lengths of wait for a bed after admission to hospital and timely discharge.

The report also shows there is a ‘ceiling effect’ whereby smaller improvements are shown by well performing trusts compared to those which started off from a lower baseline. This can partly be explained by relatively high scores to begin with. It is, however, demotivating for trusts which started off well to hear year on year that they are about the same as last year. More needs to be done to find a far more sensitive measure to help trusts.

The national picture can mask some very different patterns at trust level and the analysis shows there is considerable potential to reduce variation between trusts on some questions, as well as raising overall levels of performance. There are also significant differences between trusts in how they approach and use the data. The qualitative research highlights some trusts using the data to good effect.

The data should also be supplemented with local knowledge as this will bring further context to the results.
Policy-makers, regulators and commissioners should be aware of these data-related issues in order to use the data to offer valuable insights and set realistic expectations about performance improvements.

The report concluded that the inpatient survey data is underutilised at both the national and local level and needs to be used more effectively if it is going to drive better quality in inpatient care. The report’s analysis will help trusts to identify what they are doing well and where they need to direct their attention to deliver improvement.

Source: www.kingsfund.org.uk 10 December 2015

Care Quality Commission not yet an effective regulator
The Public Accounts Committee (PAC) has raised new concerns about the performance of the Care Quality Commission (CQC), the independent regulator of health and adult social care in England.

Its 12th report of this Session recognises the Commission has made “substantial progress” since 2012 but finds "it is behind where it should be, six years after it was established, in that it is not yet an effective regulator”.

The report highlights the significant impact staff shortages are having on the Commission’s ability to complete its inspection programme, and identifies weaknesses in the consistency, accuracy and timeliness of its initial draft reports.

The Committee is also concerned about the Commission’s ability to respond quickly and effectively to information received from service users and staff, in particular issues raised by whistleblowers, as well as the quality of information on offer to people seeking a care provider.

Measures to assess the Commission’s performance remain inadequate and it is still unclear how the Commission will implement and co-ordinate new responsibilities for assessing hospitals’ use of resources.

The Committee’s recommendations to Government set out measures to address these points, as well as a framework of deadlines by which it expects to see improvement.

Source: www.parliament.uk 11 December 2015

London deal paves way to transform health care across the capital
Plans that will set in motion the radical transformation of health and social care services across London were revealed on 15 December 2015 by Chancellor of the Exchequer George Osborne and Health Secretary Jeremy Hunt.

Outlining the first steps towards reshaping healthcare across London, the Chancellor signed a health devolution agreement with the capital’s health and civic leaders which will allow it to begin the process of taking control of its own affairs.

The agreement, signed at Great Ormond Street Hospital, will begin with five devolution pilots to be launched across London focused on different topics:

- Haringey will run a prevention pilot exploring the use of flexibilities in existing planning and licensing powers to develop new approaches to public health issues
- Barking & Dagenham, Havering and Redbridge will run a pilot to develop an Accountable Care Organisation, where primary and secondary care are more closely
integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill

- North Central London (Barnet, Camden, Enfield, Haringey, Islington) will run an estates pilot to test new approaches to collaboration on asset use
- Lewisham will run a pilot seeking to integrate physical and mental health services alongside social care
- Hackney will run a health and social care integration pilot, aiming for full integration of health and social care budgets and joint provision of services. This will also have a particular focus on prevention.

The Chancellor and Health Secretary Jeremy Hunt signed the agreement with “London Partners” including all of London’s Clinical Commissioning Groups (CCGs), local authorities (LAs), the Greater London Authority and national bodies including NHS England, y, NHS Improvement and Public Health England.

The agreement’s intention is to pilot new ways of working across London’s large and complex health economy with the longer term aim for further devolution of London’s healthcare out of Whitehall and into the hands of local leaders. The agreement aims to radically reshape healthcare provision across the city, in line with the aspirations of the NHS Five Year Forward View while addressing inequalities in health outcomes.

As part of the overall agreement London Partners have agreed to look at the vast NHS estate in London and increase incentives for trusts to make better use of property. It has also committed to looking at how flexibilities in existing planning and licensing powers could contribute to public health goals and will be given input on Government decisions about relief funding for struggling healthcare providers in London.

While on the visit, the Chancellor and Health Secretary announced a new £800 million boost to biomedical research through the National Institute for Health Research (NIHR). The new funding, which will be provided over five years from April 2017 when the competition has concluded, will be allocated across the full spectrum of health research including dementia, genomics, cardiovascular, asthma, cancer, nutrition and obesity.

It follows a similar scheme launched by the Prime Minister in 2011, which saw institutions including Great Ormond Street benefit.

Source: [www.gov.uk](http://www.gov.uk) 15 December 2015

**Sustainability and financial performance of acute hospital trusts**

The financial performance of acute hospital trusts has significantly declined in the last year and their financial position looks set to worsen in 2015/16, according to a report from the National Audit Office (NAO) entitled, ‘Sustainability and financial performance of acute hospital trusts.’

The deterioration in the financial position of NHS trusts and NHS foundation trusts has been severe and worse than expected, with their £843 million deficit in 2014/15 representing a sharp decline from the £91 million deficit reported in 2013/14.

Overall, the financial position of NHS bodies worsened in 2014/15, as NHS commissioners, NHS trusts and NHS foundation trusts together moved from a surplus of £722 million in 2013/14, to a deficit of £471 million.

In June 2015, the Department of Health announced limits on some elements of trust spending in response to the worsening financial position of NHS trusts and NHS foundation trusts. The report warns, however, that the response by the Department, Monitor and the NHS Trust
Development Authority (NHS TDA) might come too late to improve the 2015/16 financial position. The revisions and resubmissions of trusts’ 2015/16 financial plans have created an unsettled planning period, and might make it difficult for NHS trusts, NHS foundation trusts, the NHS TDA, and Monitor, to meet targets, measure progress and ultimately manage resources effectively.

The Government has committed to giving the NHS £8.4 billion more in this Parliament. It is not yet clear that the Department, NHS England, Monitor and the NHS TDA have the coherent plan that is needed to get trusts’ finances back on track and to close their estimated £22 billion gap between resources and patients’ needs by 2020/21.

Despite recent efforts to work together, interventions from the Department and its arm’s length bodies risk creating perceived or actual competing priorities for trusts. One area where advice to trusts could have created actual or perceived conflicts is on safe staffing. The Department’s interventions to reduce trusts’ spending on agency nursing staff, for example, came at a time when acute trusts needed to recruit more nurses to meet safe staffing guidelines, and when the vacancy rate for permanent nursing staff was high.

The NAO warns that effective oversight by the Department and its arm’s length bodies will become harder if the number of trusts in financial distress rises further. While the Department and its arm’s length bodies have taken steps to learn how trusts could reduce costs, the wider use of this learning and how it will improve trusts’ finances overall is not clear.

The report also reported that making savings through the redesigned models of healthcare will be challenging. The NHS’ new models of care aim to integrate services around the needs of the patient, but are relatively new and untested.

Source: www.nao.org.uk 16 December 2015

New guidelines to improve care for people at the end of life
The National Institute for Health and Care Excellence (NICE) has launched the first guidelines for the NHS on improving care for people who are in their last days of life.

The guidelines aim to put the dying person at the heart of decisions about their care, so that they can be supported in their final days in accordance with their wishes.

Around 500,000 people die each year in the UK. Of these deaths 75 per cent are not sudden, but expected.

Until recently, the Liverpool Care Pathway (LCP) was used to provide good end of life care. It was withdrawn, however, following widespread criticism and a subsequent Government review that found failings in several areas. Among the criticisms were:

- there were no ways of reliably determining whether a person was in the last days of life
- drinking water and essential medicines may have been withheld or withdrawn
- examples of changes to treatment were carried out without forewarning.

As a result, NICE was asked to develop evidence-based guidelines on care of the dying adult. The new guideline aims to tackle these and other issues by providing recommendations for the care of a person who is nearing death no matter where they are.

Recognising when a person might be entering the last days of life
It can be difficult to be certain whether a person is dying, as the ways in which people deteriorate at the end of life can vary and depend on a person’s condition.
To help identify the last days of life, the guideline recommends that healthcare professionals should assess for changes in certain signs and symptoms. These include agitation, deterioration in level of consciousness and increasing fatigue and loss of appetite.

Healthcare professionals should be aware that appearance of these signs and symptoms might suggest that a person is dying, but improvements can occur suggesting that a person may be stabilising.

People should be monitored for further changes at least every 24 hours, and the person’s care plan should be updated accordingly.

Ensure good communication and shared decision-making

Earlier in 2015, the Parliamentary Health Service Ombudsman (PHSO) highlighted that poor communication was an important aspect in complaints over care at the end of life.

The report said that healthcare professionals do not always have open and honest conversations with family members and carers that are necessary for them to understand the severity of the situation and the choices they will have to make.

Consequently, NICE recommends the dying person, and those important to them should be given accurate information about their prognosis, an opportunity to talk through fears and anxieties, information about how to contact members of their care team, and opportunities for further discussion.

Healthcare professionals should actively participate in shared decision-making on a person’s end of life care, and a named lead healthcare professional should be made responsible.

Further recommendations cover individualised care, providing individual care plans, and ensuring that shared decision making is supported by experienced staff.

Supporting people at the end of life to drink if they want to

Among the criticisms levelled at the LCP were that too often it was being poorly implemented, leading to people becoming dehydrated.

NICE recommends that the dying person should be supported to drink if they wish and are able to.

In addition, they should be advised that whilst giving fluids in this ways may relieve some problems, they could cause others and that, in a person already near death, there is medical uncertainty whether giving assisted hydration prolongs or shortens a person’s life.

Source: www.nice.org.uk 16 December 2015

Hospitals get £1.8 billion for sustainability and transformation

A sustainability and transformation fund will give NHS the resources it needs as part of the Five Year Forward View to sustain services, the Department of Health has announced.

The money will also help challenged hospitals to achieve financial balance while focusing on changing the way they provide high quality care for patients, the Health Secretary Jeremy Hunt announced.

This helps fulfil the NHS’s own plan for the future, which the Government promised to fund at the election with an additional £10 billion by the end of the Parliament.

The transformation fund, which will be allocated dependent on hospitals meeting a series of strict conditions, will give the NHS the time and space it needs to put transformation plans in
place. This will make seven day services a reality for patients and will meet the ambitions of the NHS Five Year Forward View.

In the Spending Review of November 2015, the Chancellor confirmed the £10 billion for the NHS’s future plan. The £1.8 billion, part of a £3.8 billion front-loaded funding boost for 2016, is designed to help trusts reduce their deficits and allow them to focus on transforming services to deliver excellent care for patients every day of the week.

NHS trusts are expected to have a tight grip on finances and investment will be dependent on them meeting a number of strict and non-negotiable conditions set out by NHS Improvement, NHS England and the Department of Health, including:

- agreeing with NHS England and NHS Improvement a strong and measurable recovery plan that shows how the trust will reduce deficits and break even within a reasonable timeframe, as well as a 'control total' for their 2016/17 budget
- developing a plan and reporting regularly on progress towards achieving the savings outlined by Lord Carter as part of his review into NHS productivity
- making further progress to reduce agency spend, along with a trajectory of how much spend will fall and regular reporting against this trajectory as part of the ongoing drive to employ fewer agency staff and more permanent staff to improve continuity of care for patients and improve safety
- agreeing with NHS England and NHS Improvement a credible plan for maintaining delivery of core standards for patients, including the four hour A&E standard, the 18 week referral to treatment standard and, for appropriate providers, the ambulance access standards
- setting out a clear and credible plan for achieving seven day services for patients throughout the country by 2020.

Sanctions will be included as part of the funding to ensure hospitals comply with the measures.

The funding will be broken down into two parts. A proportion of funding will be distributed to all providers of emergency care, linked to demonstrating initial progress against the conditions outlined above and the setting of agreed control totals with NHS Improvement. A second element will be used to target providers which can deliver additional efficiencies and improvements. Both elements of the fund will put trusts in a stronger financial position to make sure patients benefit from a world class NHS for decades to come.

The initiative will be led by NHS Improvement, NHS England and the Department of Health, and the three organisations will shortly write to trusts with details of how funding will be distributed.

Source: [www.gov.uk](http://www.gov.uk) 16 December 2015

**Health Survey for England, 2014**

The Health Survey for England series was designed to monitor trends in the nation’s health, to estimate the proportion of people in England who have specified health conditions, and to estimate the prevalence of risk factors associated with these conditions. The surveys provide regular information that cannot be obtained from other sources on a range of aspects concerning the public’s health. The surveys have been carried out since 1994 by the Joint Health Surveys Unit of NatCen Social Research and the Research Department of Epidemiology and Public Health at the University College London.
Each survey in the series includes core questions and measurements (such as blood pressure, height and weight, and analysis of blood and saliva samples), as well as modules of questions on topics that vary from year to year. New topics this year include hearing and mental health. The achieved sample for the 2014 survey was 8,077 adults (aged 16 and over) and 2,003 children (aged 0 to 15).

Key facts:

Alcohol
- In 2014, a minority of adults, (15 per cent of men and 21 per cent of women), did not drink alcohol. The majority, 63 per cent of men and 62 per cent of women, drank at levels considered to be at lower risk of alcohol-related harm: that is 21 units or less per week for men and 14 units or less for women. Twenty-two per cent of men and 16 per cent of women drank more than this.

Obesity
- Around a quarter of adults in 2014 were obese, (24 per cent of men and 27 per cent of women). Being overweight was more common than being obese and 41 per cent of men and 31 per cent of women were overweight, but not obese.

Providing unpaid social care
- All survey respondents aged 16 and over were asked if they had given unpaid social care in the last month to someone because of long term physical or mental ill-health, a disability or problems relating to old age. Seventeen per cent provided this type of unpaid help or support to other people. Most commonly, they did so for between one to nine hours in the last week; 48 per cent of adults who provided such care.

Social care for people aged 65 or over
- Twenty-four per cent of older men and 33 per cent of older women needed help with at least one activity related to personal care and mobility about the home that is basic to daily living, such as having a bath or shower or getting up and down stairs (described as Activities of Daily Living or ADLs). Overall, 11 per cent of men and 13 per cent of women received at least some help with one or more ADLs in the last month, which is slightly under half of those reporting that they needed help.

Planning for future social care
- Participants aged 30 and over were asked whether they had thought about how they will pay for care when they are older. Almost half (49 per cent) said they had thought it; 40 per cent said that they hadn’t thought about it at all, and 11 per cent said they knew that they should have thought about it but hadn’t yet.

Hearing
- Eighteen per cent of adults reported hearing difficulties. Eight per cent reported that they had moderate or great difficulty, having a conversation with several people in a group. Five per cent reported that they used a hearing aid.

Source: www.hscic.gov.uk 16 December 2015

NHS England allocates £560 billion of NHS funding to deliver NHS Five Year Forward View
The NHS England Board has decided how the health service will spend its budget for the next five years, including the additional £8.4 billion real terms NHS funding growth announced in the Government’s Spending Review in November 2015.

The health service locally is being given a five year settlement so local health leaders in every part of the country can put services on a stable financial footing and develop robust plans to accelerate the redesign of care set out in the NHS Five Year Forward View, according to the Department of Health. The plans show:

- spending on GPs and primary medical care services will grow in real terms at a higher rate than for other health services, with an extra four per cent to 5.4 per cent cash funding every year for five years. The primary medical care allocation formula is updated to account for changes in GP workload since the original ‘Carr Hill’ methodology was developed over a decade ago
- every clinical commissioning group (CCG) will get real terms budget increase, with adjustments made so that extra funding for local health services is targeted at those parts of the country with the greatest health needs, where the population is growing rapidly, and where there are additional and historic pressures because of rurality
- mental health services will also see extra investment as CCGs are expected to use their extra funding to increase funding for local mental health services in real terms in 2016 by at least the level of the CCG’s overall funding growth, and extra funding will be allocated from the national Sustainability and Transformation Fund.

Specifically, NHS England has made NHS funding allocations for the period 2016/17 to 2020/21. These will:

**Stabilise performance and fund the Forward View**

NHS England is establishing a Sustainability and Transformation Fund (STF) of £2.14 billion for 2016/17. Of this, £1.8 billion will be deployed on ‘Sustainability’ to stabilise NHS operational performance, and £340 million for ‘Transformation’ to continue the Vanguard programme and invest in other key FYFV areas).

The Sustainability and Transformation Fund will grow from £2.1 billion in 2016/17 to £2.9 billion in 2017/18, rising to £3.4 billion in 2020/21, with an increasing share of the growing fund being deployed on transformation including the Five Year Forward View’s New Care Models, and mental health parity of esteem.

The NHS England Board will make decisions on allocating the STF for 2017/18 and beyond in the light of place-based Sustainability and Transformation Plans to be developed by July 2016 across the NHS.

The proposals therefore incentivise stronger collaboration between commissioners and providers through more aligned incentives for effective planning. The move is aimed at encouraging and supporting different parts of the NHS to move beyond the walls of individual organisations, shifting the focus of health care planning away from bricks and mortar towards building services around the needs of patients.

**Fund primary care, CCGs and specialised care**

NHS England is allocating real terms funding increases for CCGs in every year to 2020, with firm allocations for the next three years and indicative allocations for the final two years. Following the Board’s decisions, individual CCGs will be notified of their resulting allocations in early January 2016.
Disproportionately higher funding increases will be available for GP services and primary medical care than for overall CCG growth, with the ability for CCGs to make further investments on top of this using the co-commissioning option.

Growth funding for new specialised services is allocated for 2016/17 and beyond, partly to fund improvements in cancer care and other key services.

£450 million of new funding is being earmarked for services in Greater Manchester delivering NHS England’s support for the “DevoManc” partnership deal.

Takes clear action to improve the fairness of NHS funding shares to help cut inequalities

Action is being taken to cut inequalities by improving the fairness of funding allocations to respond to unmet need.

First, by ensuring in 2016 for the first time that no CCG is more than five per cent below their fair share funding, both in terms of their CCG-commissioned spending, and for the first time also taking account of their overall ‘place based’ population budget (combining primary, CCG-commissioned, and specialised care). Second, by factoring in the pressures facing CCGs with faster population growth. Third, by taking full account of inequalities in resourcing for primary medical care. Fourth, introducing for the first time a new inequalities adjustment for specialised services. Fifth, by factoring in the unavoidable pressures of rurality and sparsity, benefiting challenged areas such as Cumbria.

Source: www.england.nhs.uk 17 December 2015

**NHS nursing levels: Nine in 10 hospitals missing targets**

The vast majority of hospitals in England are struggling to recruit enough nurses, figures show.

Some 92 per cent of the 225 acute hospital trusts in England did not manage to run wards with their planned number of nurses during the day in August 2015.

The figures, published by the NHS, show that hospitals in England are falling short of their own targets for levels of safe staffing.

The Department of Health said staffing was a priority.

A spokesman added that 50,000 nurses were currently in training.

Analysis by the Health Service Journal shows average staffing levels across the 225 acute hospital sites in August 2015 was worse compared with data for January 2015, when 85 per cent of hospitals missed their staffing targets for nurses working during the day.

The figures also showed 81 per cent of hospitals failed to have enough registered nurses working at night.

Some 79 per cent of hospitals missed their target for registered nurse staffing across both day and night.

Royal College of Nursing chief executive Janet Davies said hospitals were trying to catch up on their staffing levels.

Hospitals have been required to publish monthly data on whether they have enough nurses on wards since April 2014.

It followed a report into the Mid Staffordshire NHS Trust, which was heavily criticised for failings of care that may have contributed to unnecessary deaths.
Many hospitals have had to boost their nurse numbers by recruiting overseas, and spending on agency staff has contributed to NHS deficits.

It comes after a study published in the British Journal of Anaesthesia suggested that fewer patients die after emergency surgery in hospitals that have more doctors and nurses.

The research, looking at data involving nearly 295,000 patients, also found death was more likely following a weekend admission, saying this showed staffing was a factor in the so-called weekend effect.

Source: www.bbc.co.uk/news 21 December 2015

Millions 'suffer in silence' with incontinence

Millions of people in England experience problems with continence but many are not getting the support they need, health officials have warned.

In guidance published by NHS England, experts have suggested people "suffer in silence" because they are too embarrassed to talk about the issue.

It has called for better training for all staff.

Patients also need to be told more about what treatments and support are available, it said.

More than 14 million adults in the UK have problems controlling their bladder and 6.5 million have bowel issues, while around 900,000 children and young people have difficulties.

But past research has shown the quality of continence care varies across the country and is poorer for the elderly overall.

NHS England said many continence problems can be cured or managed better.

Lifestyle changes or exercises can help, while medication and surgery are options for some patients.

Its wide-ranging guidance called for continence care to be joined up across health, care and education services so people do not have to repeat their stories at each setting.

In terms of training, the report said physiotherapists, nurses, doctors and care assistants could all benefit.

Source: www.bbc.co.uk/news 28 December 2015

Frail older people too afraid to complain about poor care

Many older people are afraid to raise the alarm when something goes wrong in their care and worry about what will happen to them if they do, according to a new report.

The report entitled, ‘Breaking down the Barriers’ produced by the Parliamentary and Health Service Ombudsman (PHSO), reveals that people over the age of 75 often lack the knowledge and confidence to complain, and worry about the impact complaining might have on their future care and treatment.

The report shows that many don’t want to make a fuss and are confused about where to turn to for help, fearing that complaining will make little difference, or even make matters worse.
The Parliamentary and Health Service Ombudsman sees far fewer complaints from older people than would be expected given older people’s high usage of NHS and social care services.

The review was based on a number of focus groups with older people and their carers organised by Independent Age, a national survey of 689 people over the age of 65, and the review of the unresolved complaints brought to the Ombudsman. It found that:

- over half (56 per cent) of those aged 65 and over who had experienced a problem but not complained, were worried about the impact that complaining might have on their future treatment
- nearly one in five (18 per cent) people over the age of 75 did not know how to raise a complaint about the NHS or a social care provider
- among those over the age of 65 who were unhappy with a service, but who didn’t complain, over a third (32 per cent) felt that complaining would not make a difference
- less than a third of the older people surveyed could recall being offered support to make a complaint.

The report recommends that all NHS and organisations that provide social care should use ‘My Expectations for raising concerns and complaints’, which sets out what good complaint handling looks like from the perspective of patients and people that use the service, and can help those organisations measure whether the actions they are taking are making a difference to the patients’ experience.

The NHS and organisations that provide social care should make older patients aware of how to complain, point them to the support that is available to them, and make it absolutely clear that their future care will not be compromised if they complain.

The Government is examining options for a new streamlined Public Service Ombudsman, which will incorporate the services currently provided by the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman, and make it easier for people to complain when they have been let down by a public service.

Source: [www.ombudsman.org.uk](http://www.ombudsman.org.uk) 30 December 2015

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**Social Care**

**CQC inspectors publish ratings on London adult social care services**

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

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

### 5 October 2015

- Homelands, Bromley: Good
- Hillgreen Care Ltd - 13 Ruskin Road, Haringey: Good
- Lennox House, Islington: Good
- Sahara Lodge, Newham: Good
- Sahara Lodge Respite Unit, Newham: Good
- The Lodge, Redbridge: Good
• Hollyfield House, Sutton: Good
• York Road, Sutton: Good
• Harley Street Care, Westminster: Good.

• Wadeville, Bexley: Requires Improvement
• Heatherwood, Bromley: Requires Improvement
• Greenford House, Harrow: Requires Improvement
• Murree Care Home, Hillingdon: Requires Improvement
• Lady Click Services Limited, Newham: Requires Improvement.

12 October 2015

• Rowena House Limited, Bromley: Good
• Wilhelmina House, Croydon: Good
• Kellan Lodge, Enfield: Good
• Woodlands, Enfield: Good
• Fortis Green, Haringey: Good
• Unique Personnel (UK) Limited – Newham Branch, Newham: Good
• MiHomecare - Ilford, Redbridge: Good
• Gable Court Nursing Home, Redbridge: Good
• St John's, Richmond upon Thames: Good
• Orford House Residential Care Home, Sutton: Good
• Home Instead Senior Care, Sutton: Good
• Walton House, Sutton: Good
• 229 Mitcham Lane, Wandsworth: Good.

• Glebe Court Nursing Home, Bromley: Requires Improvement
• Harmony Domiciliary Care (West Wickham), Bromley: Requires Improvement
• Lombard Business Park, Croydon: Requires Improvement
• Crowthorne Care, Ealing: Requires Improvement
• The Mayfield, Harrow: Requires Improvement
• The Harefield Nursing Centre, Hillingdon: Requires Improvement
• Stacey Street Nursing Home, Islington: Requires Improvement
• Kew House, Merton: Requires Improvement
• Reliable Personnel Limited, Merton: Requires Improvement
• Pat Shaw House, Tower Hamlets: Requires Improvement
• Peter Shore Court, Tower Hamlets: Requires Improvement
• Brendoncare Ronald Gibson House, Wandsworth: Requires Improvement.

19 October 2015

• Matthew Residential Care Limited - 1 Milton Avenue, Brent: Good
• Ogilvy Court, Brent: Good
• Residential Care Services Limited, Brent: Good
• SweetTree Home Care Services, Camden: Good
• Physical Disabilities Outreach Support Services Bramshurst, Camden: Good
• Care Management Group - 95 Parchmore Road, Croydon: Good
• Hightrees Residential Care Home, Enfield: Good
• Oakleigh House Nursing Home, Harrow: Good
• St Vincent's Nursing Home, Hillingdon: Good
• Colham Road, Hillingdon: Good
• Day and Nite Services (Kingston), Kingston upon Thames: Good
• Elizabeth Peters House, Lewisham: Good

• Sincere Care Limited, Barking & Dagenham: Requires Improvement
• Wellesley Road Care Home, Camden: Requires Improvement
• Roseneath Avenue, Enfield: Requires Improvement
• St Joseph's Hospice, Hackney: Requires Improvement
• Little Gaynes Rest Home, Havering: Requires Improvement
• Enable UK (Midlands) Ltd, Hillingdon: Requires Improvement
• Milverton Nursing Home, Kingston upon Thames: Requires Improvement
• Crownwise Limited - Parkview, Lambeth: Requires Improvement
• Professional Care Support Services Ltd, Merton: Requires Improvement
• Keychange Charity Alexander House Care Home, Merton: Requires Improvement
• Ebenezer Residential Care Home, Newham: Requires Improvement
• Ryedale Care Centre, Redbridge: Requires Improvement

• Rainbow Homes London Limited, Barnet: Inadequate
• Honister Gardens Care Home, Harrow: Inadequate.

26 October 2015
• Glenholme Mental Health Care Ltd, Barnet: Good
• Angel Lodge, Croydon: Good
• Support for Living Limited - 43 Shirley Gardens, Ealing: Good
• Five Oaks, Enfield: Good
• H C S (Enfield) Limited - 221 Holtwhites Hill, Enfield: Good
• Natgab Care, Enfield: Good
• Blossom Place, Greenwich: Good
• Peace Manor Residential Care Ltd - Ceres Road Unit Plumstead, Greenwich: Good
• Hazelwood House, Harrow: Good
• Langley House, Havering: Good
• LD Care, Hounslow: Good
• Bourne House Nursing Home, Kingston upon Thames: Good
• Domiciliary Services, Lewisham: Good
• London Borough of Richmond upon Thames - 3 Tudor Avenue Residential Care Home, Richmond upon Thames: Good
• Beech Manor, Sutton: Good
• Park Hill House, Sutton: Good
• Ryelands, Sutton: Good
• The Willows Care Home, Sutton: Good
• Royal Mencap Society - 34-35 Huddleston Close, Tower Hamlets: Good
• Alliston Road, Waltham Forest: Good.

• Alexander Court Care Centre, Barking & Dagenham: Requires Improvement
• Jays Homecare Limited, Brent: Requires Improvement
• Kadima Support UK Limited No 7, Hackney: Requires Improvement
• Kadima Support UK Limited No 7a, Hackney: Requires Improvement
• Nonoy Capina - 31 Sach Road, Hackney: Requires Improvement
• AK Care Ltd, Harrow: Requires Improvement
• The Burroughs, Hillingdon: Requires Improvement
• St George's House, Islington: Requires Improvement
• Kingston Care Home, Kingston upon Thames: Requires Improvement
• Southside Partnership - 94 Strathleven Road, Lambeth: Requires Improvement
• Care Central Limited (Walthamstow), Waltham Forest: Requires Improvement
• Anvil Close, Wandsworth: Requires Improvement.

• Park Lodge, Kingston upon Thames: Inadequate
• Tower Bridge Care Centre, Southwark: Inadequate.

2 November 2015

• Liberty Centre, Barking & Dagenham: Good
• Lyndhurst, Barnet: Good
• Westminster Homecare Limited (North London/Herts), Brent: Good
• Gibson's Lodge Limited, Croydon: Good
• Roselands Residential Care Home, Croydon: Good
• Villa Maria Private Nursing Home, Croydon: Good
• H C S (Enfield) Limited – 20-24 Southbury Road, Enfield: Good
• Natgab Care, Enfield: Good
• Sophia Care Home, Harrow: Good
• Woodland Hall, Harrow: Good
• Seymour House – Northwood, Hillingdon: Good
• Whitby Dene, Hillingdon: Good
• The Elfrida Society – 34 Islington Park Street, Islington: Good
• Rapid Improvement Care Agency, Merton: Good
• Airthrie Homes – 58 Airthrie Road, Redbridge: Good
• Ashbridge Lodge Residential Care Home, Waltham Forest: Good,

• Trinity House Annexe, Barnet: Requires Improvement
• Trinity House, Barnet: Requires Improvement
• Maples Care Home, Bexley: Requires Improvement
• MCCH Society Limited – 1-3 Emerton Close, Bexley: Requires Improvement
• Holt Road, Brent: Requires Improvement
• Jansondean Nursing Home, Bromley: Requires Improvement
• Rainbow Lodge Nursing Home, Ealing: Requires Improvement
• Murrayfield Care Home, Enfield: Requires Improvement
• Earlham House, Haringey: Requires Improvement
• Park House, Haringey: Requires Improvement
• Simone's House, Hillingdon: Requires Improvement
• Avant (Ealing), Hounslow: Requires Improvement
• Avant Healthcare Services Ltd, Hounslow: Requires Improvement
• Coniston Lodge Care Centre, Hounslow: Requires Improvement
• Scope Inclusion North London, Islington: Requires Improvement
• Ellesmere House, Kensington & Chelsea: Requires Improvement
• Adelaide House, Lewisham: Requires Improvement.

• Acacia Lodge – London, Barnet: Inadequate
• Aston Grange Care Home, Waltham Forest: Inadequate.

9 November 2015

• The Homecare Partnership, The Homecare Partnership Limited, Barnet: Good
• Riverdale Court, Avante Care and Support Limited, Bexley: Good
• Carrick House Nursing Home, M D Homes, Brent: Good
• Franklyn Lodge The Bungalow, Residential Care Services Limited, Brent: Good
• Greenhill, Mission Care, Bromley: Good
• Oatleigh Care Ltd, Oatleigh Care Ltd, Bromley: Good
• Highfield House, 92 Higher Drive Limited, Croydon: Good
• Lloyd Park Nursing Home, Heatherwood Nursing Home Ltd, Croydon: Good
• White Lodge, SHC Rapkyns Group Limited, Croydon: Good
• Short Break Service, London Borough of Ealing, Ealing: Good
• Arnold House - Care Home Physical Disabilities, Leonard Cheshire Disability, Enfield: Good
• John Stanley Hornchurch, John Stanley’s Care Agency Limited, Havering: Good
• Hayes Cottage Care Centre, Hayes Cottage Nursing Home Limited, Hillingdon: Good
• 11 Tooting Bec Gardens, The Frances Taylor Foundation, Lambeth: Good
• St Johns House, Sanctuary Care Limited, Lambeth: Good
• George Lane, Aurora Options, Lewisham: Good
• Harts House Nursing Home, Bupa Care Homes (GL) Limited, Redbridge: Good
• Homesdale Domiciliary Care Agency, Homesdale (Woodford Baptist Homes) Limited, Redbridge: Good
• Lancaster Lodge, Richmond Psychosocial Foundation International, Richmond upon Thames: Good
• Care Management Group - 44 Albion Road, Care Management Group Limited, Sutton: Good
• Wellesley Lodge Residential Home, Larcombe Housing Association Limited, Sutton: Good.

• Chosen Services UK Limited, Chosen Services UK Limited, Barking & Dagenham: Requires Improvement
• Baytree Lodge, Baytree Community Care (London) Limited, Barnet: Requires Improvement
• Candle Court Care Home, Rockley Dene Homes Limited, Barnet: Requires Improvement
• Pettsgrove Care Home, Striving for Independence Homes LLP, Brent: Requires Improvement
• Chestnut Lodge, Viridian Housing, Ealing: Requires Improvement
• 30 Coleraine Road, Unified Care Limited, Haringey: Requires Improvement
• 37 Coleraine Road, Unified Care Limited, Haringey: Requires Improvement
• ANA Nursing, ANA Homecare Limited, Harrow: Requires Improvement
• Barleycroft Care Home, Festival Care Homes Ltd, Havering: Requires Improvement
• Cheverton Lodge, Barchester Healthcare Homes Limited, Islington: Requires Improvement
• Collingwood Court Nursing Centre, Bupa Care Homes (ANS) Limited, Lambeth: Requires Improvement
• Northbrook Care Home, Northbrook Homes Limited, Redbridge: Requires Improvement
• Angel Home Limited, Angel Home Limited, Sutton: Requires Improvement
• Browncross Healthcare Limited (Domiciliary Service), Browncross Healthcare Limited, Tower Hamlets: Requires Improvement.

16 November 2015

• Meadowside, The Fremantle Trust, Barnet: Good
• The White House Care Home, Mr & Mrs M Govindan, Croydon: Good
• Ronak Home, M.H.J. Crausaz Limited, Enfield: Good
• The Avenue Care Home, Averesidential Care Ltd, Haringey: Good
• Care Assist in Harrow (Whitehall Road), Care Assist Limited, Harrow: Good
• Everycare Hillingdon, Shankaraya Ltd, Hillingdon: Good
• The Fairways, Farrington Care Homes Limited, Hillingdon: Good
• The Royal Star & Garter Homes - Surbiton, The Royal Star & Garter Homes, Kingston upon Thames: Good
• Magnolia Court, Magnolia Court Limited, Lambeth: Good
• Woodham House Daneswood, Woodham Enterprises Limited, Lewisham: Good
• Magnolia House, New Life Care Limited, Sutton: Good
• ELMS in Waltham Forest, ELMS in Waltham Forest, Waltham Forest: Good.

• Autus Court, Precious Homes Limited, Barnet: Requires Improvement
• Kingsdowne Residential Home, The Kingsdowne Society, Barnet: Requires Improvement
• Sydmar Lodge, Embrace All Limited, Barnet: Requires Improvement
• Gateway Care Services, Gateway Care Services Limited, Bexley: Requires Improvement
• CareTech Community Services Limited - 237 Kenton Road, CareTech Community Services Limited, Brent: Requires Improvement
• Homefield, Mission Care, Bromley: Requires Improvement
• Northolt, Lean on Me Community Care Services Ltd, Ealing: Requires Improvement
• Cloisters Care Home, Advinia Health Care Limited, Hounslow: Requires Improvement
- Coombe Hill and Blenheim Lodge Nursing Home, Titleworth Neuro Limited, Kingston upon Thames: Requires Improvement
- Sunnyside Care Homes Limited - 410-412 High Road, Sunnyside Care Homes Ltd, Redbridge: Requires Improvement
- Lakeshore Care Ltd, Lakeshore Care Ltd, Sutton: Requires Improvement.

- Highcroft Care Home, Mr Diwan Suresh Chand, Waltham Forest: Inadequate.

23 November 2015
- Barnet Carers Centre, Barnet Carers Centre, Barnet: Good
- Practical Care, Practical Care Ltd, Barnet: Good
- Avenues London (South), Avenues London, Bexley: Good
- Clarendon House Residential Dementia Care Home, Mr & Mrs N Kritikos, Brent: Good
- Real Life Options - 96 Harrowdene Road, Real Life Options, Brent: Good
- Bio Luminuex Health Care Limited, Bio Luminuex Health Care Ltd, City of London: Good
- Clifton House, Mr & Mrs J P Rampersad, Croydon: Good
- Independence Homes Limited - 33 Russell Hill, Independence Homes Limited, Croydon: Good
- Oak Field, Care Expertise Limited, Croydon: Good
- Tigh Sogan, Kisimul School Holdings Limited, Croydon: Good
- Roshini Care Home, Mrs S Birk, Ealing: Good
- Anastasia Lodge Care Home, Ourris Residential Homes Limited, Enfield: Good
- Devonshire Road, Parkcare Homes (No.2) Limited, Enfield: Good
- Sandhurst Lodge, Sandhurst Lodge Limited, Enfield: Good
- Riverside House, Caulfield & Gopalla Partnership, Hackney: Good
- Ashley House Care Home, Ashley House Care Homes Limited, Haringey: Good
- Dimensions 47 Chichester Court, Dimensions (UK) Limited, Harrow: Good
- Ashbrook Nursing Home, Onetree Estates Limited, Havering: Good
- Faringdon Lodge, T.L. Care (Havering) Limited, Havering: Good
- The Oaks Residential Care Home, The Oak Residential Homes Limited, Havering: Good
- Denville Hall, Denville Hall, Hillingdon: Good
- HF Trust - Kingston DCA, HF Trust Limited, Kingston upon Thames: Good
- L'Arche Lambeth Gothic Lodge, L'Arche, Lambeth: Good
- St Georges Residential Care Home, Afra Siyab, Merton: Good
- Care Link Residential Care Home, Mrs Sumiran Sharma and Mrs Veena Mehta, Redbridge: Good
- CRG Homecare – Richmond, Castlerock Recruitment Group Ltd, Richmond upon Thames: Good
- London Borough of Richmond upon Thames - 11 Munster Road, London Borough of Richmond upon Thames, Richmond upon Thames: Good
- Right At Home (Twickenham to Weybridge), Idle March Limited, Richmond upon Thames: Good
- Linda Lodge, Mrs L Penfold, Sutton: Good
Southside Partnership Domiciliary Care Agency, Southside Partnership, Wandsworth: Good.

The Drive, The Drive Care Homes Limited, Bexley: Requires Improvement
Foxbridge House, Care UK Community Partnerships Ltd, Bromley: Requires Improvement
Crowthorne Care, Independent Supported Living and Disabilities Ltd, Ealing: Requires Improvement
Elizabeth Lodge, Care UK Community Partnerships Ltd, Enfield: Requires Improvement
Mary Seacole Nursing Home, Homerton University Hospital NHS Foundation Trust, Hackney: Requires Improvement
Grange House, Voyage 1 Limited, Hillingdon: Requires Improvement

Peel House, Thames Healthcare Services Limited, Merton: Inadequate

30 November 2015
Barn Rise, Voyage 1 Limited, Brent: Good
Community Options Limited - 56 High Street, Community Options, Bromley: Good
Nightingale Home Care, Nightingale Retirement Care Limited, Bromley: Good
Camden Chinese Community Centre, Camden Chinese Community Centre, Camden: Good
8-10 Newlands Cottages, Consensus Support Services Limited, Croydon: Good
Shila House, Simiks Care Limited, Enfield: Good
Cullum Welch Court Care Home, Cullum Welch Court, Greenwich: Good
Bluebird Care Haringey, A & J Kohli Limited, Haringey: Good
Heatherbrook, Care UK Community Partnerships Ltd, Havering: Good
Caremack (Hillingdon), AS Hillingdon Homecare Limited, Hillingdon: Good
Leigham Lodge, Leigham Lodge Limited, Lambeth: Good
St Mary's Care Home, St. Mary's Care Limited, Lambeth: Good
Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond - 40 Lewisham Park, Ms Maisie Melanie Bell & Mr Percival Fitzroy Drummond, Lewisham: Good
5 Horse Leaze, Heritage Care Limited, Newham: Good
Ashwood House Limited (Ilford), Ashwood House Limited, Redbridge: Good
Birchwood - Ilford, Sanctuary Care Limited, Redbridge: Good
Bluebird Care (Sutton), Bayford New Horizons Limited, Sutton: Good
Sutton Court Care Centre, Hydefall Limited, Sutton: Good
Outlook Care - Summit Road, Outlook Care, Waltham Forest: Good.

Roseacres, Roseacres Care Home Limited, Barnet: Requires Improvement
- Maples Care Home, Churchgate Healthcare (Maples) Limited, Bexley: Requires Improvement
- Parkside - Care Home Learning Disabilities, Leonard Cheshire Disability, Bromley: Requires Improvement
- Hanwell House, Homestead Residential Care Limited, Ealing: Requires Improvement
- Visitation of Our Lady Residential Care Home, Visitation of Our Lady, Ealing: Requires Improvement
- Harwood Road, Hestia Housing and Support, Hammersmith & Fulham: Requires Improvement
- Hail - Bedford Road, Haringey Association for Independent Living Limited, Haringey: Requires Improvement
- 20 Westwood Avenue Monpekson Care Limited, Harrow: Requires Improvement
- Abbotsford - Pinner, D E & J Spanswick-Smith, Harrow: Requires Improvement
- Moreland House Care Home, Moreland House Care Home Limited, Havering: Requires Improvement
- Sevacare - Lewisham, Sevacare (UK) Limited, Lewisham: Requires Improvement
- Churchfields Nursing Home, Yew Tree Care Limited, Redbridge: Requires Improvement
- Three C's Support - 71-73 Dunton Road, Three C's Support, Southwark: Requires Improvement
- Aspray House, Twinglobe Care Homes Limited, Waltham Forest: Requires Improvement.

- Avon Lodge, Avon Lodge UK Limited, Enfield: Inadequate
- Greenwich Association of Disabled People, Greenwich Association of Disabled Peoples Centre for Independent Living, Greenwich: Inadequate
- Kent House, GCH (Harrow) Ltd, Harrow: Inadequate

**7 December 2015**

- Viola House, Sunrise Care Limited, Brent: Good
- Willesden Court, Methodist Homes, Brent: Good
- Petts Wood Homecare Limited, Petts Wood Homecare Limited, Bromley: Good
- The Haven, Mr & Mrs J S Garjah, Bromley: Good
- Care Management Group - Smitham Downs Road, Care Management Group Limited, Croydon: Good
- Coombe Road, Voyage 1 Limited, Croydon: Good
- Night and Day Care, Night and Day Care Limited, Ealing: Good
- Bluebird Care (Enfield), Renama UK Ltd, Enfield: Good
- Elmgrove House, Notting Hill Housing Trust, Hammersmith & Fulham: Good
- Ashgale House, Ashgale House Limited, Harrow: Good
- Davids House, Methodist Homes, Harrow: Good
- Rowanweald Residential and Nursing Home, Sanctuary Care Limited, Harrow: Good
- Brentford Grove, The London Borough of Hillingdon, Hillingdon: Good
- Brentford Supported Living, The Frances Taylor Foundation, Hounslow: Good
- Islington Social Services - 4 Orchard Close, Islington Social Services, Islington: Good
- Westward Consultant Ltd, Westward Consultants Limited, Kensington & Chelsea: Good
Amy Woodgate, Your Healthcare Community Interest Company, Kingston upon Thames: Good
31 Woodbourne Avenue, The Frances Taylor Foundation, Lambeth: Good
Little Haven, Elizabeth Peters Care Homes Limited, Lewisham: Good
Forever Good Care Ltd, Forever Good Care Ltd, Merton: Good
Care Link Residential Care Home, Mrs Sumiran Sharma and Mrs Veena Mehta, Redbridge: Good
Cranvale Residential Care Home, Sanctuary Care Limited, Redbridge: Good
Coxley House, East Living Limited, Tower Hamlets: Good
Hotel in the Park, The Camden Society, Tower Hamlets: Good.

Harp House, Triangle Community Services Limited, Barking & Dagenham: Requires Improvement
Paulmay Dementia Care, Mr & Mrs K J Gurry, Barnet: Requires Improvement
Ealing Office, Eleanor Nursing and Social Care Limited, Ealing: Requires Improvement
Parkfield House Nursing Home, Halton Services Limited, Hillingdon: Requires Improvement
Kingston Care Home, Four Seasons (No 10) Limited, Kingston upon Thames: Requires Improvement
HR Partners Care Limited, HR Partners Care Limited, Newham: Requires Improvement
Chenash HomeCare Specialists, Mr Fafe Fainosi Mudzingwa, Sutton: Requires Improvement
Grasmere Rest Home, Mrs Zeenat Nanji & Mr Salim Nanji, Sutton: Requires Improvement
St Mary's Lodge Residential Care Home for the Elderly, Mr & Mrs J Dudhee, Sutton: Requires Improvement.

14 December 2015
Sarnes Court, Sanctuary Home Care Limited, Barnet: Good
Walsingham Support - 49 Essex Park, Walsingham Support Limited, Barnet: Good
Active Care & Support Ltd, Active Care & Support Ltd, Brent: Good
Lawnfield House, Methodist Homes, Brent: Good
Care Organiser, Care Expertise Limited, Croydon: Good
Caremark (Croydon), OM2 Care Ltd, Croydon: Good
Langley Oaks, Care UK Community Partnerships Ltd, Croydon: Good
Floor 3, Westgate House, Support for Living Limited, Ealing: Good
Reablement Service, London Borough of Ealing, Ealing: Good
Alcazar Court, Saint John of God Hospitaller Services, Enfield: Good
Peace Manor Residential Care Ltd - Waverley Road Unit - Plumstead, Peace Manor Residential Care Limited, Greenwich: Good
DRS Annexe Care Home, DRS Care Homes Limited, Haringey: Good
High Worple, Sanctuary Home Care Limited, Harrow: Good
Seva Care Home, A C Barot, Harrow: Good
Outlook Care - Neave Crescent, Outlook Care, Havering: Good
Precinct Road, Royal Mencap Society, Hillingdon: Good
Mears Care - Richmond, Mears Care Limited, Hounslow: Good
- Centre 404 Domiciliary Care, Centre 404, Islington: Good
- Halo Homecare, Halo Homecare Limited, Kingston upon Thames: Good
- Hollyfield House, Your Healthcare Community Interest Company, Kingston upon Thames: Good
- Abbey House - Morden, Ms Sivanithy Rajaratnam, Merton: Good
- Our House, Vibrance, Redbridge: Good
- Greville House, Care UK Community Partnerships Ltd, Richmond upon Thames: Good
- Home Instead Senior Care, Jardine Care Limited, Richmond upon Thames: Good
- London Borough of Richmond upon Thames - 40b Cambridge Park Residential Care Home, London Borough of Richmond upon Thames: Good
- Rosedene, Prospect Housing and Support Services, Sutton: Good
- St Mary’s Hope, The Frances Taylor Foundation, Wandsworth: Good.

- Heathgrove Lodge Nursing Home, Bupa Care Homes (CFChomes) Limited, Barnet: Requires Improvement
- Service to the Aged, Service To The Aged, Barnet: Requires Improvement
- Parkview, Avante Care and Support Limited, Bexley: Requires Improvement
- Middlesex Manor Nursing Centre, Bupa Care Homes (ANS) Limited, Brent: Requires Improvement
- Fairmount Residential Care Home, Mr Harold South and Mrs Jenny South, Bromley: Requires Improvement
- London Care (Fellows Court), London Care Limited, Croydon: Requires Improvement
- 479 Green Lanes, Core Outreach and Care Services UK Ltd, Enfield: Requires Improvement
- Newton House Residential Care Home, Caulfield & Gopalla Partnership, Hackney: Requires Improvement
- Rosebank Lodge, Aitch Care Homes (London) Limited, Merton: Requires Improvement.

- Cedar House, Caretech Community Services (No.2) Limited, Barnet: Inadequate
- Charlotte House, Care UK Community Partnerships Ltd, Hounslow: Inadequate
- Camberwell Green, HC-One Limited, Southwark: Inadequate.

**21 December 2015**

- JPRV Limited t/a HCPA, JPRV Limited, Barnet: Good
- Loring Hall, Oakfields Care Limited, Bexley: Good
- 9 Rosslyn Crescent, Voyage 1 Limited, Brent: Good
- Victoria Care Centre, Sharda Care Limited, Brent: Good
- Oatlands Care Limited, Oatlands Care Ltd, Bromley: Good
- Hope Homecare Services Limited, Hope Homecare Services Limited, Enfield: Good
- Next Step Support Limited, Next Step Support Limited, Enfield: Good
- Saivi House, Saivan Care Services Limited, Enfield: Good
- 80 Meridian Walk, Heritage Care Limited, Haringey: Good
- Mr Edward William Marcus - 83 Kitchener Road, Mr Edward William Marcus, Haringey: Good
- Idelo Limited - 5 Courtenay Avenue, Idelo Limited, Harrow: Good
- Fairkytes, Clearwater Care Group Limited, Havering: Good
- Seahorsens Way, Clearwater Care Group Limited, Havering: Good
- CTRC CIC, CTRC Community Interest Company, Hillingdon: Good
- Ringstead House, Right Support Management Limited, Lewisham: Good
- Tigheaven Ltd, Tigheaven Ltd, Lewisham: Good
- Sunrise Day Care Services Ltd, Sunrise Day Care Services Ltd, Merton: Good
- London Borough of Richmond upon Thames - Princes Road Residential Care Home, London Borough of Richmond upon Thames: Good
- Twickenham, Direct Independent Care Limited, Richmond upon Thames: Good
- Whitefarm Lodge, Care UK Community Partnerships Ltd, Richmond upon Thames: Good
- Love Walk, Mission Care, Southwark: Good.

- Heathgrove Lodge Nursing Home, Bupa Care Homes (CFChomes) Limited, Barnet: Requires Improvement
- Sonesta Nursing Home Limited, Sonesta Nursing Home Limited, Barnet: Requires Improvement
- The Chestnuts, Michael McDonagh, Croydon: Requires Improvement
- Beech Haven Residential Care Home, Mr John Scarman and Mrs Phaik Choo Scarman, Ealing: Requires Improvement
- Emmanuel Care Services Limited, Emmanuel Care Services Ltd, Greenwich: Requires Improvement
- Lindow Medicare Services Enterprises Limited, Lindow Medicare Services Enterprises Limited, Greenwich: Requires Improvement
- Ezer Leyoldos Domiciliary Care Agency, Ezer Leyoldos Limited, Hackney: Requires Improvement
- Mears Care - Ealing, Mears Care Limited, Hounslow: Requires Improvement
- Wandsworth Adult Placement Service, Southside Partnership, Wandsworth: Requires Improvement
- Seabrooke Manor Residential and Nursing Home, Bupa Care Homes (CFHCare) Limited, Redbridge: Inadequate.

29 December 2015
- London Care Partnership Limited - 185 Arabella Drive, London Care Partnership Limited, Wandsworth: Outstanding.

- Recruitcare Professionals Ltd, Recruitcare Professionals Ltd, Barking & Dagenham: Good
- College Road Care Home, Striving for Independence Homes LLP, Brent: Good
- Lynton Terrace, Hestia Housing and Support, Ealing: Good
- Kadima Support UK Limited No 333, Kadima Support UK Limited, Hackney: Good
- Emerson Court, Peter Warmerdam, Havering: Good
- Kingsley Court Care Home, Life Style Care (2010) plc, Hillingdon: Good
- Kingston Domiciliary Care Agency, Voyage 1 Limited, Kingston upon Thames: Good
- Crownwise Limited - Streatham Common South, Crownwise Limited, Lambeth: Good
- L'Arche Lambeth Supported Living, L'Arche, Lambeth: Good
• Lewisham Indo-Chinese Community: Chinese Community School - 33 Clyde Street, Lewisham Indo-Chinese Community: Chinese Community School, Lewisham: Good
• Morden, Wandle Healthcare Services Limited, Merton: Good
• Amber Home Carers, Amber Care and Development Ltd, Richmond upon Thames: Good
• Hemmet House, Independent Lifestyle Options Ltd, Sutton: Good
• Independence Homes Limited - 14 Cranley Gardens, Independence Homes Limited, Sutton: Good
• Independent Lifestyle Options Domiciliary Care, Independent Lifestyle Options Ltd, Sutton: Good
• St Ives Lodge Residential Care Home, St Ives Lodge Care Ltd, Waltham Forest: Good.
• Maple House - Care Home Learning Disabilities, Leonard Cheshire Disability, Bromley: Requires Improvement
• Care Management Group - 43 Florence Avenue, Care Management Group Limited, Merton: Requires Improvement
• Favoured Health Care CIC, Favoured Health Care CIC, Merton: Requires Improvement.
• Peel House, Thames Healthcare Services Limited, Merton: Inadequate.

Source: www.cqc.org.uk

New requests for adult social care support actioned by councils approaches two million
Just under two million (1,846,000) requests for adult social care support for new clients were actioned by councils during 2014/15. This equates to an average of 5,000 new requests actioned per day.

This figure comes from ‘Community Care Statistics: Social Services Activity, England 2014-15’, released by the Health and Social Care Information Centre (HSCIC). This report is based on a new national data collection from councils, which covers short and long term social care and provides new information on the primary reason people need support.

Of the 1,846,000 actioned requests for new clients:
• seventy-two per cent (1,327,000) related to adults aged 65 and over and 28 per cent (519,000) related to clients aged 18 to 64
• thirty-one per cent (575,000) resulted in the client being given a "universal service" or "signposted to other support"
• twenty-eight per cent (520,000) had an outcome of "no services provided"
• sixteen per cent (304,000) saw ongoing low level support provided
• twelve per cent (218,000) had short term support provided to maximise independence
• eight per cent (144,000) had an outcome of long term support.

Looking at both new and existing clients who received support during the year:

Long term support:
• a total of 890,000 adults received long term support from local authorities at some point in 2014/15
of these, 74 per cent (659,000) were receiving this support at the year-end on 31 March 2015 and of those, nearly half a million (485,000 or 74 per cent) had received this support for more than a year

for long term social care users over the age of 65, the most common primary reason for support was personal care (64 per cent or 384,000 in this group). For those aged 18 to 64 it was learning disability support (43 per cent or 124,000 in this group).

Short term support to maximise independence:

there were 254,000 completed instances of adults receiving this form of support during the year

in addition, 29,000 clients were receiving this form of support on 31 March 2015

for those receiving a completed instance of this form of support, the most common primary reason for support was personal care (70 per cent or 178,000)

after receiving this form of support, 26 per cent (65,000) went on to receive long term support, of which 93 per cent (60,000) received long term support in the community.


The HSCIC has also published:

‘Personal Social Services Adult Social Care Survey (ASCS) 2014-15’. This survey of adults receiving long term support services funded or managed by councils examines issues such as quality of life, social contact and how satisfied users are with services. It can be found at: http://www.hscic.gov.uk/pubs/adusoccaresurv1415

‘Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2014-15’ provides measures to enable local councils’ adult social services to be benchmarked. It includes measures on the quality of life of social care users and their carers and a range of other indicators such as delayed discharge. It can be found at: http://www.hscic.gov.uk/pubs/aduscoccareof1415fin

Source: www.hscic.gov.uk 6 October 2015

Government won’t claw back £146 million paid to councils for delayed Care Act reforms

The Government will not claw back £146 million paid out this year to local authorities to prepare for Care Act funding reforms that were originally due to come into force in April 2016, but were later postponed by ministers until 2020.

Councils received £146 million to carry out early assessments of self-funders in 2015 on the basis that a cap on care costs would be introduced from April 2016. When the Government decided to delay the reforms until 2020 questions were raised over whether councils would get to keep the funding or not. Jon Rouse, the Department of Health’s director general for social care, told the House of Commons’ Public Accounts Committee on 12 October 2015 the cash will be invested in the social care system.

“Our expectation is that local government will have spent a small amount of that [the £146 million] in term of very early preparations before the announcement of postponement was made. Our intention is that the remainder of that money should stay or should be made available to local authorities in respect of the social care system this year,” he said.
The funding pot had previously been distributed to councils based on an estimate of the number of self-funders in each area. Mr Rouse said this approach would need to be reviewed in light of the fact councils would no longer be spending the money on self-funder assessments.

The Government predicted implementation of the Care Act funding reforms would cost £6 billion over the next five years. When asked by the Committee whether the full savings would be made available to local authorities, Mr Rouse said this was a matter for the Chancellor’s Autumn Spending Review.

The Committee posed several questions to Mr Rouse and Dame Una O’Brien, the Department of Health’s Permanent Secretary, on how the Government would respond if it emerged local authorities could not discharge their statutory Care Act duties due to a funding shortage.

Mr Rouse said the Department was monitoring implementation of the act closely through quarterly surveys of local authorities.

The first set of data returned by councils suggested it was “highly unlikely there will be a problem in 2015/16” but this will continue to be monitored, he said. The first survey also indicated that the introduction of the Care Act’s national eligibility threshold in April 21015 had led to levels of eligibility that were “very similar” to those seen by local authorities that had previously used the ‘substantial’ criteria under the Fair Access to Care Services (FACS) system of determining eligibility.

Asked what the Government would do if the reforms went “belly up” and didn’t work, Mr Rouse said the Government had a “series of tools” to address issues. The first step would be to use the Association of Directors of Adult Social Services’ peer support function to get councils to support each other with challenges they are facing. The second option would be to review the Care Act statutory guidance to see if it is “specific enough”. The third option, which Mr Rouse said the Government “wouldn’t look at straight away”, would be to review the statutory regulations underpinning the Act.

“We have some tools but the important thing, at least in the next 18 months, is to see if the system is working as intended,” he said.

Source: www.communitycare.co.uk 13 October 2015

Care sector faces crisis as huge new care workforce gap revealed

The adult social care sector in England faces a gap of 200,000 care workers by the end of this Parliament because of restrictions on immigration and a failure to attract British workers. Longer term, the sector could face a shortfall of one million workers in the next twenty years. That’s according to new research from Independent Age, the older people’s charity, and the International Longevity Centre-UK (ILC-UK).

The report entitled, ‘Moved to care’, maps the size, shape and scope of the care workforce in England and warns of the impact of recent restrictions on migration and a continued failure to attract more UK born workers to social care.

Other key findings in the report - based on analysis of population figures from the Office for National Statistics (ONS) and workforce data from the National Minimum Data Set for Social Care - include:

- one in five of the adult social care workforce (18.4 per cent) in England was born outside of the United Kingdom, which includes 150,000 working in residential care homes and 81,000 working in adult domiciliary care
• non-EU migrants account for the greatest proportion of migrants working in adult social care – approximately one in every seven care workers (191,000 people)
• Greater London is particularly reliant on migrant care workers with nearly three in five of its adult social care workforce (59 per cent) born abroad
• for the most recent migrant workers joining the social care sector, the top five countries of birth are India, Poland, the Philippines, Romania and Nigeria.

Approximately 1.45 million people work in the adult social care sector in England, but it is already struggling to recruit and retain staff. Nearly one in 20 (4.8 per cent) of positions in adult social care in England are currently vacant – nearly twice the vacancy rate in UK’s labour force as a whole (2.6 per cent).

At the same time, a rapidly ageing population and significant cuts to social care funding are placing the sector under immense pressure. The number of people aged over 80 is expected to double in size to over five million by 2037 and social care funding has been reduced by nearly 11 per cent in the last five years.

Independent Age and ILC-UK are calling for action to both attract more UK-born workers to the care sector and make it easier for social care providers to recruit from overseas. The report sets out the changes that could help reduce the workforce gap, including:

• investing in training, apprenticeships and career development to make adult social care an attractive career choice for UK born workers
• adding highly skilled roles in the adult social care sector - such as therapist and social worker - to the Shortage Occupation List, making them easier for employers to recruit from overseas
• allow low-skilled migrant workers to enter the social care workforce by opening up the Tier 3 visa route.

Source: www.independentage.org 17 November 2015

Adult Social Care and the Spending Review and Autumn Statement 2015

The Spending Review creates a social care precept to give local authorities who are responsible for social care the ability to raise new funding to spend exclusively on adult social care. The precept will work by giving local authorities the flexibility to raise council tax in their area by up to two per cent above the existing threshold. If all local authorities use this to its maximum effect it could help raise nearly £2 billion a year by 2019/20. From 2017, the Spending Review makes available social care funds for local government, rising to £1.5 billion by 2019/20, to be included in an improved Better Care Fund.

Taken together, the new precept and additional local government Better Care Fund contribution mean local government has access to the funding it needs to increase social care spending in real terms by the end of the Parliament. This will support councils to continue to focus on core services and to increase the prices they pay for care, including to cover the costs of the National Living Wage, which is expected to benefit up to 900,000 care workers.

The Government will also continue to improve care for older and disabled people and support for their carers. The Care Act reforms introduced in April focus on wellbeing, prevention and delaying the need for social care. In support of these principles, the Spending Review includes over £500 million by 2019/20 for the Disabled Facilities Grant, which will fund around 85,000 home adaptations that year. This is expected to prevent 8,500 people from needing to go into a care home in 2019/20.
The Government remains committed to introducing the Dilnot reforms to social care, with funding provided in 2019/20 to cover the costs of local authorities preparing for these changes. The cap on reasonable care costs and extension of means tested support will then be introduced and funded from April 2020. The deferred payments scheme already means that no one will be forced to sell their home in their lifetime to pay for care.


Tackling the ‘revolving door of care’ for adults with social care needs needing hospital treatment

New guidance has been published to help prevent people with social care needs staying in hospital unnecessarily. The guideline from the National Institute for Health and Care Excellence (NICE) will ensure people with social care needs who need hospital treatment get the support they need to leave hospital in a co-ordinated and timely way. The guideline will also help to avoid repeated hospital stays.

The guideline, which focuses on caring for adults who are being admitted to and discharged from hospital and require social care support from community services or a residential or nursing home, calls for hospitals to appoint a single person responsible for co-ordinating an individual’s discharge.

It also says pressure on beds should not result in any unplanned or unco-ordinated discharges, and commissioners of health and social care services should develop a multi-agency plan to address pressures on services, including bed shortages.

The guideline also advocates health and social care practitioners working together more closely to help alleviate pressure on local services and provide seamless support when people go home.

The discharge co-ordinator role could be specially created or the responsibility handed to a member of the multidisciplinary team looking after that particular person. It should include:

- being the main point of contact for the person using services, their family and health and social care practitioners involved in their care
- sharing updates on the person’s health, including medicines information to all appropriate practitioners
- working with the hospital- and community-based teams to agree a discharge plan, which should take into account the person’s social and emotional wellbeing, as well as the practicalities of daily life. This plan should be given to the person and all those involved with their care, including family members and carers
- agreeing a plan for ongoing treatment and support with the community-based multidisciplinary team who will be providing care
- ensuring that any specialist equipment and support is in place before the person is discharged from hospital, if it is required.

All relevant staff should also be trained in the hospital discharge process and this should be refreshed regularly.

A key focus of the guideline is to encourage closer communication between health and social care teams in order to achieve a good transition between hospital and home. To facilitate this, the guideline recommends:
• GPs and other relevant practitioners who are responsible for transferring people to hospital (including care home managers) sharing all appropriate information with the hospital when a person with social care needs is admitted for treatment

• hospitals bringing together a team of multidisciplinary professionals as soon as a person with social care needs is admitted to hospital, to look after them. Members should be best placed to care for the person's individual needs and circumstances

• health and social care practitioners recording information about medicines, assessments and individual preferences in an electronic data system, accessible to everyone who is providing care

• the community-based multidisciplinary team maintaining contact with the person after they are discharged, for instance through regular phone calls and home visits. The person being cared for should also know how to contact their community-based health and social care team after they have left hospital

• a community-based nurse or GP calling or visiting people at risk of hospital readmission 24 to 72 hours after discharge.

The guideline also makes recommendations on the care that specific groups of people should receive when they are ready to leave hospital, such as older people with complex needs, those with depression and individuals requiring end of life care.

Source: www.nice.org.uk 1 December 2015

Care Act reforms highlight increasing cost pressures on councils

The Public Accounts Committee (PAC) has raised fresh concerns over the funding and provision of public services in its tenth Report of this Session entitled, ‘Care Act first-phase reforms and local government new burdens’.

The Report follows the Committee’s inquiry into the implementation of the first phase of the Care Act, which places additional cost burdens on local councils.

The Committee believes "carers and the people they care for may not get the services they need because of continuing reductions to local authority budgets and demand for care being so uncertain".

It is concerned the New Burdens Doctrine - the Government’s commitment to assess and fund extra costs for local authorities from introducing new powers, duties and other Government-initiated changes – does not guarantee funding for significant new costs.

The Committee finds the Government “has not been sufficiently open and transparent” in classifying new burdens, creating "considerable uncertainty" for councils. It also expresses concern over Government response times when councils run into difficulties implementing the Act.

The Report states:

"The Care Act is one new area of work for local authorities which will add significant costs locally. Government must recognise this and ensure funding is monitored as it beds in so that carers and the people they care for do not lose out."

The Committee’s recommendations to the Government include measures to ensure effective implementation of the Act and, more broadly, to ensure councils "have sufficient resources to meet their statutory duties".
Between 2010/11 and 2015/16 central Government reduced funding to local authorities by around 37 per cent in real terms. Local authorities have tried to protect spending on key areas but have been less able to do so over time.

The Department of Health is responsible for achieving the objectives of the Care Act, which aims to reduce reliance on formal care, promote independence and wellbeing and give people more control over their own care and support.

The Department for Communities and Local Government oversees and co-ordinates how the Government applies the New Burdens Doctrine.

The Government has calculated that new responsibilities under the Care Act will cost local authorities £470 million in 2015/16 to carry out and the National Audit Office has estimated that the Care Act Phase 1 will cost £2.5 billion to implement from 2013/14 and 2019/20.

Funding reductions

The Department of Health has taken a collaborative approach to the first phase of the Care Act, working with local authorities to plan its implementation. However, the PAC is concerned that carers and the people they care for may not get the services they need because of continuing reductions to local authority budgets and demand for care being so uncertain.

The PAC is also concerned about the Government’s ability to identify individual local authorities that are struggling and to respond quickly enough. The decision to delay implementation of Phase 2 of the Care Act means that people will have to pay more for their care for longer before the cap on care costs is finally implemented. Given the tough financial context, the PAC was pleased to hear, though, that Government will not claw back the £146 million of funding it provided to councils in 2015/16 to prepare for Phase 2.

More transparency needed

The Department for Communities and Local Government has not been sufficiently open and transparent in identifying and assessing new burdens on local authorities (like the Care Act) or reviewing their impact. This creates significant uncertainty for local authorities.

The Department’s definition of a new burden means that local authorities are not guaranteed funding for some significant new costs, even where these arise from Government policy. These unfunded pressures on local authorities will make it more difficult for them to meet their statutory duties and will increase pressure on council tax.

Cost pressures

The PAC urges the Department for Communities and Local Government to ensure that Departments review significant new burdens following implementation, as the Department of Health has undertaken to do for the Care Act. It also needs to ensure that Spending Reviews and annual finance settlements for local government take full account of the many cost pressures local authorities face, whether or not they meet the Government’s definition of a new burden.

The Care Act is one new area of work for local authorities which will add significant costs locally. The Government must recognise this and ensure funding is monitored as it beds in so that carers and the people they care for do not lose out.

Source: www.parliament.uk 2 December 2015

Care sector 'at risk despite promises of more money'
Vital care services for older and disabled people in England remain at risk - despite Government attempts to protect the sector, care leaders have said.

In November 2015, the Chancellor of the Exchequer George Osborne announced plans he said would lead to an above-inflation rise in care budgets.

But council chiefs, NHS managers and care bosses have cast doubt on those claims in a letter to the Chancellor.

It warns his plans would leave a funding gap and put vulnerable people at risk - denied by the Government.

Care services, including care homes and services that provide help in people's home for tasks such as washing and dressing, are overseen by local councils.

Only the poorest get help - those with assets of over £23,250 have to pay the full cost of their care.

Over the past few years, the numbers getting help have fallen as councils have struggled to cope with cuts to their budgets.

But in November 2015’s Spending Review, Mr Osborne said he was protecting social care budgets by allowing local authorities to raise council tax by two per cent and increasing the amount of money available for the Better Care Fund, a joint pot of money used by councils and the NHS to support care services.

He said this - coupled with other changes - would mean care budgets would rise, adding the NHS could not “function effectively without good social care”.

But now those involved in providing care services are questioning those claims.

The letter - signed by the Association of Directors of Adult Social Services (ADASS), the Care Provider Alliance, which represents agencies providing care, and the NHS Confederation - is effectively the sector’s response to the plans.

It points out that the amount of money council tax brings in varies greatly, with local authorities in poorer areas worse off.

Meanwhile, the extra £1.5 billion of Better Care Fund money, which is on top of the £5.3 billion currently being invested, will not kick in until 2019.

On top of this, local government is seeing two of its main funding streams - the income it gets from the central Government grant and business rates - fall by 24 per cent in real terms this Parliament, the Local Government Association (LGA) says.

Together these account for about a third of council funding.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 9 December 2015