

National Developments: Summary

1 Significant developments

Government response to NHS 5 Year Forward View (5YFV)

Last month the NHS 5YFV was published. The document was framed as a call to action – to the Government and political parties regarding the call for greater investment; to commissioners and providers to develop new models of care, strengthen partnerships and be more efficient; to employers to support their workforce to be more healthy and to the general public to lead healthier lives.

Initial response from all main political parties, think tanks and commentators was supportive overall with most seeing the document as a statement of great confidence in the NHS.

Earlier this month the Secretary of State, Jeremy Hunt, responded with an indication of the Government's response in a speech to The Kings Fund at their annual conference.

In the speech the Minister set out the following four pillars of the Government's plan for the NHS in response to the 5YFV:

- A properly funded healthcare system backed by a strong economy
- Need for integrated care closer to home at heart of response to ageing population with safe sharing of data
- Innovation and efficiency that both saves money and puts patients in the driving seat for their own healthcare
- A culture of safe, compassionate care where patients always come first

Under the banner of innovation the Minister used the speech to launch a plan to achieve personalised, 21st century healthcare for the whole NHS by harnessing the power of individual citizens who care about their own health. He set out a series of innovation milestones including deadlines for a paperless NHS (2018) and electronic shared record across health and care system (2020)

He also gave examples of personalisation and prevention including Airedale's at home telemedicine service and announced the creation of a new National Data Guardian (Dame Fiona Caldicott) for health and care to be the patients champion when it comes to the security of their personal information.

The minister responded to the 5YFV £22bn challenge for the next Parliament by identifying 10 savings challenges which would contribute significant efficiencies:

1. Safer care
2. Ensuring the safe, effective and optimal use of medicines
3. Address poor use of medicines in primary care
4. Improve procurement
5. Reduce agency staffing
6. Better utilisation of surplus land and estate
7. Ensuring visitors and migrants pay a fair contribution to NHS
8. Reduce back office costs

9. Reduce expenditure on management consultants
10. Making better use of IT

Personalised Health and Care: Using data and technology to transform outcomes for patients and citizens

As referenced in Jeremy Hunt's speech to The Kings Fund, the new National Information Board (NIB) launched their Personalised Health and Care 2020 framework earlier this month.

The purpose of the paper is to consider what progress the health and care system has made to safely harness the power of the technology revolution to meet the challenges of improving health and providing better, safer, sustainable care for all. The paper includes a reference to Airedale's telemedicine service for nursing homes as evidence of growing demand in health and care for digital services.

The paper sets out a series of proposals including:

- “enable me to make the right health and care choices” – citizens to have full access to their care records and access to an expanding set of NHS accredited health and care apps and digital information services
- “give care professionals and carers access to all the data, information and knowledge they need” – real time digital information on a person's health and care by 2020 for all NHS funded services, and comprehensive data on the outcomes and values of services to support improvement and sustainability
- “make the quality of care transparent” – publish comparative information on all publicly funded health and care services, including results of treatment and what patients and carers say
- “build and sustain public trust” – ensure citizens are confident about sharing their data to improve care and health outcomes
- “bring forward life-saving treatments and support innovation and growth” – make England a leading digital health economy and develop new resources to support research and maximise benefits of new medicines and treatments
- “support care professionals to make the best use of data and technology” – all members of the health and social care workforce must have the knowledge and skills to embrace the opportunities of information
- “assure best value for tax payers” – ensure current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting

The paper is described as a framework for action to support front line staff, patients and citizens to take better advantage of the digital opportunity. The NIB will report annually on progress made against the priorities detailed in the framework and review them each year to reflect changing technology and accommodate new requirements from the public and staff. Later this financial year the NIB will publish a set of roadmaps laying out in greater detail who will do what to transform digital care. They will also publish an evidence base to capture key knowledge and learning from experience in England and internationally.

Better Care Fund Developments

A report from the National Audit Office (NAO) has found that plans to save £1bn for the NHS by reducing unnecessary hospital visits by elderly people are overoptimistic. The NAO says that setting up the Better Care Fund will achieve at best a third of that saving. The shortfall is due to over ambitious targets and plans to save money from emergency services which will not be realised, it says. The report concludes that one of the programme's aims – to reduce emergency admissions by at least 3.5% - will be a struggle when such admissions have risen 47% over the past 15 years. The auditors raised concerns that the time available for local bodies to make the necessary preparations for the April 2015 start has been more than halved from 11 months to five after a pause to expand the scope of the fund following initial plans being submitted in April.

In his comment article for the Guardian, Richard Vize says the National Audit Office report *Planning for the Better Care Fund* is a “harsh lesson in the dangers of ministerial interference in health and care systems under stress” that exposes “how the government mishandled the entire project”. Mr Vize says ministerial micro-management of the NHS needs to stop, adding that the NAO report “bristles with irritation” at the way the Department of Health, Department for Communities and Local Government and the Treasury repeated basic errors from numerous other cross-government initiatives which went wrong.

Ninety-seven per cent of the 151 Better Care Fund (BCF) plans have now been approved, health secretary Jeremy Hunt said last week at the National Children and Adults Services' conference, where he provided a progress report on the government initiative. Responding, he acknowledged that the BCF has acted as an “important catalyst” in many areas, but said it still holds risks for members and the wider health and care system.

Health workers plan joint strike on wages

Members of 11 unions, including nurses, midwives, domestic staff and radiographers, will walk out for four hours in England on 24 November in protest at the government's decision not to accept a recommended 1% pay rise for all NHS staff. The strike follows a series of stoppages by different groups in recent months.

2 Department of Health

Hospital Trusts need chief information officers on their Boards

Hospital trusts “need” chief information officers on their boards and should treat IT as a leadership function instead of back office one, a senior Department of Health mandarin has said. The department's director general of innovation, growth and technology, Will Cavendish, told the EHI Live 2014 conference that hospitals had failed to give IT the priority it warranted for far too long.

3 NHS England

NHS Financial Position

The health service is “absolutely on the knife edge” with no reserve left to cushion against unforeseen pressures, NHS England officials have warned. Speaking at the organisation’s November board meeting, chief finance officer Paul Baumann said there was “no reserve left which will cater for things which we haven’t anticipated in the risk and mitigation analysis we’ve done”. He described 2014-15 as “the year in which we are absolutely on the knife edge of balancing or not balancing against the position we’ve got”.

Leaders warned that funding increase will depend on A&E performance

Senior NHS chiefs have begun ramping up the pressure on providers and commissioners to improve performance in accident and emergency during a round of high level meetings which began last week. The meetings are headed by the chief executives of the NHS “tripartite” organisations: Simon Stevens from NHS England, David Bennett from Monitor and David Flory, from the NHS Trust Development Authority. The national leadership is understood to be concerned that failure to hit the four hour A&E standard could undermine the case for extra investment in the NHS. Mr Stevens is understood to have told senior NHS leaders gathered at regional meetings last month that the service had to demonstrate it could use additional money to meet standards.

GPs to support emergency and acute services

Emergency and acute services in some areas could increasingly be supported by up-skilled GPs, working across hospital and community settings, NHS England’s deputy medical director has said. In an interview with *HSJ*, Mike Bewick set out the dramatic service and workforce shifts which would come to some areas as they move to new sustainable care models, as envisaged in last month’s *NHS Five Year Forward View*. Dr Bewick, a former GP partner who also worked in acute services for several years, said some hospitals were finding it “very, very difficult” to staff accident and emergency and acute services to the minimum requirements set by royal colleges, combined with maximum working time rules

CCGs will not be awarded extra funding to run primary care co-commissioning

In a paper outlining the next steps towards commissioning, NHS England says there is “no possibility of additional administrative resources being deployed on these services at this time due to running cost constraints”. The paper, however, hints that this situation could alter in the second year of its co-commissioning scheme. “Whilst it is not within our gift to increase running costs in 2015-16, NHS England will keep this situation under review.”

4 Public Health England

Middle-aged to be screened for dementia

Middle-aged people are to be screened by GPs for their risk of dementia and told how their “brain age” compares with their biological age, according to a new screening system devised by Public Health England. The computer-based test will be piloted by GPs in the next few months, and if successful, will be rolled out across England. The screening makes calculations based on the answers to questions about habits such as exercise, drinking smoking and weight, combined with clinical data on blood pressure

5 Monitor

FT authorisations approved

Three NHS providers have been authorised as foundation trusts – the first time the status has been conferred in more than a year. Monitor has announced it has awarded the status to Bridgewater Community Healthcare Trust, Derbyshire Community Health Services Trust and Royal United Hospital Bath Trust, effective from 1 November

Quarterly report highlights rising cost of Agency nurses

NHS trusts are facing unprecedented financial pressure due to a reliance on expensive agency staff, according to Monitor. The most recent quarterly report from the regulator warned that the current spending on agencies was unsustainable. Spending on agency nurses and staff has increased to more than £5.5bn over the past four years and is continuing to rise amid a debilitating recruitment crisis in the health service, according to new figures released by the government following a parliamentary question. The figures show that the cost to NHS trusts has gone up by around 20% for each of the four financial years of the coalition government, despite repeated pledges to cut spending on this. The Department of Health said that responding to the Francis inquiry, which called for increased staffing on wards, had forced the NHS to rely on agencies and temporary workers.

6 Foundation Trust Network

FTN :The three ways to drive transformational change in the NHS

Writing in *HSJ*, FTN chief executive Chris Hopson says there is a “dawning recognition that trying to run harder in the existing model won’t work anymore”. He introduces the FTN’s programme for the next Parliament, which outlines three things that are fundamental to drive transformation. The first is that it is the provider sector that will catalyse, drive and enable transformation; the second driver is that we “desperately need to change the relationship between the NHS system and local providers.” The third is the need to solve the NHS’s finances.

FTN to become NHS Providers

The FTN is changing its name to NHS Providers, with the strapline of the association of foundation trusts and trusts.

7 Research and Publications

National Audit Report on state of NHS finances

Government bailouts for financially troubled hospitals have come under fire from a Whitehall spending watchdog in a report laying bare the deteriorating financial state of the NHS. The National Audit Office report found the “worsening” position and “growing financial stress” experienced by hospitals made the health service unsustainable as a public service. Its analysis found trusts expect to receive £2.2bn more than healthcare commissioners plan to spend in 2015-16 – a funding gap predicted to quadruple to almost £9bn by 2018-19.

Patients left confused about out-of-hours GP services, say MPs

Many patients are left confused about “complex and fragmented” out-of-hours GP

services and “far too many” end up at A&E departments, according to a report by the Commons public accounts committee. The report accuses NHS England of “inadequate” oversight of whether services are providing value for money, with costs of services ranging between £29 and £134 per case. Margaret Hodge, committee chairman, said: “Patients’ experience of, and satisfaction with, the out-of-hours services varies significantly and unacceptably across the country, as does cost.” The report also warns that potential “conflicts of interests” between GPs and the services which provide cover when they are closed are not being properly managed.

The Kings Fund: ‘Commissioning and contracting for integrated care’

The King’s Fund has published a report ‘Commissioning and contracting for integrated care’ which looks at the risks and benefits of using different contractual vehicles to stimulate and support integrated care.

King's Fund: case studies on specialists outside the hospital show innovative solutions

This report draws lessons from six case studies in which consultants work outside hospital. It focuses on working in ways which involve redesigning the patient pathway and/or roles of professionals (rather than simply running outreach clinics). Examples include services where more complex patients are treated at home or in primary care (via joint delivery of care, multidisciplinary team-working and education of primary and community care practitioners and patients) and intermediate services that treat patients who need specialist care that cannot be provided in general practice.

Royal College of Nursing survey suggests problems with end-of-life care

Only one in ten nurses say they can look after dying patients properly, according to a survey by Royal College of Nursing. Of 7,721 nurses who replied to the online poll, only 10.5% said they could always give the right care to dying patients. Respondents said that they do not feel comfortable broaching the topic of death, struggle to find the time to spend long enough with dying patients or lack the private places in which to speak to them.

Institute of Economic Affairs: urges tax rebates for NHS opt out

The think tank has recommended that people in England should be able to receive a tax rebate for opting out of NHS care under a new system with significantly increased competition. The think tank has calculated that a single adult under 45 could expect a tax rebate of around £700 for opting out of the NHS, while someone over 85 would get £3,750.

GMC and N&MC: draft guidelines re apologising to patients for errors

Draft guidelines from the General Medical Council and the Nursing and Midwifery Council advise medics to be honest with patients and apologise when mistakes are made. In the first guidance of its kind, the joint proposals place a duty on doctors and nurses to provide “a clear and honest explanation” if something goes wrong.

GMC report shows junior doctors still lack the confidence to whistle-blow

According to a new report by the General Medical Council, many trainee doctors are still too afraid to blow the whistle on patient safety concerns, reports. The medical regulator’s annual survey of 50,000 doctors in training saw a dramatic decline in the number of patient safety concerns raised, after doctors were told their anonymity could not be guaranteed. The survey also found that bullying of trainee doctors was a persistent problem.

Macmillan Cancer Support: research highlights rise in people diagnosed with cancer

There has been a 37% rise in the number of people diagnosed with cancer since 1996, according to analysis from Macmillan Cancer Support. The figure means more than 1,000 diagnoses are being made each day and suggests that in 2016, more than 360,000 people in the UK will be diagnosed. The charity said the NHS is struggling to cope with demand. Latest quarterly figures show 64 NHS trusts missing the target to treat 85% of patients in two months, compared with 30 the previous year.

7 Consultations

Cabinet Office: Review of Social Care Act

The Act, which came into force on 31 January 2013, applies to public services contracts above the EU threshold for the application of EU procurement rules, and requires commissioners to think about the value they can secure for their area when buying services at the pre-procurement stage, including how the services they are going to buy might improve the economic, social or environmental well-being of the area.

NHS England and Monitor: Expected proposals on the national tariff

Proposals on the national tariff are expected to be launched for consultation at the end of November. The FTN has briefed members on what they expect to be included:

- An efficiency factor towards the lower end of the proposed 3-5% range.
- A major squeeze on specialised services and an attempt to manage the budget through proposals such as a marginal rate over the previous year's contract value, for the vast majority of services.
- Changes on some HRG chapters since proposals put forward in the tariff engagement document, including increased A&E and outpatient tariffs, as well as smoothing of the volatility proposed to the trauma and orthopaedic chapter.
- Some movement on the punitive payment arrangements in urgent and emergency care.
- We do not expect Monitor and NHS England to have made a decision about the service development fund for 2015/16, which we expect to at least cover additional funding for the implementation of mental health access targets
- A number of new national CQUINs including the management of kidney injury and sepsis for the acute sector and dementia care for mental health trusts. There will also be emphasis in the planning guidance and standard contract for commissioners and providers to agree a menu of CQUINs around urgent and emergency care across the local health economy.

8 Commercial Developments

A small South West foundation trust has established a strategic estate partnership to fund and manage a new "health campus", featuring a GP practice and nursing home. Yeovil District Hospital Foundation Trust last week signed a contract with construction companies Interserve and Prime to form Yeovil Estates Partnership in a 15 year deal worth up to £70m. The deal makes Yeovil one of a small band of hospitals to set up an SEP, a more flexible form of joint venture arrangement than the private finance initiative.

9 In the news

Dr Poulter: We stand on the brink of a healthcare revolution

Writing in the *Sunday Telegraph*, Dr Dan Poulter said the health service is “embracing technology” to enable people to take more control over their own care, while saving the NHS £5bn over the next decade. Both Apple’s new iWatch and a new digital wristband from Microsoft are designed to help people log and record their vital statistics. ***Dr Poulter also highlighted the role of the internet in helping people make virtual consultations from home. A pilot scheme involving 4,000 patients undergoing virtual consultations in Airedale, Yorkshire, has resulted in a 60% reduction in A&E attendances for a common respiratory condition, he wrote.***

NHS has responsibility to help councils, says Hunt

Health Secretary Jeremy Hunt has said the NHS has a responsibility to help local authorities cope with their tough financial settlement. Mr Hunt made the comments in a speech at the National Children and Adult Services conference in Manchester. During the speech Mr Hunt said there would be “no sustainable future for the NHS without a sustainable future for social care” and there would be “no sustainable future for social care without a strong NHS”.

Vulnerable patients at risk due to lack of LD nurse cover

The Independent on Sunday reported that no hospital in England has 24-hour learning disability (LD) nurse cover and more than 40% of NHS trusts do not even employ a single LD nurse, according to freedom of information requests from Mencap. NHS workforce figures show that there has been a 30% cut in the number of LD nurses over the past five years. A shortage of such nurses is putting the lives of thousands of vulnerable people at risk, the charity said. Severe budget pressure on NHS hospitals has led to managers to look for savings and Mencap has expressed concern that LD nurses are being viewed as expendable.

Hospitals get £300m for winter crisis

The Department of Health’s latest initiatives to ease a pending NHS winter crisis receives wide press coverage. The Independent says the £300m of funding could provide the equivalent of 1,000 extra doctors, 2,000 extra nurses and up to 2,500 extra beds, according to health secretary Jeremy Hunt. The funding announcement came as latest figures from last week revealed that 104,100 patients were admitted to hospitals, compared with 98,700 from the same week last year. Alongside the earmarked funding, NHS England medical director Sir Bruce Keogh has called for more patients to use their local pharmacy for coughs and colds to relieve the strain on A&E departments.

NHS England extends drive for equality in senior positions

HSJ reports that NHS England’s drive to boost the representation of ethnic minorities in senior positions will be followed by an equalities push on disability, sexual orientation and gender. NHS England announced in July that NHS organisations would be forced to increase the representation of ethnic minorities in senior positions or face contractual and regulatory consequences. The new standard is due to be imposed on the health service through the NHS standard contract from April 2015. It would also apply to clinical commissioning groups and NHS England itself.

Half of GPs will take dementia payments

The Daily Telegraph reports that 43% of GPs intend to accept payments from a “cash for diagnosis” dementia scheme even though most think it is unethical, a poll by *Pulse* magazine suggests. The survey of 500 doctors found 66% believe the scheme is unethical. Many said they were only taking part in the scheme because their practice was short on funding. The scheme pays GPs £55 for every patient diagnosed with dementia in the six-month period between last month and next April.

Bed-blocking figures at highest level for four years

The Times reports that new figures suggest more than 1,000 patients a day are blocking beds in NHS hospitals because no-one is available to look after them at home. Analysis by Sky News found that bed-blocking has reached its highest level for four years, with doctors unable to discharge patients from hospital because of a lack of social care support.

NHS wasting billions and risking patient health

The Guardian reports that the NHS is wasting about £2bn a year and risking patients' health by giving them too many x-rays, drugs and treatments they do not need, a leading medical body has warned. Patients are too readily tested, diagnosed and treated for certain conditions, the Academy of Medical Royal Colleges claims in a report.