Brunswicks’ Healthcare Review

refreshingly modern, reassuringly traditional
Editorial

It was a two year slog. Reputations have been damaged by it, few have been enhanced...unsurprisingly, the Health and Social Care Bill passed into law after a last ditch effort by Shadow Secretary of State for Health Andy Burnham to de-rail the Bill when it returned to the House of Commons.

It received Royal Assent the next day (27.03.2012) to become the Health and Social Care Act 2012 – I wonder if Andrew Lansley celebrated, or was he just too knackered?

It was a week when the Prime Minister wanted to say great things about dementia and what his Government is doing to help all those who come into contact with it, whether as sufferers, carers or professionals. However, he found himself derailed by a political gaff and having to explain about the allegations of ‘cash for access’ which was a great shame as many column inches were occupied by the gaff rather than what I hope is a good news message for dementia sufferers.

The we come to the Care Quality Commission.

Last week, as you know, CQC began to advertise for two board members; clearly, in response to the much bruising criticism of the organisation flowing from several investigations and reports.

A shame then that, rather than taking its medicine and keeping its corporate head down, when the Public Accounts Committee published its report into its findings following an inquiry into CQC in which it concluded that CQC was not up to the job, that there has been some improvement, but not enough, that CQC issued a press release (item xxx in this issue) which expresses disappointment that PAC did not give it greater credit for its recent improvements.

I can’t recall the last time CQC extended the charitable indulgences which it appears to expect from PAC to care providers where CQC’s inspectors have identified something ‘wrong’!

We Must Stop This Immediately

This week we bring a ‘joke’ which is being passed between so many people over the internet that it has gone ‘viral’.

It was sent to me by my Mum - she has more time than me to read these things and send on to me only the best!

To go direct, click here

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Parliamentary Business

Secrets to a long happy marriage

A old woman was sipping on a glass of wine, while sitting on the patio with her husband, and she says, "I love you so much, I don't know how I could ever live without you"... Her husband asks, "Is that you, or the wine talking?"... She replies, "It's me... talking to the wine."
Abuse/Dignity

2. Jersey sets out care home abuse claim levels
29 March 2012 – BBC News
Jersey government abuse compensation is coming 'too late'
29 March 2012 – BBC News
Jersey's Government has set out terms and levels of compensation for child victims who were abused while in care homes on the island.

They will be offered up to £60,000 damages from the States and over 100 former care home residents will be able to make claims, with the level of payout dependent on the nature of the offences.

http://www.bbc.co.uk/news/world-europe-jersey-17552976
http://www.bbc.co.uk/news/world-europe-jersey-17552975

3. Supportive approach can reduce abuse risk
31 March 2012 - Irish Medical Times
Despite a high level of GP contact with older people, particularly with those who have been exposed to elder abuse, a consensus exists that there is under-reporting of such cases, writes Gary Culliton.

Despite GPs being the most likely point of contact for older persons who are at risk, just 4% of referrals to the network of Senior Case Workers who deal with reports of suspected elder abuse come from GPs. This is in spite of what Dr David Robinson, Consultant in Geriatric Medicine, St James’s Hospital, views as “an increasing awareness of the problems of an aging population”.

There is a general consensus that there is under-reporting in relation to elder abuse (NCPOP, 2010; Lachs MS & Pillemer K, The Lancet (2004); O’Brien JG, Journal of Elder Abuse & Neglect, 2010; Lachs M, 1995).

A total of 2,110 suspected cases were referred to the HSE in 2010, up 10% from 2009.

To read the full article, go to http://www.imt.ie/clinical/2012/03/supportive-approach-can-reduce-abuse-risk.html

4. Security in social care settings
April 2012 - Quality & Compliance Magazine
Martin Hodgson considers the security issues which should be considered by care homes and domicare providers to reduce risks of crime and to keep staff and service users safe, including concerns of lone working.

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Business News

Enara has handed back a contract to provide Dom care to Wiltshire Council

5. Nottinghamshire County Council care home sale finalised
26 March 2012 - BBC News
The sale of six residential care homes by Nottinghamshire County Council has been finalised. The Conservative-run council sold the homes for £2.5m to private firm Runwood which will continue to run them.

More than 2,500 people signed a petition opposing the sale which was agreed in September. Runwood said it would spend £3m over the next five years to improve facilities and increase bed numbers at the homes.

County council leader Kay Cutts has said the money raised from the sale of the homes will be reinvested into care for older people.

The homes sold are Bramwell Care Home, Bramcote; Braywood Gardens Care Home, Carlton; Jubilee Court Care Home, Hucknall; Leawood Manor Residential Home, West Bridgford; Maun View, Mansfield; and Westwood, Worksop.

Runwood Homes runs 47 care facilities and employs 2,000 staff in the UK.

6. Barchester celebrates 20 years
27 March 2012
National Film and Television School (NFTS) post-graduate student, Claire Buxton, has captured the spirit of Barchester Healthcare care homes with her short video called 'Wheelin' In The Years'. The video, hosted on YouTube, is a light-hearted tribute to Barchester staff and the people they support to celebrate the company's 20th anniversary.

View the video here: http://barchester.com/wheelin-the-years

Ed. Perhaps this is a precursor to a new Olympic sport... synchronised mobility scooters!

7. Restructuring, Proposed Change of Name, etc at Care Capital
28 March 2012
Care Capital announced a restructuring to reflect its strategy to reposition the Group primarily as an investor in, and provider of, advanced cancer treatments.

Current investments in medical centre development projects are to be transferred to the Group's wholly owned subsidiary - The Healthcare Property Company Limited - which will continue to progress existing schemes and expand through securing new medical centre projects in the UK. This company will also provide property related support services to the wider Group.

The Company also announces that it will be seeking shareholder authority at the earliest opportunity to change its name to Advanced Oncotherapy plc.

Changes to Board and senior management responsibilities, all with immediate effect, to reflect the shift in strategic focus are set out below:

- Lord Evans of Watford, currently the Senior Independent Non-executive Director, has become Non-executive Chairman
- Dr Michael Sinclair has stepped down as Executive Chairman to become Group Chief Executive with a focus on developing and growing the Group's interests in advanced cancer treatments
- Paul Stacey, currently Chief Executive, has become Managing Director of The Healthcare Property Company Limited
- Dr Sinclair and Mr Stacey will continue as Directors of the Company.

Further appointments to the Board are expected to be announced in due course.

Commenting on the restructuring, proposed name change and new team responsibilities, Mike Sinclair, Group Chief Executive, said,

"The new direction for the Company is today recognised in the restructuring of our businesses and management responsibilities as well as the proposed change of name and sector re-classification. I very much hope that this sharper focus will enable the management team to continue to restore and create value for shareholders through our historic real estate activities and our newer, higher potential cancer treatment interests."

For further information, please visit www.carecapital.co.uk
This morning, FirstService Corporation, the owner of Colliers Intnl globally, agreed to purchase Colliers International UK revenues r $2.2bn.

8. The Priory rehab clinic suffers £3.2m loss
29 March 2012 - The Telegraph
Priory expects NHS reforms to stunt earnings in 2012
30 March 2012 - Health Investor
Priory Group anticipates “a degree of short-term disruption” following the NHS commissioning reforms and says it “remains well positioned to benefit in the longer term from the commissioning reforms”.

In results for the year ended 31 December 2011, the company’s earnings rose 5.56% to £134.9 million.

Philip Scott, CEO, said: “It is prudent to assume that full year 2012 Ebitda is likely to remain at around the same level that was achieved in 2011.”

9. Meeting the health care needs of people in care homes
27 March 2012 - CQC Newsletter
In March 2012, CQC published the results of a review of how the healthcare needs of care home residents are met.

The review addressed how older people and people with learning disabilities living in care homes access healthcare services, whether they have choice and control over their healthcare and whether they receive care that is safe and respects their dignity.

During this review, CQC inspection teams visited a sample of 81 care homes within nine PCT areas. They interviewed managers, residents and staff, observed care provided to residents and examined case files.

Key findings

- 77% of care plans seen considered the views of the resident
- 96% of care homes identified the changing health care needs of residents through informal or responsive monitoring.

However, the review also showed that:

- 25% of residents did not feel they were offered a choice of male or female staff to help them use the toilet.
- 44% of care homes indicated they received routine visits from GPs.
- 30% of nursing homes did not have a ‘do not attempt resuscitation’ policy. Of those that did, just 37 per cent of staff had received training on it.
- 35% of homes reported they ‘sometimes’ had problems getting medicines to residents on time.
- 10% of care homes said they paid for their GP surgeries to visit.

You can read more about the review and CQC’s key findings by downloading the document below.

10. Virgin Care to run Surrey community health services
30 March 2012 – BBC News
Virgin Care has won a contract to run community health services in two areas of Surrey in a £500m deal.

NHS Surrey said the contract signed with Virgin Care also included some county-wide services such as prison healthcare and sexual health services.

NHS Surrey said patients would continue to be cared for by existing staff, who had been fully involved throughout the procurement process.

http://www.bbc.co.uk/news/uk-england-surrey-17567842

11. Engaging with key stakeholders
April 2012 - Quality & Compliance Magazine
Tim Dallinger considers who might be key stakeholders and how to prioritise between them:

Commissioners
Customers
Collaborators
Contributors
Channels
Commentators
Consumers
Champions
Competitors

Care Homes

12. Nottinghamshire County Council care home sale finalised
26 March 2012 – BBC News
The sale of six residential care homes to Runwood by Nottinghamshire County Council has been finalised.
The homes were sold for £2.5m. Runwood will continue to run them.

Runwood Homes runs 47 care facilities and employs 2,000 staff in the UK.
http://www.bbc.co.uk/news/uk-england-nottinghamshire-17501122

13. Hospital visits lower for care home than home care clients
29 March 2012 – Community Care
Research by the Nuffield Trust has found that care home residents are less likely to end up in hospital than users of intensive home care.

Hospital admissions, A&E visits and outpatient appointments among people aged over 75 were found to be lower among council-funded care home residents than those with significant home care packages.
http://www.communitycare.co.uk/Articles/29/03/2012/118110/hospital-visits-lower-for-care-home-than-home-care-clients.htm

14. Care home watchdog improving
31 March 2012 - Bristol Evening Post
A committee of MPs said the Care Quality Commission had got better since the scandal at Winterbourne View which closed following allegations of abuse in a BBC documentary.

The CQC was heavily criticised at the time for failing to act on the concerns of a whistleblower.

PAC chairwoman Margaret Hodge said: “The CQC plays an absolutely vital role in protecting people from poor quality or unsafe care, but it has failed to perform that role effectively.

“It has clearly been struggling for some time and the

Department of Health, which is ultimately responsible, has not had a grip on what the commission has been doing.”

Case Reports

Law Reports

15. DD v Lithuania

Summary

DD had suffered from mental disorder since the age of 16 when she discovered she was adopted. More than 20 hospital admissions had resulted in various diagnoses, the most recent being episodic paranoid schizophrenia. Her adoptive father was granted a declaration that DD was legally incapacitated and a legal guardian was appointed. Initially this was her psychiatrist and friend, DG; then her adoptive father; and ultimately a care home director.

Described as unable to care for herself, not understanding the value of money, and hungrily wandering the city streets, she was admitted to a psychiatric hospital for treatment. At the request of her father as guardian, she was then transferred to the Kėdainiai care home for those with learning disabilities. From there she battled with the State authorities on a number of fronts. She sought to reopen the guardianship proceedings. A criminal inquiry was conducted into whether the circumstances surrounding the care home placement and the treatment she received there was unlawful. And she complained to various other authorities which led to further inquiries being undertaken.

With little progress made, DD’s last stand was to apply with DG’s assistance to the European Court of Human Rights (‘ECtHR’) alleging violations of Articles 2, 3, 5, 6, 8, 9, 10, and 13, claiming 300,000 Euros in compensation. In the end, the Court found violations of Articles 5(4) and 6(1) and ordered the State to pay 8000 Euros plus legal costs. Although the judgment deals with a broad range of issues, the following will focus on its discussion of Article 5.

1. Article 5(1) - “Deprivation of liberty”

DD contended that her involuntary admission to the social care home amounted to a “deprivation of liberty”, which the Government denied. They argued that the care home was providing social services, not compulsory psychiatric treatment, and that the restrictions on DD were necessary due to the severity of her mental illness, were in her interests and were no more than the normal requirements associated with the responsibilities of a social care institution taking care of inhabitants suffering mental health problems.

The factual basis upon which this DOL issue had to be determined was in dispute but, perhaps reminiscent of HL v UK, the Court held:

“146… As concerns the circumstances of the present case, the Court considers that the key factor in determining whether Article 5 § 1 applies to the applicant’s situation is that the Kėdainiai Home’s management has exercised complete and effective control by medication and supervision over her assessment, treatment, care, residence and movement from 2 August 2004, when she was admitted to that institution, to this day (ibid., § 91). As transpires from the rules of the Kėdainiai Home, a patient therein is not free to leave the institution without the management’s permission. In particular, on at least one occasion the applicant left the institution without informing the police (see paragraph 29 above). Moreover, the director of the Kėdainiai Home has full control over whom the applicant may see and from whom she may receive telephone calls (see paragraph 81 above). Accordingly,
the specific situation in the present case is that the applicant is under continuous supervision and control and is not free to leave (see Storck v. Germany, no. 61603/00, § 73, ECHR 2005-V). Any suggestion to the contrary would be stretching credulity to breaking point.

147. Considerable reliance was placed by the Government on the Court’s judgment in H.M. (cited above), in which it was held that the placing of an elderly applicant in a foster home in order to ensure necessary medical care as well as satisfactory living conditions and hygiene did not amount to a deprivation of liberty within the meaning of Article 5 of the Convention.

However, each case has to be decided on its own particular “range of factors” and, while there may be similarities between the present case and H.M., there are also distinguishing features. In particular, it was not established that H.M. was legally incapable of expressing a view on her position. She had often stated that she was willing to enter the nursing home and, within weeks of being there, she had agreed to stay, in plain contrast to the applicant in the instant case.

Further, a number of safeguards – including judicial scrutiny – were in place in order to ensure that the placement in the nursing home was justified under domestic and international law. This led to the conclusion that the facts in H.M. were not of a “degree” or “intensity” sufficiently serious to justify a finding that H.M. was detained (see Guzzardi, cited above, § 93).

By contrast, in the present case the applicant was admitted to the institution upon the request of her guardian without any involvement of the courts.

148. As to the facts in Nielsen, the other case relied on by the Government, the applicant in that case was a child, hospitalised for a strictly limited period of time of only five and a half months, on his mother’s request and for therapeutic purposes. The applicant in the present case is a functional adult who has already spent more than seven years in the Kėdainiai Home, with negligible prospects of leaving it. Furthermore, in contrast to this case, the therapy in Nielsen consisted of regular talks and environmental therapy and did not involve medication. Lastly, as the Court found in Nielsen, the assistance rendered by the authorities when deciding to hospitalise the applicant was “of a limited and subsidiary nature” (§ 63), whereas in the instant case the authorities contributed substantially to the applicant’s admission to and continued residence in the Kėdainiai Home.

149. Assessing further, the Court draws attention to the incident of 25 January 2005, when the applicant was restrained by the Kėdainiai Home staff. Although the applicant was placed in a secure ward, given drugs and tied down for a period of only fifteen to thirty minutes, the Court notes the particularly serious nature of the measure of restraint and observes that where the facts indicate a deprivation of liberty within the meaning of Article 5 § 1, the relatively short duration of the detention does not affect this conclusion …

150. The Court next turns to the “subjective” element … the applicant subjectively perceived her compulsory admission to the Kėdainiai Home as a deprivation of liberty. Contrary to what the Government suggested, she has never regarded her admission to the facility as consensual and has unequivocally objected to it throughout the entire duration of her stay in the institution. On a number of occasions the applicant requested her discharge … She even twice attempted to escape from the Kėdainiai facility … In sum, even though the applicant had been deprived of her legal capacity, she was still able to express an opinion on her situation, and in the present circumstances the Court finds that the applicant had never agreed to her continued residence at the Kėdainiai Home.

151. Lastly, the Court notes that although the applicant’s admission was requested by the applicant’s guardian, a private individual, it was implemented by a State-run institution – the Kėdainiai Home. Therefore, the responsibility of the authorities for the situation complained of was engaged …”

Accordingly the Court found that there was a deprivation of liberty.

2. Article 5(1)(e) - Justification

With Article 5(1) engaged, DD contended that the DOL was unlawful because the authorities had failed to consider whether less restrictive community-based arrangements would have been more suitable and because she had been excluded from the decision-making process. The Government, on the other hand, argued that her detention was lawful because her admission conformed to domestic law which enabled a person to be admitted at the request of their guardian, provided they suffered from mental disorder.

Significantly, the ECtHR applied the Winterwerp conditions to determine the legality of the placement:

“156. The Court also recalls that in Winterwerp … it set out three minimum conditions which have to be satisfied in order for there to be “the lawful detention of a person of unsound mind” within the meaning of Article 5 § 1 (e): except in emergency cases, the individual concerned must be reliably shown to be of unsound mind, that is to say, a true mental disorder
must be established before a competent authority on the basis of objective medical expertise; the mental disorder must be of a kind or degree warranting compulsory confinement; and the validity of continued confinement depends upon the persistence of such a disorder."

It found, at para 157, that DD satisfied these criteria, that no alternative measures were appropriate, and that accordingly it was lawful to confine her to the care home.

3. Article 5(4) – Review
The Court noted the following emerging principles at para 163:

(a) A person of unsound mind who is compulsorily confined in a psychiatric institution for an indefinite or lengthy period is in principle entitled, at any rate where there is no automatic periodic review of a judicial character, to take proceedings “at reasonable intervals” before a court to put in issue the “lawfulness” – within the meaning of the Convention – of his detention;

(b) Article 5 § 4 requires that the procedure followed have a judicial character and give to the individual concerned guarantees appropriate to the kind of deprivation of liberty in question; in order to determine whether a proceeding provides adequate guarantees, regard must be had to the particular nature of the circumstances in which such proceeding takes place;

(c) The judicial proceedings referred to in Article 5 § 4 need not always be attended by the same guarantees as those required under Article 6 § 1 for civil or criminal litigation. Nonetheless, it is essential that the person concerned should have access to a court and the opportunity to be heard either in person or, where necessary, through some form of representation. Special procedural safeguards may prove called for in order to protect the interests of persons who, on account of their mental disabilities, are not fully capable of acting for themselves. (emphasis added)

The last principle was all the more true when, as here, the placement was carried out without any involvement on the part of the courts. The forms of judicial review may vary from one domain to another and may depend on the type of the deprivation liberty at issue but the Court held: “165… It appears that, in situations such as the applicant’s, Lithuanian law does not provide for automatic judicial review of the lawfulness of admitting a person to and keeping him in an institution like the Kėdainiai Home. In addition, a review cannot be initiated by the person concerned if that person has been deprived of his legal capacity. In sum, the applicant was prevented from independently pursuing any legal remedy of a judicial character to challenge her continued involuntary institutionalisation.

166. The Government claimed that the applicant could have initiated legal proceedings through her guardians. However, that remedy was not directly accessible to her: the applicant fully depended on her legal guardian, her adoptive father, who had requested her placement in the Kėdainiai Home in the first place. The Court also observes that the applicant’s current legal guardian is the Kėdainiai Home – the same social care institution which is responsible for her treatment and, furthermore, the same institution which the applicant had complained against on many occasions, including in court proceedings. In this context the Court considers that where a person capable of expressing a view, despite having been deprived of legal capacity, is deprived of his liberty at the request of his guardian, he must be accorded an opportunity of contesting that confinement before a court, with separate legal representation…

167. In the light of the above, the Court … holds that there has also been a violation of Article 5 § 4 of the Convention.” (emphasis added)

Comment
The facts of this particular case are clearly extreme but it is interesting to note that, in deciding that DD was deprived of her liberty, the key factor for the Court was the exercise of “complete and effective control by medication and supervision over her assessment, treatment, care, residence and movement” for over 7 years. Moreover, DD clearly felt the effects of the measures and unequivocally objected to them throughout her entire stay. One particular matter worth highlighting is the reference made at para 147 to the adequacy of safeguards, including judicial scrutiny, when determining whether restrictions are of a sufficient “degree” or “intensity” to engage Article 5 (1). The implication being that the more safeguards that are in place – particularly the involvement of the court – the less intense will be the restrictions on the individual.

Unlike English law, which in RK v BCC [2011] EWCA Civ 1305, paras 14-15 confirms that a parent may not lawfully authorise the deprivation of their child’s liberty, the ECtHR has yet to confine its decision in Nielsen v Denmark (1988) 11 ECHR 175 to history. Rather, at para 148, it continues to try to distinguish it on the basis that (a) Nielsen was a child and DD a ‘functional’ adult, (b) Nielsen was hospitalised for a limited period of time whereas DD had negligible prospects of ever leaving, (c) DD, but not Nielsen, was medicated, and (d) the State was far more involved in DD’s placement.
It remains to be seen whether such distinctions are capable of standing up to scrutiny in the context of the restriction/deprivation dilemma.

Reiterating its approach in *Stanev v Bulgaria* (Application no. 36760/06), the Court once again employed the Winterwerp threshold in a social care context to determine the legality of the person’s detention. This calls into question whether the Court of Appeal was right to reject such an approach as a “fallacy” in *G v E and others* [2010] EWCA Civ 822. Whether a person of unsound mind is detained in a psychiatric hospital or a community facility, Stanev and DD confirm that Winterwerp should be used. The crux of the matter, therefore, is whether depriving someone of their liberty because it is “best” for them (the English approach) provides more or less protection of their Article 5 rights than requiring their mental disorder to justify their detention (the Strasbourg approach).

**16. DL v A Local Authority & Others**

*Inherent jurisdiction; Interface with MCA; Undue influence*

Summary

The Court of Appeal had to decide whether a ‘jurisdictional hinterland’ existed outside the borders of the Mental Capacity Act 2005 (‘MCA’) to deal with ‘vulnerable adults’. The assumed – but mainly disputed – facts were that, whilst living with his elderly parents, DL was physical and verbally aggressive to them. He was alleged to have controlled their contact with others, including health and social care professionals, and to have sought to coerce his father into transferring ownership of the house into his name, whilst placing considerable pressure on both parents to have his mother moved into a care home against her wishes.

At first instance, both parents were assumed to have capacity to make decisions regarding their residence and contact with others for the purposes of the MCA. However, the local authority had initiated proceedings under the High Court’s inherent jurisdiction on the basis that DL’s parents lacked capacity, not because their mind or brain was impaired or disturbed, but as a result of the undue influence and duress that he brought to bear upon them. An interim injunction restrained DL from misbehaving.

DL argued that the MCA provided a comprehensive statutory code for those lacking capacity and that to recognise a jurisdiction beyond it would undermine a person’s right to autonomy. The fact that someone with capacity chose to live in a risky or exploitative situation did not give the court any right to intervene. The local authority, on the other hand, contended that such an approach would create a new “Bournewood gap” in respect of those who fell outside the protection of the MCA but whose capacity was overborne by non-MCA circumstances, such as undue influence.

The Court of Appeal retraced the pre-MCA case law and Parliament’s response to the Law Commission’s paper. One key issue was whether Parliament’s silence on the matter meant that the prior jurisdiction was thereby ousted or respected. MacFarlane LJ held:

“61… In the absence of any express provision, the clear implication is that if there are matters outside the statutory scheme to which the inherent jurisdiction applies then that jurisdiction continues to be available to continue to act as the ‘great safety net’…”

It was therefore unanimously held that the inherent jurisdiction survived and was “targeted solely at those adults whose ability to make decisions for themselves has been compromised by matters other than those covered by the MCA 2005” (para 53). A person’s right to autonomy was in fact a strong argument in favour of retaining the jurisdiction which, endorsing Re SA (Vulnerable adult with capacity: marriage) [2005] EWHC 2941 (Fam):

“… is in part aimed at enhancing or liberating the autonomy of a vulnerable adult whose autonomy has been compromised by a reason other than mental incapacity because they are … (a) under constraint; or (b) subject to coercion or undue influence; or (c) for some other reason deprived of the capacity to make the relevant decision or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent”. (para 54).

Public policy also justified its survival: “the will of a vulnerable adult of any age may, in certain circumstances, be overborne. Where the facts justify it, such individuals require and deserve the protection of the authorities and the law so that they may regain the very autonomy that the appellant rightly prizes” (para 63). It was not easy to define and delineate the ‘vulnerable adult’, “nor is it wise or helpful to place a finite limit on those who may, or may not, attract the court’s protection in this regard” (para 64). Instead, it was better for the law to develop and adapt on a case-by-case basis. However, Davis LJ issued a note of caution to local authorities:

“76… It is, of course, of the essence of humanity that adults are entitled to be eccentric, entitled to be unorthodox, entitled to be obstinate, entitled to be irrational. Many are. But the decided authorities show that there can be no power of public intervention simply because an adult proposes to make a decision, or to tolerate a state of affairs, which most would con-
sider neither wise nor sensible. There has to be much more than simply that for any intervention to be justified: and any such intervention will indeed need to be justified as necessary and proportionate. I am sure local authorities, as much as the courts, appreciate that.”

Having recognised the jurisdictional hinterland, what powers could it exercise? Only those orders that were “necessary and proportionate to the facts” were permitted (para 66). Most significantly, the Court expressly commended the approach taken in LBL v RYJ and VJ [2010] EWHC 2665 (COP) where Macur J. had rejected the contention that it could be used to impose a decision upon a capacitous adult as to whether or finance and instead focused on “the ability of the court, via its inherent jurisdiction, to facilitate the process of unencumbered decision-making…” (emphasis added). MacFarlane LJ held:

“67. The facilitative, rather than dictatorial, approach of the court that is described there would seem to me to be entirely on all fours with the re-establishment of the individual’s autonomy of decision-making in a manner which enhances, rather than breaches, their ECHR Article 8 rights.”

However:

“68… I reject the idea that, if it exists, the exercise of the inherent jurisdiction in these cases is limited to providing interim relief designed to permit the vulnerable individual the ‘space’ to make decisions for themselves, removed from any alleged source of undue influence. Whilst such interim provision may be of benefit in any given case, it does not represent the totality of the High Court’s inherent powers.”

Comment
For an alleged abuser to argue that the law lacked the jurisdiction to protect the alleged abusee was always going to be a hard sell.

Nonetheless, the Court of Appeal’s affirmation of the inherent jurisdiction and its facilitative approach is hugely significant and no doubt controversial. It comes at a time when the Government is presently deciding the extent to which adult safeguarding processes should be put onto a statutory footing on the back of the recent work of the Law Commission. The ‘great safety net’ is but one of many tools available to safeguard vulnerable adults and its recognition is not much of a surprise. What is perhaps of more importance is the inherent jurisdiction’s scope, approach and powers.

Whilst the Court’s reluctance to exhaustively define the ‘vulnerable adult’ is entirely understandable, it does leave uncertain the boundaries of this jurisdictional hinterland. Numerous definitions exist in various judicial, legislative and policy guises. The term ‘adult at risk’ is currently preferred as it focuses less on the person’s inherent vulnerability and more on their objective circumstances; what might be called ‘situational’ or ‘circumstantial’ vulnerability to which all of us may at some point succumb.

To illustrate the issues with a trivial example, imagine the following. The authors decide to dine at an authentic Japanese restaurant. Our decision may seem unwise to others as not one Japanese word can be uttered amongst us. The menu is in Japanese and the staff do not speak English. The specific decision we need to make is what to eat. Our inability to make that decision results, not from an impairment or disturbance affecting the functioning of the mind or brain, but from our inability to speak Japanese. We therefore lack capacity for a non-MCA reason. We are situationally vulnerable.

With its ‘theoretically limitless’ powers, how should the inherent jurisdiction protect these vulnerable adults? The goal of the jurisdiction, as Kirsty Keywood suggests, “is to safeguard decision making, rather than to safeguard wellbeing per se” ((2011) 19 (2) Medical Law Review 326). This is reflected in the Court of Appeal’s insistence on taking a facilitative, rather than dictatorial, approach. A High Court judge would thereby facilitate our ability to make the culinary decision, perhaps by requiring an interpreter, rather than choosing the dish for us. Unlike the MCA, the inherent jurisdiction would not therefore permit proxy judicial decision-making.

However, the distinction between the facilitative and dictatorial approaches is not always easy to draw where injunctive and declaratory powers are concerned.

17. Re Rodman
Deputies – Financial and Property Affairs

Summary
This case concerned an application for removal of the property and affairs deputy appointed in 2010 on behalf of a Mrs Rodman, an elderly lady suffering from Alzheimer’s disease.

Mrs Rodman had previously fallen under the aegis of the Court of Protection as she had been resident in the England and Wales, and had substantial assets here. A property and affairs deputy, a Mr Long, was appointed. By order of the Court of Protection, Mrs Rodman was then moved to the United States; those concerned understood at the time that it would be to New York. That order also recorded an undertaking...
by her four daughters that they would apply to be appointed as her welfare guardians and take appropriate steps to bring about the appointment of a financial guardian or conservator.

In circumstances that would appear to be unclear even to Newey J, Mrs Rodman either did not go to New York or was moved from New York to Nevada after her arrival.

The proposal that Mr Long be replaced was then made by the ‘general guardian’ of her estate, appointed as such under an order by the District Court of Clark County, Nevada. In May 2011, the guardian, Mr Shafer, issued an application in the Court of Protection seeking (inter alia) Mr Long, be replaced as Mrs Rodman’s deputy. In July 2011, Mr Shafer proceeded in the Chancery Division for (a) Mr Long to be replaced as Mr Rodman’s representative and (b) bills which Charles Russell had rendered to Mr Long for work in connection with the deputyship and Mr Rodman’s estate to be assessed pursuant to s.71 Solicitors Act 1974.4 By September 2011, Mr Shafer was also relying upon matters relating to the assessment of costs incurred by Charles Russell as justification for Mr Long’s removal as deputy.

The application for removal was transferred from the Court of Protection to be heard before Newey J in the Chancery Division of the High Court.

In analysing the relevant legal framework, Newey J noted (at paragraph 17) that the relevant power was that contained in s.16(7) MCA 2005, and that the exercise of the power was a decision covered by s.1 MCA 2005. He further noted that, as such, he had to take into account the views of anyone engaged in caring for the person or interested in her welfare which, here, included her four daughters.

Newey J then went on to set out, at some length, why he was “entirely unpersuaded” that it was in Mrs Rodman’s best interests that Mr Long be removed as deputy. He noted, in particular: (1) Mr Long’s greater expertise as regards the specifically British aspects of the case; (2) the fact that Mr Shafer’s ‘hostile’ approach to date did not inspire confidence that he would be a suitable candidate; (3) that it could prove inconvenient and expensive to have different individuals handling her affairs and Mr Rodman’s estate; (4) that, whilst it would be possible for Mr Long to be replaced as administrator of Mr Rodman’s estate, this would, itself, cause its own problems and additional expense; (5) the costs incurred by Charles Russell were large, but not obviously excessive5; (6) whether or not it was correct that Mr Shafer upon being appointed deputy could require an assessment of costs pursuant to s.71 Solicitors Act 1974, Charles Russell had confirmed that they would take no point upon limitation, such that there was no risk that any right would be lost by the fact that Mr Long was not being replaced as deputy; (7) whilst the daughters had all signed a letter in August of 2011 to the effect that they had lost confidence in Mr Long and wished him to be replaced both as Mrs Rodman’s deputy and personal representative, Newey J noted that the letter lacked any explanation as to why this should be so and that he had not heard evidence from them, such that he did not think that their views helped very much.

Comment

There is a paucity of case-law upon the test to be applied when considering whether to remove a deputy. Indeed, to the best of our knowledge, there have been no reported cases upon the exercise of s.16 (7).6 Whilst Newey J did not engage in a detailed analysis of s.16(7) (and did not refer at all to s.16(8)), it is perhaps of interest to note that he assumed that any decision taken under s.16(7) will be one that is taken for or on behalf of P. Whilst this is an assumption with which we would not quibble, we note that an alternative line of argument could be advanced by analogy to the case of Re H [2009] COPLR Con Vol 606, in which HHJ Marshall QC doubted whether the decision under s.19(9) as to the level of security that a deputy is required to post was one to which s.1 (5) applied.7 Had this approach been adopted, we note, Newey J would not need to have taken into account (even if to dismiss) the views of the daughters.

This case does raise an interesting question as to the power of the Court of Protection to control matters outside the borders of the United Kingdom. As noted by Newey J, the order endorsed by the Court in the earlier best interests proceedings specifically provided that it was in Mrs Rodman’s best interests to be transferred from her current location to an identified location in New York; it would appear from the judgment of Newey J that she may, in fact, never have stepped foot in the door of that placement. It would have been interesting to note what, if any, steps the Court of Protection would have taken had this fact been identified to it in the immediate aftermath of the transfer.

18. ZH v Commissioner of the Police for the Metropolis

Restraint

Summary

This is an extremely important case, primarily because of its consideration of the scope (and construction) of ss.5 and 6 MCA 2005, and also for its further contribution to the debate as to the circumstances under which a person can be said to be deprived of their liberty.
ZH was a severely autistic, epileptic nineteen year old young man who suffered from learning disabilities and could not communicate by speech. In September 2008, he was taken by the specialist school he attended to a swimming pool for a familiarisation visit. Matters went very badly awry during the course of that visit, in particular following the decision of the manager of the pool to ring the Police when difficulties were experienced in persuading ZH to move away from the side of the pool. The arrival of the police gave rise to an escalating series of events which culminated in ZH first jumping into the pool, being forcibly removed from it, being handcuffed, put in leg restraints and placed in a cage in the back of a police van for a period of around 40 minutes. As a result of this, ZH suffered consequential psychological trauma as and an exacerbation of his epileptic seizures.

ZH claimed (by his father as litigation friend) damages against the Commissioner of the Police for the Metropolis for damages, for assault and battery, false imprisonment, unlawful disability discrimination under the Disability Discrimination Act 1995 under the Human Rights Act 1998 alleging breaches of Articles 3, 5 and/or 8 of the ECHR and for declaratory relief.

The police contested the claim almost in its entirety. For our purposes, the most relevant aspects of the judgment are those dealing with claims for assault and battery, as well as false imprisonment/breach of Article 5 ECHR. Helpfully, Sir Robert Nelson analysed the legal framework in detail before then making findings of fact and considering questions of liability and quantum.

In considering the claims for assault and battery and false imprisonment, Sir Robert Nelson noted that it was accepted by the Commissioner that, once it was established that force was used upon ZH, or that he was imprisoned, the onus shifted to them to establish a lawful basis for the use of such force or imprisonment. Importantly, Sir Robert Nelson noted that “[t]o achieve this the Defendant has to demonstrate that his officers complied with the relevant provisions of the Mental Capacity Act.” Relying upon R(Sessay) v SLAM [2011] EWHC 2617 (at paragraph 47) Sir Robert Nelson held that it was insufficient for the Commissioner to establish simply that an officer acted honestly and in good faith. Having set out the relevant provisions of the MCA 2005 (i.e. 1(5); 1(6), 4(2), 4(7), 5 and 6), which he considered to establish a number of pre-conditions which “if satisfied permit certain acts to be undertaken in respect of those lacking mental capacity, without legal liability being incurred,” Sir Robert Nelson considered the position of the officers in question, four of whom it was clear that they acted and did not have it in mind. These officers said that they relied upon the common law power of necessity. 11 Having considered rival submissions as to whether or not knowledge of the provisions of the MCA 2005 is an essential pre-requisite to the operation of the Act, Sir Robert Nelson held as follows:

“40. Whilst it is correct that the officers have to have the prescribed state of mind at the material time under sections 5 and 6, it is not necessary in my judgment, for them to have in mind the specific sections, or indeed even the Act, at the material time. What they must reasonably believe at the material time are the facts which determine the applicability of the Mental Capacity Act. Thus, at the material time they need to believe that the claimant lacked capacity to deal with and make decisions about his safety at the swimming pool, that when they carried out the acts that they did, they believed that the claimant so lacked capacity, and that they believed that it was in the claimant’s best interests for them to act as they did. A belief that the situation created a need for them to act in order to protect the claimant’s safety and prevent him from severely injuring himself would in my judgment be sufficient to satisfy the Act, provided of course that the belief was reasonable under sections 5 and 6 and a proportionate response under section 6 of the Act. It is also necessary for the Police to have considered whether there might be a less restrictive way of dealing with the matter under section 1(6) and, if practicable and appropriate to consult the carers, to take into account their views. These are not only matters which they must have in mind when they carry out the acts of touching, grabbing or restraint but are matters which they must have had regard to before carrying out such acts.”

Sir Robert Nelson therefore found 13 that it would therefore be theoretically possible for the police to have satisfied the conditions of ss.5–6 MCA 2005 even if some of their number were not aware of the terms of the Act itself. In light of his conclusion, he noted that he was not then bound to go on to consider whether or not the common law defence of necessity could apply in circumstances where the MCA 2005 applied. He chose to do so, however. Relying, in particular, on Sessay, ZH submitted that the defence of necessity had no place; the Commissioner submitted to the contrary. Sir Robert Nelson held as follows in this regard:

“44. For my part I am satisfied that where the provisions of the Mental Capacity Act apply, the common law defence of necessity has no application. The Mental Capacity Act requires not only the best interests test but also specific regard to whether there might be a less restrictive way of dealing with the matter before the act is done, and, an obligation, where practicable and appropriate to consult them, to take into account the views of the carers. It cannot have been the intention of Parliament that the de-

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fence of necessity could override the provisions of the Mental Capacity Act which is specifically designed to provide specific and express pre-conditions for those dealing with people who lack capacity.”

Having considered the law relating to the DDA 1995 and Article 3 ECHR, Sir Robert Nelson came on to consider Article 5. Perhaps unsurprisingly, in advancing the contention that ZH was not deprived of his liberty, the Commissioner placed heavy reliance upon the dicta from previous authorities14 suggesting that it was appropriate to take into account the purpose (or reason) for the restriction in question being imposed. Sir Robert Nelson noted that the decision of the Strasbourg Court in Austin was awaited; his conclusions in this regard must therefore be read subject to the fact that the decision has now been handed down, but are of sufficient interest as to merit being reproduced in full:

On the facts, Sir Robert Nelson found that ZH had made out all aspects of his claim (and also that, even had been available, the defence of necessity to the common law claims would not have been applicable at any of the stages of the police’s involvement). Interestingly, he found the police to have breached the DDA by failing to make a significant number of reasonable adjustments in their approach to him, such adjustments including consulting with his carers, allowing ZH opportunities to communicate with his carer during restraint and when in the van, giving ZH the opportunity to move away from the poolside at his own pace, recognising that force should have been the option of last resort, recognising that a calm, controlled and patient approach should have been taken at all times in their dealings with ZH, and considering any alternative strategies to that adopted. As Sir Robert Nelson noted at paragraph 139, “[t]he need for a calm assessment of the situation and the acquisition of knowledge of how to deal with the autistic young man before taking any precipitate action, was essential.”

As regards Article 5, Sir Robert Nelson’s conclusions were as follows:

“145. The nature and duration of the restraint lead me to the conclusion that there was a deprivation of liberty, not merely a restriction on movement on the facts of this case. Furthermore, even though I am of the view that the purpose and intention of the police (namely at least in part to protect ZH’s safety) is relevant to the consideration of the application of Article 5, I am nevertheless satisfied that even when that is taken into account, a deprivation of liberty has occurred. The actions of the police were in general well intentioned but they involved the application of forcible restraint for a significant period of time of an autistic epileptic young man when such restraint was in the circumstances hasty, illinformed and damaging to ZH. I have found that the restraint was neither lawful nor justified. Even though the period may have been shorter than that in Gillan v United Kingdom 2010 APP No 4158/05, it was in my judgment sufficient in the circumstances to amount to a deprivation of liberty under Article 5.”

Sir Robert Nelson awarded the following damages to ZH (no award being made for aggravated or exemplary damages at common law or for the breaches of the ECHR):

- Post traumatic stress disorder: £10,000
- Exacerbation of epilepsy: £12,500
- Disability Discrimination Act damages: £5,000
- Trespass to the person: loss of liberty £500
- Trespass to the person: pain and distress from the assault £250
- Total: £28,250

Sir Robert Nelson also granted declaratory relief (the precise scope of which was not set out in the body of
the judgment), concluding as follows:

“162. This case is another example of the difficult role the police are often called upon to play. None of them were fully aware of the features of autism, what problems it presented and how it should best be dealt with in a situation such as occurred at the Acton swimming baths. They were called to the scene by a misleading message about ZH’s behaviour, and on arrival perceived the need to take control and be seen to be taking steps to deal with the situation. What was called for was for one officer to take charge and inform herself of the situation, as fully as the circumstances permitted so as to be able to decide on the best course of action to take. That did not happen: their responses were over-hasty and ill-informed, and after ZH had gone into the pool matters escalated to the point where a wholly inappropriate restraint of an epileptic autistic boy took place. They did not consult properly with the carer who was present when they arrived, even if he was not as proactive as he might have been in informing them of what was happening, what needed to be done and what needed to be avoided.

163. The opportunities to take stock, before ZH went into the pool and whilst he was in it, were not taken. All of those involved in this incident were acting as they genuinely thought best, whether pool staff, carers or police, and it is clear to me, having listened to their evidence, that all have been to some extent emotionally affected by the events of that day. Whilst I am clear in my conclusion that the case against the police is established, I am equally clear in concluding that no one involved was at any time acting in an ill-intentioned way towards a disabled person.

164. The case highlights the need for there to be an awareness of the disability of autism within the public services. It is to be hoped that matters which the Act prescribes. It is respectfully suggested that this approach must be correct as it focuses upon the substantive protections afforded to P by the MCA 2005 so as to ensure that steps are taken in his best interests, whilst at the same time enabling those who are in fact taking those steps not to be affixed with legal liability on ‘procedural’ grounds.

Sir Robert Nelson’s conclusions as to the vexed question of purpose/reason must now be read in light of the decision in Austin, but to the extent that they address themselves to the actual needs of P (rather than the views of the restrainer of those needs) they are consistent with that decision.

As the judge noted, the case is also an object lesson in how quickly situations can escalate if well-intentioned but uninformed (even if uniformed) individuals seek to intervene without taking the necessary steps to appraise themselves of the particular needs of the particular individual at the particular time. It also stands, we might note, as a rather interesting counterpoint to Crawford & Anor v Suffolk Mental Health Partnership NHS Trust [2012] EWCA Civ 138 (discussed in our March newsletter) and the (one might possibly think rather cavalier) approach taken there to the restraint of the challenging.

Ed. I am grateful to specialist barristers: Alex Ruck Keene Victoria Butler-Cole Josephine Norris and Neil Allen, all of 39 Essex Street Chambers, London and Manchester, for the comments on each case in this week’s issue.

Disciplinary cases

19. Cancer patient Debbie Westwick ‘may die before GMC probe’
26 March 2012 – BBC News
Debbie Westwick of Kent has terminal cancer and has spoken of her fears that she may die before her complaint against her doctor is heard by the General Medical Council (GMC).

She believes Dr Howard Smedley, a consultant oncologist who is now retired, gave her the wrong treatment and lodged a complaint with the GMC in 2009. It still has not been heard.

Dr Smedley rejects her allegations.
http://www.bbc.co.uk/news/uk-england-kent-17518834

20. Lockerbie dentist suspended by misconduct committee
27 March 2012 – BBC News
A former Lockerbie dentist who charged a woman almost £8,000 but failed to complete her treatment before quitting his practice has been suspended by the General Dental Council.

The misconduct hearing upheld more than 20 charges against Mokhothu Mokotjo which included poor treatment, unprofessional behaviour, failing to act in a patient’s best interests and deficient record-keeping.

All charges bar one were upheld and he was suspended for 12 months.
http://www.bbc.co.uk/news/uk-scotland-south-scotland-17522590
21. Police doctor kept quiet about patient death inquiry, GMC told
28 March 2012 – BBC News
Police doctor Marcos Hourmann acted dishonestly over conviction, GMC finds
30 March 2012 – BBC News
The General Medical Council has found that a doctor who failed to tell his police and NHS employers about a manslaughter conviction acted dishonestly.

Dr Marcos Hourmann, 52, worked for Dyfed-Powys Police and NHS trusts in Carmarthenshire and Suffolk while he was being investigated in Spain and was convicted of manslaughter after the so-called mercy killing in 2005.

The GMC’s fitness to practise panel will consider whether his actions amount to misconduct and, if so, whether the doctor should face punishment, such as being struck off.

http://www.bbc.co.uk/news/uk-wales-17539696
http://www.bbc.co.uk/news/uk-wales-17555679

22. Olivia Kearney awarded 450,000 euros in hospital damages
26 March 2012 – BBC News
An Irish woman has been awarded damages of 450,000 euros as a victim of “grave medical malpractice”.

Olivia Kearney had her pelvis cut to make it larger, in a process known as a symphysiotomy but it seriously damaged her psychological health.

http://www.bbc.co.uk/news/world-europe-17509593

23. Chichester hospital patient death suspects’ bail extended
29 March 2012 – BBC News
Three West Sussex hospital workers who were arrested on suspicion of the manslaughter of an elderly patient have had their bail extended.

Joan Dixon, 77, of High Street, Findon, died of a suspected overdose at St Richard’s Hospital, Chichester, on 19.10.2010 and post-mortem tests confirmed the cause of death as digoxin toxicity.

A 24-year-old woman and a man, 38, from Chichester, plus a man, 42, from Emsworth have been bailed until 23.05.2012.

http://www.bbc.co.uk/news/uk-england-17553749

24. Man’s nursing home death was murder: Police
30 March 2012 – BBC News
Police have confirmed that the sudden death of a 56-year-old man in a nursing home in Randalstown in September 2011 is being treated as murder.

The identity of the man has not yet been released, but he had been a resident at the Maine Road Nursing Home on the Ahoghill Road for nine years.

http://www.bbc.co.uk/news/uk-england-17566883

25. Stepping Hill Hospital saline inquiry: Nurse bailed
30 March 2012 – BBC News
Victorino Chua, 46, originally arrested on suspicion of murdering three patients at Stepping Hill Hospital has had his bail extended until 10.09.2012. He was also held on suspicion of 18 counts of causing grievous bodily harm with intent.

He was initially arrested on 05.01.2012 for the tampering of records at the Stockport hospital.

http://www.bbc.co.uk/news/uk-england-manchester-17567240

26. Care home watchdog improving
31 March 2012 - Bristol Evening Post
A committee of MPs said the Care Quality Commission had got better since the scandal at Winterbourne View which closed following allegations of abuse in a BBC documentary.

The CQC was heavily criticised at the time for failing to act on the concerns of a whistleblower.

PAC chairwoman Margaret Hodge said: “The CQC plays an absolutely vital role in protecting people from poor quality or unsafe care, but it has failed to perform that role effectively.

“It has clearly been struggling for some time and the Department of Health, which is ultimately responsible, has not had a grip on what the commission has been doing.”

27. Deaths of five nursing home residents probed in Broughty Ferry
31 March 2012 – BBC News
The deaths of five residents at the same nursing home, Orchar Nursing Home in Broughty Ferry near Dundee, within the space of two days are being investigated by police.

Tayside Police said it was making inquiries into their deaths and the funerals of three of the people have been halted to allow post-mortem examinations.

http://www.bbc.co.uk/news/uk-scotland-tayside-central-17573434

28. Flu linked to deaths of five nursing home residents in Broughty Ferry
01 April 2012 – BBC News
Health officials confirmed that a flu virus has been identified as the likely cause of death in five residents
at the Orchar Nursing Home in Broughty Ferry in Dundee.

NHS Tayside’s health protection team is investigating an outbreak of Influenza A after a man aged 74 and four women aged 81, 88, 90 and 91 died within a week.

http://www.bbc.co.uk/news/uk-scotland-tayside-central-17579008

Children

29. Fury over plans to cut beds in secure children’s homes
26 March 2012 – Community Care

The Youth Justice Board is going to proceed with plans to decommission beds in secure children’s homes and secure training centres.

Campaigners have called the plans "disgraceful", and means that more young people will be placed in enhanced units within young offender institutions. http://www.communitycare.co.uk/Articles/26/03/2012/118104/fury-over-plans-to-cut-beds-in-secure-childrens-homes.htm

30. Case review model aims to end social work blame culture
27 March 2012 – Community Care

Eileen Munro, in her review of child protection, recommended a systems approach to serious case reviews. Eight pilots of the systems model developed by the Social Care Institute for Excellence are now under way.

This article reports on progress made so far. 
http://www.communitycare.co.uk/Articles/27/03/2012/118106/case-review-model-aims-to-end-social-work-blame-culture.htm

31. ‘Kinship’ carers get cold shoulder from the state
27 March 2012 - The Times

Item about grandparents and other relatives who take responsibility for children to prevent them from being taken into care are often left to “fend for themselves”.

32. Remove the veil of secrecy from these fakes
29 March 2012 - The Times

Camilla Cavendish delivers a polemic against the so-called experts in child care/family cases who long ago ceased to practice. Some 90% of expert reports are from people who do not practise, but mostly act as expert witnesses.

Brunswicks LLP (@BrunswicksLLP)
29/03/2012 16:49

Jersey abuse victims from as long ago as 1945 to receive payments from States of Jersey between £10k & £60k for abuse between 1945 & 1994

33. Department for Education: Safeguarding children - A comparison of England’s data with that of Australia, Norway and the United States
29 March 2012 – DfE

Department for Education: Safeguarding children - A comparison of England’s data with that of Australia, Norway and the United States - Brief
29 March 2012 – DfE

Research by the Childhood Wellbeing Research Centre drawing together cross-national data on safeguarding children and child protection and compares England’s performance against that of other countries. The set objective was to consider how different institutional and cultural approaches alongside different forms of provision and support may influence rates of abuse and neglect and the responses of public authorities.

https://consumption.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR198
https://consumption.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR198

34. Department for Education: Systematic review of models of analysing significant harm
29 March 2012 – DfE

A research report showing the findings of a review of the Assessment Framework. The aim of the review was to identify, critically appraise, and evaluate the potential role of all available tools for assessing/analysing data about the likelihood of significant harm to children.

https://consumption.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR199

35. Department for Education: Living in children’s residential homes
29 March 2012 – DfE

Department for Education: Living in children’s residential homes - Brief
29 March 2012 – DfE

A short study giving an insight into the nature of children’s residential homes, the characteristics and circumstances of the young people who live in them and on the short-term outcomes for these young people.

https://consumption.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR201
https://consumption.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR201
Conferences & Courses

36. Acute hospital care for people with dementia
16 April 2012 – Riverside Hotel, Kendal
The next acute care training event from Stirling is in Kendal, in the heart of the beautiful lake district. As it is on a Monday, why not take a break in Cumbria for a day or two before?

Details of the one day conference which is in partnership with Age UK, are on this link http://events.dementia.stir.ac.uk/node/168

If you book on line and pay by credit card it is only £55.
Visit the events site

37. Hospital Care for People with Dementia
16 April 2012 – Riverside Hotel, Kendal
Who is this event for?
Health and social care staff, nursing staff, bed managers, doctors, AHPs, and any staff concerned with people with dementia in the general hospital and care home staff whose residents may be admitted to acute hospitals

What is the purpose of this event?
To provide practical help and advice on the delivery of care in the acute hospital setting for people with dementia and for the management of older people who present with confusion, which may be caused by delirium or dementia. All delegates will receive a complimentary copy of the book ‘10 Helpful Hints for Carers’ and a book bag with other appropriate publications.

Cost
£55 payment in advance by debit/credit card booking on line (£100 discount, Promotional code ADV100)
£155 for payment by invoice/BACS
http://events.dementia.stir.ac.uk/node/168

17 April 2012, Manchester Conference Centre
The Department of Health is working with the NHS to draw up a new strategy for NHS procurement which will be published by 31st March 2012. A New Strategy for NHS Procurement will help launch this initiative and engage with all parts of the NHS, both to brief delegates and promote discussion about how it can be implemented, the implications and, in particular, how the savings can be achieved.

Now in its fourth year this event has established itself as one of the leading NHS Procurement events

Book Online
View Full Programme

39. Health inequalities 2012: priorities for commissioning and integration
18 April 2012 – Central London
This seminar will be a timely opportunity to assess the next steps for tackling health inequalities against the backdrop of changes to the commissioning landscape and the implementation of Public Health England.

With a keynote address from Professor Sir Michael Marmot, discussion will focus on progress made on health inequalities since the publication of the Fair Society, Healthy Lives in 2010, and will take a fresh look at how health inequalities will be addressed in the new commissioning landscape. The seminar also takes place against the backdrop of the ongoing European Review on the Social Determinants of Health and the Health Divide, which will draw upon recent evidence from across the world — including the 2010 Marmot Review — in order to develop new policy proposals for tackling health inequalities.

Delegates will assess what more the medical workforce can do to reduce health inequalities, including how clinical commissioning groups and local authority Health and Wellbeing Boards will work together on tackling health inequalities, and will also consider the wider role of communities and the impact of the ‘Big Society’ agenda for action on health inequalities.

To book places, please use our online booking form.

40. Westminster Health Forum and Westminster Social Policy Forum Keynote Seminar
Health inequalities 2012: priorities for commissioning and integration
18 April 2012 – Central London
Website | Book Online | Live Agenda
This seminar will be a timely opportunity to assess the next steps for tackling health inequalities against the backdrop of changes to the commissioning landscape and the implementation of Public Health England.

It follows recently released data from the UCL Institute of Health Equity two years on from the Marmot Review, which shows 41% of children are not reaching a good level of development at age 5, and that while life expectancy has increased in most areas, nationally, life expectancy has become increasingly unequal.

With a keynote address from Dr Ruth Hussey, Director,
Public Health England Transition Team and a keynote address from Professor Sir Michael Marmot, discussion will focus on progress made on health inequalities since the publication of *Fair Society, Healthy Lives* in 2010, and the latest data on health, and will take a fresh look at how health inequalities will be addressed in the new commissioning landscape.

Delegates - including a large number of representatives confirmed to attend from the Department of Health - will discuss what more can be done to reduce health inequalities, and how clinical commissioning groups and local authority Health and Wellbeing Boards will work together on tackling the issues. The agenda also focuses on the wider role of communities and the impact of the ‘Big Society’ agenda for action on health inequalities.

The draft agenda regularly updated version online here. The seminar is organised on the basis of strict impartiality by the Westminster Health Forum and Westminster Social Policy Forum.

**Booking arrangements**

To book places, please use the online booking form

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**41. Commissioning for Outcomes Symposium**

19 April 2012—Warrington

There are over 2000 outcome measures in use in relation to people with complex health and social care needs. In reality, many of these are process measures, rather than outcome, measures; few have been developed through dialogue with service users, carers and providers and even fewer relate to Value for Money.

This ground-breaking symposium, the first in a series, will provide an opportunity for commissioners and providers to consider outcomes in relation to health and social care services for people with complex needs

- drawing on national and regional work
- agreeing a small core set of relevant outcomes
- producing together outcome measures and tools

The symposium will provide leaders in commissioning and providing services with an opportunity to consider, debate and identify key outcomes together that could then be applied to future commissioning and delivery of services. For more information and to reserve a place www.ccslimited.org.uk/symposium

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**42. Health and Wellbeing Boards**

23 April 2012 – Central London

The *Health and Social Care Bill* designates Health and Wellbeing Boards as responsible for commissioning care and improving democratic decision making at a local level.

Following the establishment of shadow boards last year, *Capita’s 2nd Implementing Health and Wellbeing Boards Conference* explores the steps that must be taken to have fully functioning boards in place by the deadline of April 2013.

Hear from strategic leaders, early implementers and stakeholders on key issues, including demonstrating how your Board offers value for money, how to develop Joint Strategic Needs Assessments and collaborative working between key stakeholders to meet the aims and objectives of the health and social care strategy.

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**43. Developing clinical senates and networks: commissioning, integration and efficiency**

24 April 2012 - Central London

This seminar will explore the role of clinical senates and clinical networks in the new NHS landscape following changes outlined in the Health and Social Care Bill. It includes a keynote address Dr Kathy McLean, Clinical Transitions Director, Department of Health who is leading a review on ‘the role of clinical networks and the new clinical senates’.

Sessions will examine how clinical senates and networks should work with the NHS Commissioning Board and clinical commissioning groups to provide support and local and national strategic oversight, as well as issues of implementation and operation.

To book places, please use our online booking form

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**44. Care Roadshow to Host Five Shows in 2012**

Following the success of the final Care Roadshows event of 2011, organisers Broadway Events, announce that they will be holding five Care Roadshows in 2012.

The locations we are visiting in 2012:

- **Glasgow** - 24th April
- **Newcastle** - 22nd May
- **Liverpool** - 19th June
Care Roadshows are a series of free events for care home owners, managers and other professionals in the care community. Not to be missed at the shows are a variety of seminars lead by prominent industry experts. The Roadshows also offer an exhibition featuring companies from across the sector. Past exhibitors include Niko Projects, Lloydspharmacy, apetito and Zest Care Systems.

Event Director, Emma Barrett comments “In these uncertain times care home managers are reluctant to travel long distances to attend industry events. The Roadshows are designed to provide professionals with a space to discuss issues that are affecting their homes and to bring care suppliers and quality seminar sessions to their local area.”

For more information about Care Roadshows 2012, please visit www.careroadshows.co.uk or call Broadway Events on 01425 838393.

45. A care conference to lift your spirits!
24 April 2012 – Yorkshire Air Museum
This is the Independent Care Group’s (ICG) Conference and Exhibition 2012 - a dynamic event created to inspire and educate care professionals from across York and North Yorkshire.

The one-day event will welcome ICG members and non members to participate in the topical forum that will tackle the core issue and challenges facing the care sector today - namely the changing landscape of social care as the UK population continues to age apace.

Their stimulating programme will:
- Have speakers focussed on improving your business
- Motivate you to see dementia care differently
- Make you feel proud of the job you do
- Include practical workshops
- Bring you up to date on the local Clinical Commissioning Groups
- Be a fantastic networking opportunity

RATES START FROM JUST £66 + VAT

BOOK NOW!

The conference programme for this major event is available to view online at: www.mcculloughmoore.co.uk/icg

Here you can book your place at the conference. You can also download a copy of the delegate brochure which contains full details on the event, including a booking form which can be posted or faxed back.

For further information on this conference or if you are interested in exhibiting at the ICG exhibition, please call: Jacki Brailey
Tel: 01293 851869

46. Capita’s 15th National Conference
Children’s Centres
24 April 2012 – Manchester

Conference addresses the key challenges of working in a changing commissioning environment and how best to measure and evidence outcomes. With the announcement of a second wave of Payment by Results (PbR) trial sites and changes to the Inspection framework, hear from the DfE, Ofsted and a first-wave PbR trial site on delivering innovative practice in Children’s Centres, overcoming the challenges of introducing PbR and implementing successful outreach services.

Book conference & briefing and get 20% discount

This conference has an attached half day briefing Integrating Health and Children’s Centre Services 25 April 2012 – Manchester

As the National Health Visitor Implementation Plan develops the role of Health Visitors working with Children’s Centres, Capita’s half-day briefing looks at the potential for further joined-up working between health and children’s centres.

This half-day briefing focuses on evidence based programmes, how best to share information with partner agencies and how Children’s Centres are integral to the development of the health and emotional well-being of children.

Book Now

To attend this conference

International Longevity Centre - UK
47. ILC-UK Report Launch supported by Friends Provident Foundation Financial citizenship - Rethinking the state’s role in enabling individuals to save
24 April 2012 – London

The UK has a chronic under-saving problem, which has been exacerbated by the financial crisis and economic downturn. A high proportion of UK households have little or no saving or investment wealth, and these households are concentrated among those with the lowest incomes. The under-saving problem is compounded by indebtedness, especially for young people, and particularly acute in relation to saving for retirement. Relatively few households are setting aside sufficient funds for retirement.

At this event, ILC-UK will launch a new paper, supported by the Friends Provident Foundation, which argues for the creation of a ‘financial citizenship’ framework. In the paper, by Dr Craig Berry, ILC-UK argue that whilst our livelihoods have never been more intimately engaged with the financial system, we lack any meaningful sense of what it means to be a citizen in a ‘financialised’ age. A ‘financial citizenship’ framework would outline the respective responsibilities of individuals and the state regarding saving.

Public policy-makers often take as given that individuals have a responsibility to save, but the ILC-UK paper questions whether this should be accompanied by a stronger set of rights? The financial citizenship concept seems to complement the more prevalent notions of ‘financial inclusion’ and ‘financial education’ in that it involves addressing failures to interact with financial services (and a lack of capability in relation to, or knowledge about, financial services). Yet citizenship suggests a more expansive or ambitious form of participation, include the right to participate in collective decision-making around the operations of the financial system.

ILC-UK will present “Financial citizenship - Rethinking the state’s role in enabling individuals to save” at this event. The presentation will be followed by a panel response and debate.

During the discussion, we will debate:
When it comes to issues around debt and saving, what exactly are our obligations as responsible members of society?
What kind of resources are we entitled to in order to fulfil our responsibilities?
Do we get a say in how rights and responsibilities are determined?

Spaces for this event are very limited, so to reserve your place, click here.

There is no doubt that Health and Wellbeing Boards, Clinical Commissioning Groups and the self-directed care agenda will be critical to the delivery of dementia services in a range of settings. This well timed conference provides a vital opportunity to ensure that you have the integrated structures in place to facilitate early intervention, high quality diagnosis and referrals and the support networks that allow people with dementia to live independently and with dignity.

Places can be booked on this event by filling out and returning the booking form on the final page of the conference brochure by fax to 0870 165 8989, or by e-mailing either the delegate details or a scanned copy of the completed booking form to dave.eastman@capita.co.uk.

Alternatively you can book online by clicking here, clicking on ‘Book Online’ and using Booking Reference Code TSDE. If you have any questions or difficulties please call me direct on 0207 202 0597 or drop me an e-mail.

48. Capita’s 5th National Conference Improving Dementia Care
Early Intervention, Diagnosis and Quality Outcomes
25 April 2012 – Central London

Capita’s 5th National Improving Dementia Care Conference ensures that you are able to measure your progress in meeting the objectives of The National Dementia Strategy whilst also keeping pace with developments in health and social care policy.

The Actuarial Profession, Staple Inn Hall, High Holborn, London, WC1V 7QJ

To reserve your place, click here.

49. ILC-UK and the Actuarial Profession Debate:
The Economics of Promoting Personal Responsibility for Improved Public Health – Saving Costs or Costing Society?
Supported by Alliance Boots
25 April 2012 – London

To reserve your place, click here.
ILC-UK is delighted to be working with Alliance Boots and the University College London School of Pharmacy to explore why public health has just got ‘personal’ and if such a trend will yield cost savings or cost some groups of society or sections of the economy more than others.

The event will also mark the launch of a report produced by Professor David Taylor and Dr. Jennifer Gill from the UCL School of Pharmacy, supported by Alliance Boots entitled ‘Active Ageing: Live longer and prosper? Towards realising a second demographic dividend in 21st century Europe’.

The debate will focus on the balance between encouraging individual accountability and accepting collective responsibility for achieving longer lives and the consequent implications for health outcomes and cost.

The Coalition Government (like its predecessors) is trying to move away from the ‘nanny state’ towards ‘nudging’ people in the direction of choosing healthier behaviours.

Few people would question the desirability of encouraging more informed personal decision-making to prevent avoidable illness. But too much reliance on individual choice and responsibility could fail those most at risk and potentially impose needless costs and losses on individuals, their families and the wider community. Promoting the behavioural and cultural changes needed to deliver better public health and keep NHS and social care costs as affordable as possible remains a pressing and complex challenge.

Subject areas to discuss will include:

- The philosophical and political underpinnings of public health policy, including: social solidarity, fairness, entitlement, risk and personal responsibility. Are we in danger of unravelling the principle tenets of the Beveridge model welfare state in ways which may not only disadvantage the most vulnerable, but may in time increase financial pressures on other sectors of society?
- Determining the boundaries of personal and societal level responsibility, and the legitimate as opposed to illegitimate need for publicly funded care and support. In areas ranging from smoking cessation to reducing the threat of an obesity driven diabetes epidemic, communities have to make tough choices between limiting risks and accepting the consequences of personal, social and corporate freedom.
- The impact of current trends and possible future policy decisions in areas ranging from the costs of health and life insurance to the price of pensions for individuals and society.
- The role of private employers in promoting and requiring healthy living.
- The winners and losers if the trend towards personal responsibility continues, with particular regard to older people and disadvantaged groups and what impact could this trend have on the cost of care?

Speakers and the agenda for this event will be confirmed in the near future.

To reserve your place, click here

50. The NICE Annual Conference is Back for 2012
Adapting to the current pace of change in the health and social care landscape is a huge challenge – politically, organisationally and financially – creating a number of important questions for your organisation:

- What is the role of NICE and where does it fit in with the current reforms?
- How are quality standards being used in practice?
- How will NICE work with the NHS Commissioning Board?
- How can we foster a better working relationship between NHS and industry?

Against this backdrop of an ever-changing NHS landscape, one thing is constant – the central role of NICE, which will help you to make the best use of evidence, guidance and quality standards to commission and provide high quality care.

Check the website www.niceconference.org.uk for key updates and the latest speakers.

51. Dementia Design School
1-3 May 2012 – DSDC, Stirling
This course covers a range of issues including designing the internal and external environment, effective commissioning and project management. It also includes guidance on using the DSDC’s Design Audit Tool.

£900
Visit the events site

52. Best practice in dementia care: six part self study programme
This learning programme has been developed for staff in the following care settings:

- Care home course - for staff working in care home and day care settings.
- Healthcare Assistant course for staff working in hospitals and day hospital settings.
- Domiciliary Staff – for staff working in re-ablement teams, home care and community staff.

This award winning programme cascades dementia training through the care home, hospital, day centre and domiciliary care setting to reduce training costs and develop a shared ethos of care. Person-centred values, approaches and practises are firmly embedded in the study books, as well as the reflective exercises and facilitated group discussions.

Facilitator training – Dates/Venues across the UK:
- 8 & 9 May 2012, DSDC, University of Stirling

For further information contact Dawn Humble, d.a.humble@stir.ac.uk or 01786 466427.

53. ILC-UK, New Dynamics of Ageing and the Actuarial Profession debate: Improving care, tackling isolation and reducing costs? Can new technology live up to its promise?
16 May 2012 – Central London
The Health & Social Care Bill has passed into law. But will its provisions and the apparent lack of attention to property matters adversely affect the quality of assets in the health sector? And could it deter future investment by the private sector? Our expert panel will debate these key questions and offer a balanced assessment of both the positive and negative outcomes arising from the implementation of the Act.

This unique event also unveils two key data sets that will detail the performance of investment properties in the primary, secondary and tertiary health sectors and the care market for older people.

The Colliers annual long-term elderly and specialist care sectors key performance review findings will be announced and the results of The IPD Healthcare Property Index, which charts the performance of primary and secondary healthcare assets, will also be announced.

Industry leaders will offer in-depth analysis of the performance of healthcare property, and highlight the fundamentals impacting on this sector, including: political risk, occupier risk, low alternative use of premises and the impact of technology.

To book please click here (link: http://www.healthinvestor.co.uk/IPEventsBookings.aspx)

To reserve your place, click here

54. ‘Not Strictly Advocacy’
16 &17 May 2012—Action for Advocacy
Action for Advocacy’s annual conference will take place in Blackpool. The conference will explore the relationship between advocacy, advice and information services and speakers include Paul Maynard MP, Christine Renouf from the National Youth Advocacy Service and David Robinson from Community Links.

More details at www.actionforadvocacy.org.uk

55. Health records, commissioning and the NHS Information Strategy
22 May 2012 - Central London

Sessions will discuss the issues of privacy and access surrounding patient health records in light of the Prime Minister’s announcement that private medical companies will be allowed anonymised NHS data to encourage innovation and benefit research. Delegates will also have the opportunity to explore the localisation, commissioning and delivery of information technologies in the NHS in light of the dismantling of the National Programme for IT, and the supplier-focused Information Strategy. Further sessions will examine challenges to commissioning at a time of budget constraint.

The meeting will bring key policymakers from Government and Parliament together with stakeholders including patients groups, NHS staff, commentators, representatives from IT industries and other interested parties to discuss some of the central emerging issues on implementation, security and privacy and commissioning of IT in the NHS.

Booking arrangements
To book places, please use our online booking form.

Please pay in advance by credit card on 01344 864796. If advance credit card payment is not possible, please let me know and we may be able to make other arrangements.

Options and charges are as follows:
- Places at Health records, commissioning and the NHS Information Strategy (including refreshments and PDF copy of the transcripts) are £190 plus VAT;
- Concessionary rate places for small charities, un-
funded individuals and those in similar circumstances are £80 plus VAT. Please be sure to apply for this at the time of booking.

For those who cannot attend:
- Copies of the briefing document, including full transcripts of all speeches and the questions and comments sessions and further articles from interested parties, will be available approximately 7 days after the event for £95 plus VAT;
- Concessionary rate: £50 plus VAT.

If you find the charge for tickets a barrier to attending, please let me know and we will do our best to see you are not excluded. Please note terms and conditions below (including cancellation charges).

56. Discover CQC Updates and Innovative Suppliers at Care Roadshow Gateshead
29 May 2012
Now is your chance to access educational seminars and to network with leading care suppliers and industry experts by registering for Care Roadshow Gateshead.

The free event is to be held at The Lancastrian Suite on Tuesday 22 May. The roadshow is your chance to source leading products tailored to your care home and to learn about the latest issues which are affecting the sector.

The show’s informative seminar programme hosts sessions by a diverse range of experts from across the sector. From Care Quality Commission regulations, through to training and social care, each session is packed with useful and up-to-date information to enhance your care home. A particular focus within the programme will be a seminar hosted by food experts, apetito. This dynamic session will provide you with the latest information and advice for maintaining high nutritional standards in line with CQC regulations.

Whilst at Care Roadshow Gateshead you will also have the opportunity to network with industry peers, experts and suppliers in a vibrant environment. It is a fantastic opportunity to peruse the best that the care sector has to offer and to discover new products from the likes of Curve Learning and Development, Opus Pharmacy Services, Stanbridge and danfloor Uk.

Commenting on a previous Care Roadshow Catriona Frame, Quarriers stated “I enjoyed the Roadshow and found the speakers very interesting and informative. I especially appreciated that the information provided was from a variety of sources and the contacts and networks I have developed are useful for the future.”

Care Roadshow Gateshead is to be held at The Lancastrian Suite, Gateshead on Tuesday 22nd May 2012. For more information or to register for your free ticket please visit www.careroadshows.co.uk or call Broadway Events on 01425 838393.

57. Tackling Long Term Conditions: Health & Wellbeing
30 May 2012 – The Barbican, London

- People suffering from long-term conditions represent 30% of the population
- We need a new approach to treatment, services and care that not only improves outcomes but is also cost-effective
- What can be done to tackle long-term conditions in a more effective way, how can health services continue to deliver to more people with less resources?
- How can we empower patients and give them greater choice and personalised care plans to help them to manage their long-term conditions better?

Register Your Place Today
View Full Programme and Speaker Details

At Tackling Long Term Conditions: Health and Wellbeing our programme of prestigious speakers will be discussing how to shift towards a more flexible, integrated and people-centred health system. Delegates will hear from leading case studies, discover the latest developments of new services and gain a better understanding of how to improve patient outcomes.

Delegates will have the chance to challenge, discuss and debate the key issues and gain relevant insight applicable to their professional roles which they can embed within their organisations and improve services.

58. Capita’s 9th National Conference on Improving Outcomes for Disabled Children and their Families
30 May 2012 – Central London

This conference has an attached half day briefing:

Personal Budgets for Disabled Children
31 May 2012 – Central London
CONFERENCE BROCHURE BOOK NOW

Capita’s 9th Disabled Children Conference focuses on the Government’s forthcoming consultation response to the Support and aspiration: A new ap-
proach to special educational needs and disability
Green Paper and the key development of a single
joint assessment and ‘Education, Health and Social
Care Plan’ for disabled children and young people.
Bringing together leading policy experts, Green Pa-
per Pathfinder areas and practitioners, this event pro-
vides an unmissable opportunity to discover the lat-
est policy direction and explore the challenges of
implementing the wider themes of the Green Paper
including transition to adulthood, parental engage-
ment and choice, integrated working and the local
offer.

This conference has an attached half day briefing:

**Personal Budgets for Disabled Children**
31 May 2012 - Central London
The SEND Green Paper offers parents a new
‘Health, Social Care and Education Plan’ and the
right to a personal budget by 2014 to control and
fund the services they need for their child.

Drawing on the experiences of pilot areas and lead-
ing experts, this half-day briefing focuses on enabling
greater choice through a personal budget. Learn
about the successful approaches to managing new
financial arrangements in terms of commissioning
services, market development and funding options.

**Book Now**

59. NHS reforms: Developing the healthcare
workforce - challenges, revalidation and
managing the transition
07 June 2012 - Central London
This seminar will be a timely opportunity to examine
the challenges facing the healthcare workforce - in-
cluding the delivery of training and workforce devel-
ment following the Health and Social Care Bill.

Delegates will also discuss what more can be done to
ensure that those working in healthcare are equipped
with the tools and expertise to meet the challenges of
transition into the reformed health service, as well as
the possible impact of a move towards Health Educa-
tion England, and the challenges of revalidation.

Drawing on key themes in *Liberating the NHS: Devel-
oping the Healthcare Workforce*, which called for the
restructuring of training and development of the work-
force to reflect the wider structural changes within the
NHS, delegates will assess the opportunities that lie
ahead for strong partnerships between the NHS, uni-
versities and education providers as well as the chal-
 lenges presented to staff development in the re-
formed health system.

The seminar will bring key stakeholders together with
policy makers from Government and Parliament to
discuss the next steps for healthcare development
and training within the NHS.

**Booking arrangements**
Options and charges are as follows:

- Places at **NHS reforms: Developing the healthcare
  workforce - challenges, revalidation and managing the transition** (including refreshments and PDF
copy of the transcripts) are **£190** plus VAT;
- Concessionary rate places for small charities, un-
funded individuals and those in similar circum-
stances are **£80** plus VAT. Please be sure to ap-
ply for this at the time of booking.

For those who cannot attend:

- Copies of full transcripts of all speeches and the
  questions and comments sessions and further
  articles from interested parties, will be available
  approximately **7 days** after the event for **£95**
  plus VAT;
- Concessionary rate: **£50** plus VAT.

If you find the charge for tickets a barrier to attend-
ising, please let me know and we will do our best to
see you are not excluded. Please note terms and
conditions below (including cancellation charges).

60. Westminster Health Forum Keynote
Seminar
The future of the health and social care work-
force – leadership, management and
continued professional development
07 June 2012 - Central London

Website | Book Online | Live Agenda

With further Government proposals expected on the
future of the NHS workforce, this seminar will be a
timely opportunity to examine the challenges and pol-
cy options in the delivery of training and workforce
development following the Health and Social Care
Bill.

Drawing on key themes in *Liberating the NHS: Devel-
oping the Healthcare Workforce* - which called for the
restructuring of training and development of the work-
force to reflect the wider structural changes within the
NHS - delegates will assess the opportunities that lie
ahead for strong partnerships between the NHS,
deaneries and other education providers and what
they would mean to staff development and NHS or-
ganisations in the reformed health system.

Delegates will also discuss the impact of a move to-
wards Health Education England and Local Education
and Training Boards (LETBs), and the challenges of revalidation.

Bringing together key policymakers from Government and Parliament with a range of stakeholders in the NHS and other interested parties, planned sessions examine:
The challenges the NHS workforce faces through the transition and NHS reforms;
Revalidating the workforce;
Workforce development - training, requirements and professional standards;
The establishment of Health Education England;
What more can be done to develop, support and equip the workforce to deliver the reforms;
Working through the transition into a reformed health system; and
Next steps for the NHS workforce.

The draft agenda is copied below my signature, and a regularly updated version is available to view online here. The seminar is organised on the basis of strict impartiality by the Westminster Health Forum.

All delegates will receive free PDF copies and are invited to contribute to the content.

Booking arrangements

To book places, please use the online booking form.

61. Clinical Commissioning Groups: the changing face of primary care and the role of the GP
13 June 2012-Central London
Our Website | Book Online | Live Agenda

As Clinical Commissioning Groups (CCGs) move towards authorisation and prepare to take on commissioning duties from Primary Care Trusts (PCTs), this timely seminar will present an opportunity to assess the new face of primary care going forward and the role of the GP.

Delegates will discuss the changes in the structure of commissioning, how restructuring will affect general practitioners and others involved in primary care service delivery, and how they can be prepared for their roles and to adapt to the new landscape – as well as the impact on suppliers. Further sessions will look at service quality continuity during the transition and how CCGs will work alongside other health bodies such as Clinical Senates, the NHS Commissioning Board, Health and Wellbeing Boards and Local Medical Committees.

The meeting will bring key policymakers from Government and Parliament together with clinical and other NHS staff, and stakeholders from the industry and regulatory bodies, and other interested parties to discuss some of the issues surrounding CCGs.

Booking arrangements

To book places, please use our online booking form. Please pay in advance by credit card on 01344 864796. If advance credit card payment is not possible, please let me know and we may be able to make other arrangements.

Options and charges are as follows:
- Places at Clinical Commissioning Groups: the changing face of primary care and the role of the GP (including refreshments and PDF copy of the transcripts) are £190 plus VAT;
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are £80 plus VAT. Please be sure to apply for this at the time of booking.

For those who cannot attend:
- Copies of the briefing document, including full transcripts of all speeches and the questions and comments sessions and further articles from interested parties, will be available approximately 7 days after the event for £95 plus VAT;
- Concessionary rate: £50 plus VAT.

If you find the charge for tickets a barrier to attending, please let me know and we will do our best to see you are not excluded.

62. Elderly nutrition and dignity in hospitals and social care: quality standards, engagement and compassion
14 June 2012 - Central London
Our Website | Book Online | Live Agenda

This seminar will be a timely opportunity to assess the next steps for improving dignity and nutrition in care for elderly patients in the reformed NHS and social care system, including discussions on patient experience and engagement, and the development of NICE quality standards in social care.

It follows the recent launch of the Nursing Quality Forum by the Prime Minister, and the release of findings from the CQC Dignity and Nutrition Inspection (DANI) programme.

The agenda includes a keynote presentation from Dame Jo Williams, Chair, Care Quality Commission who will outline what further action is being taken following the DANI programme, and from Sir Keith Pearson, Chair, NHS Confederation, who will discuss the findings of the Partnership on Dignity and Care’s ongoing Commission on improving dignity in care.
Delegates will consider what more can be done to improve standards of basic care, and how best to share good practice.

As implementation of the *NHS Institute Productive Ward - Releasing Time to Care* programme continues, planned sessions also examine whether nurses have the time and resources to spend on front line care, as well as the impact of a squeeze on NHS finances.

**Booking arrangements**
To book places, please use our [online booking form](#).

Please pay in advance by credit card on 01344 864796. If advance credit card payment is not possible, please let me know and we may be able to make other arrangements.

Options and charges are as follows:
- Places at *Elderly nutrition and dignity in hospitals and social care: quality standards, engagement and compassion* (including refreshments and PDF copy of the transcripts) are £190 plus VAT; 
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are £80 plus VAT. Please be sure to apply for this at the time of booking.

For those who cannot attend:
- Copies of the [briefing document](#), including full transcripts of all speeches and the questions and comments sessions and further articles from interested parties, will be available approximately 7 days after the event for £95 plus VAT;
- Concessionary rate: £50 plus VAT.

If you find the charge for tickets a barrier to attending, please let me know and we will do our best to see you are not excluded. Please note terms and conditions below (including cancellation charges).

**63. The future of health services in Wales**

*25 June 2012 - Central Cardiff venue: details TBA*

[Website](#) | [Book Online](#) | [Live Agenda](#)

This timely seminar will bring together key policymakers and stakeholders - working in the NHS and more widely in public health, patients’ representatives, businesses, commentators and other interested parties -- to discuss the future of healthcare and public health policy in Wales.

The seminar is scheduled as the Welsh Government embarks on a set of wide-ranging reforms to improve outcomes and efficiency, as outlined in the [Together for Health](#) 5-year plan for NHS Wales, published in November 2011 - and during a period of unprecedented pressure on public spending.

As Local Health Boards begin to implement their 2012-13 Strategies for Public Health, delegates will assess the overall health strategy for Wales including increased collaboration between services, the development of specialist treatment centres and plans to improve public health.

To book places, please use our [online booking form](#). Options and charges are as follows:

- Places at *The future of health services in Wales* (including refreshments and PDF copy of the transcripts) are £190 plus VAT;
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are £80 plus VAT. Please be sure to apply for this at the time of booking.

For those who cannot attend:
- Copies of the [briefing document](#), including full transcripts of all speeches and the questions and comments sessions and further articles from interested parties, will be available approximately 7 days after the event for £95 plus VAT;
- Concessionary rate: £50 plus VAT.

If you find the charge for tickets a barrier to attending, please let me know and we will do our best to see you are not excluded. Please note terms and conditions below (including cancellation charges).

**64. Risky Business: Facing up to dementia - international conference call for papers**

*27-29 June 2012 - Sydney Convention and Exhibition Centre, Darling Harbour*

This international event will bring together delegates from across the globe to consider the future we are shaping for people with dementia. Hosted by the International Dementia Partnership (DSDC and The Dementia Centre, HammondCare) in Sydney, Australia from the 27-29 June 2012.

The conference will address Risk from everyone’s point of view; from the risks people with dementia choose to take in their lives, to the challenges of building and delivering services that provide choice and therapeutic benefits, to the legislative and policy context that both seek to protect and deny certain freedoms.

Read more, submit a paper and register your interest at [www.dementiaconference.com](http://www.dementiaconference.com)
65. Westminster Health Forum Keynote Seminar
Telehealth and telecare: beyond the Whole Systems Demonstrator (WSD) programme and improving adoption
03 July 2012 – Central London
Website | Book Online | Live Agenda
This timely seminar will examine telehealth and telecare in the National Health Service following plans from the Department of Health to integrate them into the services patients receive. The meeting will bring key policymakers from Government and Parliament together with NHS staff, service users and patient organisations, stakeholders from the industry, analysts and other interested parties.

It comes after a recent set of results from the Whole System Demonstrator (WSD) programme which reported that after the largest trial of telehealth and telecare ever conducted, with almost 6,000 participants, that, if used correctly, telehealth had the potential to cut mortality rates by 45%.

The seminar also follows the launch of the ‘three million lives’ campaign by the Department of Health, where it plans to work with industry, the NHS, social care and professional partners in a collaboration aimed at reaching the at least three million people with Long Term Conditions and/or social care needs who could benefit from using telehealth and telecare.

Booking arrangements
To book places, please use the online booking form.

66. A Patient Centered Approach: Providing Personal Care and Delivering Value
04 July 2012 – Central Hall, Westminster
Health services have been tasked with an unprecedented efficiency gain of four per cent a year over four years.

The NHS Future Forum Report stressed that to make shared decision making the norm our health system must be grounded in systematic patient involvement. Are you trying to make improvements to patient care and treatment?

Are you interested in how health services, commissioning groups and partners can work together?

Register Your Place Today
View Full Details of Programme and Speakers

Understanding how health services, commissioning groups and partners can work together is key to ensuring care is integrated around the needs of the patient. Effective co-ordinated working can also help to cut costs, making sure that resources are deployed efficiently and best value is achieved. At A Patient Centred Approach delegates will discover how our healthcare services can put the patient at the heart of decision making, improve outcomes and tailor care to meet individual needs.

Delegates will have the chance to challenge, discuss and debate the key issues and gain relevant insight applicable to their professional roles which they can embed within their organisations and improve services.

67. Westminster Health Forum Keynote Seminar
Health and Wellbeing Boards: implementation and integration
05 July 2012 – Central London
Website | Book Online | Live Agenda
As Health and Wellbeing Boards move towards operation, this timely seminar will be an opportunity to assess the new landscape of public health going forward and to examine how well shadow Health and Wellbeing Boards are collaborating with Clinical Commissioning Groups (CCGs), the NHS Commissioning Board, Public Health England and other NHS bodies.

Delegates will consider how Health and Wellbeing Boards should best work towards the Government’s aims of increasing healthy life expectancy and reducing health inequalities, as laid out in the Public Health Outcomes Framework, and how Board members can be prepared for their roles and adapt to the new framework for commissioning decisions – as well as the impact for service providers.

The agenda will also bring out the latest thinking on ensuring that public health services are adequately resourced, following the Government announcement that £5.2 billion will be spent on public health, with £2.2 billion going directly to local authorities.

Booking arrangements
To book places, please use the online booking form.

68. Westminster Social Policy Forum and Westminster Health Forum Keynote Seminar
Mental health and wellbeing: taking forward the Mental Health Strategy
11 July 2012 - Central London
As mental health services prepare for the transition to a radically different commissioning landscape, this seminar will be a timely opportunity to assess public mental health policy moving forward and the next steps for implementing the cross-Government Mental Health Outcomes Strategy.

Delegates – including key policymakers, mental health professionals, service users and care provid-
ers – will consider what more needs to be done to improve public mental health, including tackling stigma, involving service users in service design and delivery, and the role of the forthcoming Commissioning Outcomes Framework (COF) and new Joint Strategic Needs Assessments (JSNA) to improve outcomes in mental health.

The draft agenda regularly updated version is available to view here.

Booking arrangements
To book places, please use the online booking form
Booking Reference Code TSDE – Please quote this when booking places

69. Dentistry 2012 – quality, access and regulation
12 July 2012—Central London
Our Website | Book Online | Live Agenda
As the dental pilots come to the end of their first year, this timely seminar will present an opportunity to assess their impact on the industry, implications for the dental contract, and for patients.

Sessions will also allow delegates to discuss the next steps for regulation, in light of continued debate surrounding the role of the Care Quality Commission, as well as the Office of Fair Trading’s investigation into whether the UK dentistry market is working in the interests of consumers. Further sessions will assess the plans for the dental contract, and look at education and continued professional development.

The meeting will bring key stakeholders together with policy makers from Government and Parliament, as well as representatives from the industry and regulatory bodies, and other interested parties to discuss some of the emerging issues on quality, access and oral health.

To book places, please use our online booking form

70. Westminster Health Forum Keynote Seminar
HealthWatch England: priorities, integration, advocacy and transition
16 July 2012 – Central London
Website | Book Online | Live Agenda
With HealthWatch England launching in October, this timely seminar will present an opportunity to examine the main challenges facing the new independent consumer champion in the reformed NHS, and the priorities for its first year and beyond.

Delegates will discuss the integration of HealthWatch, and how it will work alongside other bodies, including the Care Quality Commission, Clinical Commissioning Groups and Health and Wellbeing Boards. Further sessions will focus on the move towards local HealthWatch organisations taking on and building on the work of Local Involvement Networks (LINks), as well as how independent and influential HealthWatch will be, and issues of funding.

The meeting will bring key policymakers from Government and Parliament together with representatives from regulatory bodies, local authorities, clinical staff and patient and voluntary organisations.

Including keynote presentations from the Care Quality Commission, HealthWatch England and the Association of Chief Executives of Voluntary Organisations, planned sessions to focus on:
- What the relationship between the CQC and HealthWatch will look like;
- First year priorities for the national consumer champion;
- The implementation of HealthWatch and how it will work alongside other bodies;
- The transition from Local Involvement Networks (LINks) to local HealthWatch organisations;
- Patient representation and advocacy; and
- Future policy for patient and public involvement.

The draft agenda is available to view online here. The seminar is organised on the basis of strict impartiality by the Westminster Health Forum.

Booking arrangements
To book places, please use the online booking form.

71. Westminster Social Policy Forum and Westminster Health Forum Keynote Seminar
Mental health and wellbeing: taking forward the Mental Health Strategy
11 July 2012 – Central London
Website | Book Online | Live Agenda
Delegates at this timely seminar will assess the next steps for implementing the Mental Health Outcomes Strategy through the forthcoming implementation framework.

They will also consider the impact of changes to the wider commissioning landscape over the next year for mental health services including: care clustering and Payment by Results (PbR) implementation, the forthcoming Commissioning Outcomes Framework (COF) and the new Joint Strategic Needs Assessments (JSNA).

The agenda also includes discussion on what more needs to be done to improve public mental health including informing effective commissioning, involving
service users in service design and delivery, the role of anti-stigma campaigns, and improving care pathways and utilising care networks.

Bringing together key policymakers with mental health professionals, service users and care providers – and with presentations from the Department of Health, Care Quality Commission (CQC), and Joint Commissioning Panel for Mental Health – discussion will also focus on:

- Improving outcomes for children and young people – the future for Child and Adolescent Mental Health Services (CAHMS);
- Next steps for the Improving Access to Psychological Therapies programme, including challenges for providers and younger people;
- Developing a regulation framework to match the mental health outcomes framework;
- The life course approach to mental health and early intervention;
- Increasing the parity between physical and mental health;
- Public mental health at the local level – the impact of Health and Wellbeing Boards and Clinical Commissioning Groups on mental health commissioning.

The draft agenda is available to view online here. The seminar is organised on the basis of strict impartiality by the Westminster Health Forum.

Booking arrangements
To book places, please use the online booking form.

72. Studio III - 4th International Conference
Aarhus in Denmark – September 2012
Freedom from Restraint and Human Rights Restrictions:
Research, Policy and Practice - click here
People with autism and intellectual disabilities in human services can often be exposed to restrictive practices such as restraint and seclusion. Even at a less intensive level individuals who present with challenging behaviours can attract restrictions from staff that fundamentally are infringements of basic human rights. Developing cultures that are less restrictive and person centred should be the goal of services. The conference aims to raise awareness of these issues in an international forum and share best practice from both researchers and practitioners.

73. Westminster Health Forum Keynote Seminar
The future of regulation in health and social care
13 September 2012 – Central London
Website | Book Online | Live Agenda
This seminar will present an opportunity to discuss the next steps for regulation in healthcare - reflecting key issues surrounding structural reform and quality and safety.

It is timed to follow the passage of the Health and Social Care Bill through Parliament and following publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry, and will bring key policymakers from Government and Parliament together with representatives from regulatory bodies; health and social care professionals and those representing them; health and social care providers; patient and service user groups; academics and commentators; and other interested parties.

Delegates will discuss the the new role of Monitor in economic regulation and preventing anti-competitive behaviour, and the expanding role of the Care Quality Commission (CQC) in light of the Performance and Capability Review. Further sessions will focus on the impact of the Mid Staffordshire Public Inquiry, as well as implementation and transition issues, and the delivery of quality standards.

The draft agenda is copied below my signature, and a regularly updated version is available to view online here. The seminar is organised on the basis of strict impartiality by the Westminster Health Forum.

Booking arrangements
To book places, please use the online booking form.

74. NHS Informatics: delivering a successful information revolution
19 September 2012 – The Barbican, London
Note: Early Bird rates available until 4th April

- The Department of Health has called for an ‘information revolution’, which will be defined by transparency and accessibility, and is critical for quality improvements.
- To achieve this, data management is moving from being the sole domain of informatics professionals to the concern of all working within the NHS.
- Do you want to find out how informatics can put the patient at the heart of the NHS and Improve Commissioning?
• Are you interested in the direction the NHS Information Strategy looks set to take in its implementation?

• Register Your Place Today

Topics to be discussed include

Information Revolution: The Importance of Informatics to Improving Healthcare
Appropriate Sharing of Medical Information with Patients and Professionals
How informatics can put the patient at the heart of the NHS and Improve Commissioning
Creating Sustainable Efficiencies with Informatics

View Full Details of Programme and Speakers

75. 19th International Congress on Palliative Care
9-12 October 2012 - Palais des Congrès, Montréal, Canada

Deadline for Poster Abstract Submission: May 31, 2012

Presented by Palliative Care McGill since 1976, this biennial Congress has earned its well-deserved reputation of being one of the world's preeminent gatherings of palliative care professionals and others with an interest in the field.

WHAT MAKES THE INTERNATIONAL CONGRESS ON PALLIATIVE CARE SO SPECIAL?

A unique opportunity to meet, share experiences and exchange ideas with colleagues from 60 countries, representing all disciplines involved in palliative care
Practical, in-depth workshops and seminars on a broad range of topics covering all aspects of end-of-life care, from the most current scientific developments in pain and symptom control, to the large existential questions, to hands-on experiential sessions addressing practical issues faced every day
Renowned speakers who expand your knowledge, deepen your understanding, and inspire you to renew your commitment to palliative care
All sessions structured to allow ample time for dialogue, questions and thoughtful interaction with speakers and fellow participants
Reflections - a brief interlude of images and music at the start of each Plenary - providing a unique and moving experience that leaves a lasting impression.
Among the highlights:

All-Day Seminars on
The Process of Whole Person Care: Interactive Session Using Standardized Patients
Focus on the Nursing Experience: Bridging Humanism and Professionalism
Master Class on Clinical Management of Advanced Neurodegenerative Diseases
Pediatric Palliative Care (two-day seminar)

Special Seminars on:
Pharmacotherapy and Palliative Care: What We Need to Know
Fundamentals of Palliative Care Nursing
Turning Good Intentions into Good Work: Skills Development for Volunteers and Coordinators in Palliative Care

Sessions on Hospice Design, Leadership Challenges, Palliative Care in Japan, Palliative Care and Family Physicians, Palliative Sedation, and much much more...

Over 250 workshops, proffered papers, research forums, special seminars, and 300 posters.

For more information on the Congress, visit www.pal2012.com, e-mail info@pal2012.com or call +1 450-292-3456 ext. 227.

Registration is available online or by mail or fax.

76. Public Health: an update and way forward
24 October 2012 - The Barbican, London

Note: Early Bird rates available until 24th April

Britain is the most obese nation in Europe, with high levels of substance abuse, smoking fatalities and sexually transmitted diseases.

Next year will mark the legislated dawn of a new devolved public healthcare system with a clear focus on...
people, places and empowerment.

Do you want to learn about the main challenges facing the new public health system and how can they be tackled?

How should we channel limited resources to most effectively broach these issues and stimulate positive health outcomes for all?

Register Your Place Today

Topics to be discussed

Public Health: The current landscape and the road ahead
Targeting resources to needs: Collating information and developing strategic interventions
Tackling comorbid conditions
Tackling binge drinking and alcoholism: Learning lessons from Scotland
Beating obesity, keeping fit
Improving the public’s health: Where should our priorities lie?

Consultations

To follow next week

Care Quality Commission, CSSIW, Social Care and Social Work Improvement Scotland & Healthcare Improvement Scotland

Brunswicks LLP (@BrunswicksLLP)
26/03/2012 15:30

Some modest reductions in registration fees on the way from CQC!

I guess people wouldn’t mind paying the fees if CQC did its job properly!

77. Inspection changes underway
26 March 2012 – CQC

From next week CQC seeks to introduce improvements to the way it inspects health and social care services. The changes follow a consultation by CQC on how it regulates.

The changes, which will be phased in, mean that CQC will inspect most services more often. It will inspect most hospitals, care homes and domiciliary care providers at least once a year. It will inspect dental and other services at least once every two years.

The regulator will continue to re-inspect those services that fail to meet the government standards and will inspect any service at any time if there are concerns about poor care.

Most inspections will continue to be unannounced. To help do this, CQC is recruiting extra inspectors. This means that inspectors will be responsible for a smaller number of services than in the past. They will be able to spend more time getting to know the services, checking the information they have on each, and responding quickly to concerns about the quality of care. Inspectors will be able to spend more time inspecting and less time on paperwork.

CQC inspectors have, in theory, continual oversight of all 16 government standards. Under the new system, inspections for most types of service will focus on a minimum of five, one from each of five ‘chapter headings’ in CQC’s Guidance about Compliance. Which standards they inspect will be tailored to the type of care provided and the information CQC currently has about the service, including the concerns that people have told CQC about. Inspectors will be able to focus their time and resources on services that are at higher risk of delivering poor care.

CQC says that it will focus on where providers are not meeting the standards, but include positive findings where we see them.


Ed. At last, CQC will include positives in its inspectors’ reports – now there’s a first. The first of what I hope will be many improvements in the regulation of care services.
78. CQC announces regulatory fees updates
26 March 2012 – NCF
The CQC has announced changes to its fee structure and the amounts that certain providers have to pay under the Health and Social Care Act 2008. These have been approved by the Secretary of State for Health.

The fees follow recent Government guidance to CQC that it must recover the costs of regulation from providers.

http://www.nationalcareforum.org.uk/forums/forum_posts.asp?TID=4837&PN=1

79. Some care homes and hospitals are still not meeting their obligations on liberty safeguards, says CQC
27 March 2012 - CQC
Awareness of the Deprivation of Liberty Safeguards in care homes and hospitals grew in 2010-2011 but staff training on how to apply them was still patchy, leading to inconsistent practice, says the Care Quality Commission (CQC).

There are gaps in information about other parts of the safeguards system, involving councils and primary care trusts, which hinder the regulator in gaining a full picture of how well the safeguards are working.

CQC published its second annual report on the operation of the Deprivation of Liberty Safeguards in England (2010/11) which it has a duty to monitor in England. Click here for full press release

80. CQC announces regulatory fees updates
27 March 2012 - CQC
Following two consecutive consultations on the fees that it charges to health and social care providers, the Care Quality Commission (CQC) has announced changes to its fee structure and the amounts that certain providers have to pay under the Health and Social Care Act 2008. These have been approved by the Secretary of State for Health.

The fees reflect government guidance to CQC that it must recover the costs of regulation from providers.

The responses received to both consultations have led to the following changes in the fees that CQC charges providers. These included:

- bringing providers of out-of-hours services, who will be registered from 1 April 2012, into the scheme using the same bandings and fees scale as for Dental and Independent Ambulance Services providers;
- reducing the lowest banding for the category Adult Social Care providers without accommodation from £1,000 to £720;
- reducing the charges for the third and fourth bandings for the category Dental and Independent Ambulance Services providers from £6,000 and £12,000 to £4,000 and £10,000 respectively;
- charging a flat rate annual fee of £1,500 to certain Primary Care Trusts; and
- changing the basis of charging fees from turnover to locations for the Health Protection Agency, NHS Blood and Transplant and NHS Direct (NHSD).

CQC Chief Executive Cynthia Bower said: “Our approach to fees is based on fairness and on raising only as much income as we need to cover the costs of regulation. We have listened to what providers have told us during both these consultation and have made changes to address concerns and make the fees that we charge transparent and as proportionate as possible.”

Later this year we the CQC will be launching another consultation about its longer-term fees strategy from 2013/16, which will include specific proposals for fees for 2013/14. These proposals will be for providers of NHS general practice and other primary medical services who will be registered with CQC from 01.04.2013, as well as potential changes to fees for independent healthcare providers.

81. Looking after your care
27 March 2012 – SCSWIS
The Care Inspectorate and SSSC have produced a leaflet as part of the Looking after your care campaign.

It gives information, on both organisations to help inform staff, service users and carers on the standards of care they should expect and receive from the service.


82. More people ‘deprived of liberty’
27 March 2012 – Age UK
Second annual report on the Deprivation of Liberty Safeguards published today
27 March 2012 – CQC
A new study by the CQC has found that 55% of applications by hospital and care homes to use measures which deprive people of their liberty were approved in the 12 months up to March 2011 – this is a rise of nine percentage points compared to the previous year.

The same report also found that there was an increase in the total number of applications for such measures, up from 7,157 to 8,982 by the end of...
March last year.
http://www.ageuk.org.uk/latest-news/more-people-deprived-of-liberty/

Brunswicks LLP (@BrunswicksLLP) 30/03/2012 06:08
Public Accts Cttee says CQC not up to task of registering the 10,000 GPs

PAC says there has been some improvement of CQC, but, not enough

Brunswicks LLP (@BrunswicksLLP) 30/03/2012 06:58
Margaret Hodge MP slams CQC for lack of rigour and internal quality control.

83. CQC ‘not up to task’
30 March 2012 - The Times
NHS watchdog not ready for new responsibilities, say MPs
30 March 2012 - The Guardian
CQC given ‘an impossible task’
30 March 2012 – BBC News
CQC needs ‘credible leadership’
30 March 2012 – BBC News
CQC should not be allowed to take on new responsibilities planned under the Government’s health reforms, according to a damning report by the Public Accounts Committee.

CQC was described as "poorly governed and led" and, according to the public accounts committee, is not ready for the challenges of the coalition’s health bill or to take on the functions of the Human Fertilisation and Embryology Authority (HFEA), CQC focused on administration whilst neglecting to inspect the level of care and failing to act on information from whistleblowers, MPs concluded.

Margaret Hodge, chair of the committee, said the commission has been struggling for some time while the Department for Health has not got to grips with a failing institution.

"We are far from convinced that the CQC is up to the major challenge of registering and assessing 10,000 GP practices this year.

"Registration will now be decided on the basis of information from GPs themselves and there is a risk that the CQC will simply become a postbox. Unless the assessment of GP practices is meaningful and robust the commission cannot be sure that basic standards of quality and safety are being met."

To read the full article, go to http://www.guardian.co.uk/society/2012/mar/30/nhs-watchdog-not-ready-say-mps
http://news.bbc.co.uk/hi/today/newsid_9709000/9709954.stm
http://news.bbc.co.uk/hi/today/newsid_9710000/9710002.stm

84. Public Accounts Committee (PAC) report into CQC demands action on improvement
30 March 2012 - ECCA
English Community Care Association (ECCA) commented on the PAC report into the Care Quality Commission.

The PAC report into the Care Quality Commission (CQC) sets out some strong messages and actions for CQC and the Department of Health.

Martin Green, ECCA Chief Executive, said:

“This report is hopefully the end of a long list of negative comment on the CQC and marks the start of real improvements in how health and social care services are regulated. We support the PACs assessment that action plans are urgently required and systems of accountability improved.

“We are concerned, as is the PAC, that the approach to enforcement is variable, with action more likely to be taken against care homes than hospitals and that the gap left by the removal of the star ratings is addressed."

85. CQC response to PAC report
30 March 2012 - CQC
"We are disappointed that the PAC report, based on last year’s NAO report, does not recognise the significant improvements of recent months. These improvements were noted in the Performance and Capability Review published by the Department of Health in February, which referred to CQC’s ‘considerable’ achievements in “setting the essential platform from which tougher regulatory action can be taken when needed”.

The number of unannounced inspections conducted by CQC continues to rise on a monthly basis - 2,400 in January alone. The unique regulatory system we have built is now nearly two years old, and is delivering increasing benefits for people using health and social care services - as well as those whose rights are restricted under the Mental Health Act. Our focus, now and always, is to identify and tackle poor care and protect people who use services.
We have responded to some of the key conclusions of the PAC report below. CQC’s full response to the DH Capability and Performance review will be published in April; this addresses in detail the other issues raised by the PAC report.

Whistleblowing
The assertion that CQC “has recently closed its dedicated whistleblowing hotline” is inaccurate. CQC has not abolished any whistleblowing hotline – in fact we have recently strengthened our arrangements for dealing with whistleblowers. A team of call handlers has been specially trained to deal with whistleblowing calls and is responsible for tracking calls through to a satisfactory conclusion with CQC inspectors. Since this specialist team was set up in June 2011, it has received over 3000 calls.

GP registration
CQC asked the Secretary of State for additional time to get GP registration right, and we are on track to deliver this major piece of work successfully by April 2013. GPs will be subject to the same risk-based model of compliance monitoring and inspections as the rest of the NHS and social care - and will be expected to meet the same essential standards of quality and safety.

CQC will be reviewing every registration application in conjunction with information from other sources including the GMC, Criminal Records Bureau checks and whistleblowers. If we have concerns, we will visit the practice and conduct an interview - as we have already done with Out of Hours providers.

Information provided to the public
CQC already publishes an annual ‘state of care’ report which provides details of compliance and enforcement action across all sectors. From May we will also publish a quarterly update of this information in order to provide a more up-to-date picture of performance and better identify emerging trends. Our new website, which has a clear system of ticks and crosses indicating whether or not a provider is meeting essential standards, has made a real difference to how people can use the information we publish, making it easier for them to make choices about their care, or to raise concerns with us.

86. Care Quality Commission has long way to go, say MPs
30 March 2012 – BBC News
MPs say that the CQC still has a "long way to go" before it is up to scratch. A series of critical reports have already led to CQC head Cynthia Bower's announcement that she is quitting. [http://www.bbc.co.uk/news/health-17553901]

Dementia
87. Dementia more common in older African-Caribbean people
March 2012 - Care Talk
Item about a study which indicates that people with roots in Africa (Ed. I actually thought that all humanity did!) – perhaps more recent roots, are more likely to develop dementia than Caucasians and at a much earlier age.

88. Dementia research government 'top priority'
26 March 2012 – BBC News
Care Services Minister: Dementia to be 'national priority'
26 March 2012 – BBC News
Dementia research funding to increase to £66m
26 March 2012 – BBC News
Dementia: PM promises push to tackle 'national crisis'
26 March 2012
Prime Minister's challenge on dementia
26 March 2012 - DH
The Prime Minister has launched a programme of work which aims to deliver major improvements in dementia care and research by 2015.

The Prime Minister's challenge on dementia builds on the achievements of the existing National Dementia Strategy.

Dementia affects us all:
- in England today there are an estimated 670,000 people living with dementia. This is expected to double in the next 30 years
- only 40% of people with dementia receive a formal diagnosis
- dementia usually occurs in people who are 65 or over and it is slightly more common in women than in men.
- according to the Alzheimer’s Society, two-thirds of all people with dementia are cared for in the community.

The Prime Minister has set out his dementia challenge to society, the medical profession, business
and Government, alongside the Alzheimer’s Society publishing their report *Dementia 2012: A national challenge*.

The government will focus on improving the areas that matter most for dementia:

- Awareness
- Quality care
- Research

**Dealing with dementia**

According to the Alzheimer’s Society’s report, three-quarters of people in the UK feel that society is not geared up to deal with dementia. It also found that three in five (61%) people diagnosed with dementia are left feeling lonely, four in five (77%) feel anxious or depressed and nearly half (44%) have lost friends.

England is one of the first countries in the world to have a National Dementia Strategy. The Alzheimer’s Society will be leading the work on dementia awareness and communities and has been working closely with the Prime Minister and Department of Health.

The Alzheimer’s Society, in partnership with Government, is calling for a radical shift in the way society treats people with dementia to ensure people with dementia receive the support and respect they deserve.

**Raising awareness**

A report from the Alzheimer’s Society said that nearly two-thirds of people with dementia did not feel part of their community and nearly half had lost friends. Seventy-one per cent of people with dementia said they would like their community to understand how to help them live well.

The Alzheimer’s Society will take the lead on raising awareness.

**Research**

The UK is a world leader for dementia research, but not enough is known about the disease and the level of public participation in dementia research remains low. The Government will continue to lead on dementia research.

**Champion groups**

Champion Groups will be co-chaired by two high profile champions who will bring together leaders from across health and social care, industry and broader society to support the programme of improvements. The co-chairs are:

- Jeremy Hughes, Chief Executive of the Alzheimer’s Society, and Angela Rippon, broadcaster, journalist and presenter (raising awareness and dementia-friendly communities);
- Sir Ian Carruthers, Chief Executive of South West Strategic Health Authority, and Sarah Pickup, Director of Health and Community Services at Hertfordshire County Council (improving health and care); and
- Sir Mark Walport, Director of the Wellcome Trust, and Professor Dame Sally Davies, Chief Medical Officer (research)

A series of infographics have been developed to raise awareness, and to help recognise the signs and symptoms of dementia.

Read more about dementia (for health professionals)

Information on dementia for the public

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http://news.bbc.co.uk/hi/today/newsid_9708000/9708903.stm
http://www.bbc.co.uk/news/uk-politics-17509307
http://www.bbc.co.uk/news/health-17509115
http://www.bbc.co.uk/news/health-17507678

89. Alzheimer’s Society welcomes extra dementia funding
26 March 2012 – BBC News

After the Government’s announcement that it is due to double the funding for research into dementia by 2015 to £66m, Jill Quinn of the Alzheimer’s Society has said the extra funding for dementia is "exactly what we need".

http://www.bbc.co.uk/news/health-17509308

90. Social workers urged to tackle exclusion of dementia patients
26 March 2012 – Community Care

Social care professionals are now being asked to help connect dementia patients with their communities after an Alzheimer’s Society survey revealed that there was widespread social exclusion for the group.

According to the charity’s ‘Dementia 2012’ report, 61% of people with dementia felt alone all or some of the time and 48% felt they were a burden on their family.

http://www.communitycare.co.uk/Articles/26/03/2012/118097/social-workers-urged-to-tackle-exclusion-of-dementia-patients.htm

91. ECCA gives positive response to PM Challenge
26 March 2012 – ECCA

The Prime Minister has challenged society to respond positively to the numbers of people affected by dementia, the PM challenged communities and services to improve support.

Martin Green, Chief Executive of ECCA, said:
“The Independent sector is delivering services to large numbers of people with dementia and today leading organisations have committed themselves to a compact that gives a real commitment to improving care.

“These leading organisations have been in the vanguard of the compact but I am confident thousands more will join them.”

92. Dementia: the next global health time bomb?  
26 March 2012 - Mental Health Foundation Newsletter
“Dementia has been called ‘the next global health time bomb’, and is often referred to in emotive language which increases the distress of those who face it.

We were pleased to hear the news this week of the Government’s pledge to double the funding for dementia research. Read our reaction, and my latest blog on how stigma affects people with dementia.

At the Mental Health Foundation we are helping people with dementia receive better care, support and understanding through our pioneering work with people affected by the condition, and people who care for them.

Find out more about this vital work and how you can help it to continue.

Thank you for all your support.

Best wishes,
Toby Williamson
Head of Later Life and Development

P.S. You can also download our free range of dementia booklets - including our guide to living with dementia”

93. Response to the government’s pledge to double the funding for research into dementia
26 March 2012 - Mental Health Foundation
Dr Andrew McCulloch, Chief Executive at the Mental Health Foundation has responded to the Government’s pledge to double the funding for research into dementia:

“We welcome the government’s pledge to double the funding for research into dementia.”

“We feel that the funding should be divided between basic research, applied research on managing the condition better and research on the determinants which will hopefully lead to prevention strategies.”

“It is also crucial that the existing research on the determinants of dementia is properly disseminated as it seems that the general public and practitioners lack knowledge on that matter.”
http://www.mentalhealth.org.uk/our-news/news-archive/2012/2012-03-26/

94. The Dementia 2012 report and the Prime Minister’s speech
27 March 2012 – SCIE
SCIE's Chief Executive Julie Jones says:

“This was the first time a Prime Minister has dedicated a speech to the issue of dementia. As the Care and Support White Paper is being drafted, it’s encouraging that politicians from across the political spectrum are talking about vital issues; the quality of care that people with dementia receive; how families can find out how to find the best possible dementia care; and now health and social care can work better together to address the challenges that dementia presents.”

“The Dementia 2012 report is valuable and it’s encouraging to hear that there will be a similar “state of play” report every year. The figures quoted are remarkable. The cost alone of carers’ time is estimated at £8 bn to the economy. High quality research and early diagnosis can both help to provide a springboard for helping to plan the support of someone with dementia. We have a robust evidence-base to help with this discussion.”

95. New Outlook dementia service in Sutton-in-Ashfield to close
27 March 2012 – BBC News
Nottinghamshire County Council will be closing Sutton-in-Ashfield’s New Outlook centre in June and relocate services to general day care centres. The centre was a specialist unit for under-65s with dementia.

The move has been criticised, but the council said the change, which will help save about £4m a year, would improve the care available.
http://www.bbc.co.uk/news/uk-england-nottinghamshire-17527897

96. Dementia Monthly Newsletter
28 March 2012 - University of Stirling
Did you know?
... By the time people are about 75 years old they need nearly four times as much light as a 20 year old in order to see properly...

That's just one example of useful understanding which can help in designing dementia-friendly environments. See more by exploring the Virtual Care Home.
Launch of the DSDC Virtual Care Home
On 20 March broadcaster and presenter Sally Magnusson cut the ribbon on the DSDC’s Virtual Care Home, which is now open to visitors on our website. See photos and clips and link to the resource from our homepage http://dementia.stir.ac.uk

There are seven care home room views with information panels to highlight features of good practice in dementia-friendly design. This development was sponsored by the Nominet Trust and designed by Architects Burnett Pollock Associates.

Ed. Take a tour of the Virtual Care Home – it’s interesting and informative.

97. Prime Minister’s challenge on dementia
29 March 2012 - DH
In a video blog, David Behan, Director General for Social Care and Care Partnerships talks about the Prime Minister’s challenge on dementia to society, and about how we respond to people that have dementia to support them to live the lives they want to live. The video lasts just over six minutes.

Key points
The Prime Minister has challenged us all to:
- raise the awareness around dementia
- develop the capability and capacity of staff working with people with dementia
- increase the numbers of people diagnosed with dementia (only 40% of people with dementia receive a formal diagnosis)
- ensure the quality of services is to a high standard
- ensure a research programme can be conducted.

The three workstreams
- raising awareness
- improving quality of care and health services for people with dementia
- set an ambitious program for development of research into dementia

98. For the Alzheimer victims lost in time, a new village of care
31 March 2012 - The Times
A long article on a care village in Holland, Hogeweg, which is designed to reassure (or hoodwink) the 152 residents.

99. Carers should not deceive sufferers
31 March 2012 - The Times, Commentary
Jeremy Hughes, CEO Alzheimer’s Society writes about his view of a carer’s responsibility and his view of Hogeweg.

Domiciliary care

100. Clockwatchers: how councils measure out care in minutes
26 March 2012 - The Times
Item about the poor contracting practices of many councils; Paul Burstow MP, Care Services Minister, said “It is bad practice to contract care by the minute. It means the focus is always on the clock, not the person needing care. Councils are responsible for assessing the care needs of people living in their area. Rather than contracting clock-watching, the best councils are arranging care that concentrates on delivering outcomes people deserve: dignified and compassionate care.”

Ireland, Scotland & Wales

101. Dementia care facility in Enniskillen ‘half empty’
27 March 2012 – BBC News
A purpose-built facility in County Fermanagh for people with dementia is currently standing half empty.

Gnangara in Enniskillen opened in January 2011 and offers 15 supported-living cottages, but only two of those are occupied. It also has 15 rooms but two are empty.

Twenty thousand people in NI are living with dementia and that figure is expected to rise.
http://www.bbc.co.uk/news/uk-northern-ireland-17525117

102. Edwin Poots tells health trusts ‘performance must be improved’
27 March 2012 – BBC News
Northern Ireland’s Health Minister, Edwin Poots, has told the senior management of the five health trusts in Northern Ireland that performance must be improved
at an emergency meeting with the chief executives and chairs of the trusts.

Conditions in A&E were among the items discussed. [http://www.bbc.co.uk/news/uk-northern-ireland-17528419](http://www.bbc.co.uk/news/uk-northern-ireland-17528419)

**Scotland**


26 March 2012 – Scottish Care

Scottish Care is seeking your views on the changes to the National Care Home Contract and ask for your feed back to be with them by 13.04.2012.


104. Patients to check-in themselves in NHS Lothian hospitals

27 March 2012 – BBC News

Lothian hospitals will be installing self check-in kiosks for patients, similar to those used in airports.

The machines are part of a new pilot project, and will let patients to check-in for their appointment within 30 seconds themselves, rather than wait to speak to a receptionist.

Patients swipe their finger over the touch screen and input their details into the machine. [http://www.bbc.co.uk/news/uk-scotland-edinburgh-east-fife-17523292](http://www.bbc.co.uk/news/uk-scotland-edinburgh-east-fife-17523292)

**Wales**

105. Digital X-ray system for Welsh hospitals to save £15m

27 March 2012 – BBC News

The Welsh Government is set to introduce a new system enabling digital X-rays, scans and images to be transferred quickly and easily between hospitals.

The Welsh government said that it would save the NHS up to £15m and a seven-year contract for the scheme, worth around £20m, has been awarded to Fujifilm. [http://www.bbc.co.uk/news/uk-wales-17512315](http://www.bbc.co.uk/news/uk-wales-17512315)

106. Too many waiting for NHS dentists claim Welsh Lib Dems

27 March 2012 – BBC News

The Welsh Liberal Democrat party says that far too many patients in Wales are still being left without an NHS dentist.

They say the findings of a recent survey show only 37% of dentists are accepting new adult NHS patients and in one practice, it is claimed the wait for a first appointment was six years. [http://www.bbc.co.uk/news/uk-wales-17524550](http://www.bbc.co.uk/news/uk-wales-17524550)

107. Saturday morning GP surgeries 'question of priorities'

28 March 2012 – BBC News

The doctors’ union says that deciding whether to open Welsh GP surgeries on Saturday mornings will be a "question of priorities" for the NHS.

The BMA suggested that the above move, which a is a Welsh government commitment, could mean cuts elsewhere.

It was recently revealed that fewer than a third of GP surgeries are open for their full contracted hours on weekdays. [http://www.bbc.co.uk/news/uk-wales-politics-17536110](http://www.bbc.co.uk/news/uk-wales-politics-17536110)

108. MPs question Welsh policy on replacing faulty breast implants

28 March 2012 – BBC News

A report by MPs into the breast implant scandal has questioned the Welsh government's policy on replacing them after it offered to pay to remove and replace banned PIP breast implants for those treated privately, while in England the NHS will remove but not replace them.

It said implants should only be replaced on the NHS where there is a clinical need. [http://www.bbc.co.uk/news/uk-wales-17528521](http://www.bbc.co.uk/news/uk-wales-17528521)

**Learning Disabilities**

Brunswicks LLP (@BrunswicksLLP)

27/03/2012 15:33

Consider supporting e-petition on ring-fencing funds given to councils for people with learning disabilities

Go to: epetitions.direct.gov.uk/petitions/31475

**Legislation Update**

109. Health and Social Care Bill gains Royal Assent

27 March 2012 – DH

This day the Health and Social Care Bill gained Royal Assent to become the Health and Social Care Act 2012.

Andrew Lansley, the Health Secretary, said:
“The Health and Social Care Act will deliver more power to clinicians, it will put patients at the heart of the NHS, and it will reduce the costs of bureaucracy. We now have an opportunity to secure clinical leadership to deliver improving quality and outcomes; better results for patients is our objective.”

The implementation of the Act will enable clinical leaders, patients’ representatives and local government to take new roles in shaping services.

Read the press release.

Find out more about Royal Assent on the UK Parliament website.

Mental Capacity

111. Some care homes and hospitals are still not meeting their obligations on liberty safeguards, says CQC
27 March 2012 - CQC
Awareness of the Deprivation of Liberty Safeguards...

Ed. See item 79 above.

Mental Health

112. News of investment in children’s mental health
26 March 2012 - Mental Health Foundation Newsletter
“I'm delighted to tell you that the government is investing a further £22 million over the next three years to expand psychological therapies for children and young people in schools and youth clubs.

For a long time we've been calling for services to reach out beyond traditional clinical settings and welcome this move.

This idea is at the heart of our Right Here project, which is enabling groups of young people to work with professionals to design services that better meet the unique needs of young people at risk of developing mental health problems.

At a time of austerity and cuts, it’s encouraging that the issue of mental health, particularly of children and young people’s mental health, is being prioritised.”

113. NHS North Yorkshire and York reduces spending on child mental health
30 March 2012 – BBC News
Figures show that health bosses in North Yorkshire are spending almost £1m less on child mental health services than three years ago.

NHS North Yorkshire and York spent £4.326m on Child and Adolescent Mental Health Services (CAMHS) in 2010/2011. CAMHS are now contracted out and the new providers have a combined budget of £3.394m for 2012/2013.

Data recently released by the Government revealed that one in 10 children aged five to 16 has been diagnosed with mental health problems.

Miscellaneous

114. Accident book
22 March 2012 - HSE Website Update
The Accident Book will allow you to comply with legal requirements to record accidents at work. It also contains guidance on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and the Health and Safety (First-Aid) Regulations 1981.

115. Wellington Medical Practice loses 1,000 patients
26 March 2012 – BBC News
A doctors surgery in Shropshire has promised to recruit more GPs and change its appointment system after it lost 1,000 patients in one year.

Patients at Wellington Medical Practice can currently only get appointments on the day, either by phone or by queuing.
116. I choose, fiercely, to live – but only for now
27 March 2012 - The Times
Award-winning journo, Melanie Reid, who broke her neck in a fall from a horse over a year ago and who writes a weekly article for The Times Magazine gives her view on the issue of assisted dying and how one should not condemn others to a “terrible lingering twilight”.

117. Public health workforce consultation launched
27 March 2012 – DH
Consultation closes 29 June 2012
A consultation has been launched to help identify and unlock people’s potential who are responsible for improving the population’s health and wellbeing.

The public health workforce consultation is aimed at a wide range of people, reflecting the Government’s view that public health is everyone’s business, and the findings will be used to inform a new strategy for this important group of staff.

You can also respond online to the consultation. http://www.dh.gov.uk/health/2012/03/workforce-consultation/

118. £4 million for technological solutions to tackle healthcare problems
28 March 2012 - DH
DH opened two new competitions with up to £2 million of funding each to develop technological and innovative solutions to tackle two major health challenges.

The challenge is to:

- change people’s behaviour in order to reduce the impact of obesity and alcohol related diseases
- improve the number of patients taking their medication as prescribed

Alcohol and obesity related diseases cost the NHS over £7 billion each year and between 6-10 % of all hospital admissions could be preventable if prescription medication was taken correctly.

Businesses are invited to come up with innovative solutions to these challenges. This could be anything from a device which helps people monitor what they eat or drink or a personalised care package to help people take their medication as prescribed.

Health Minister, Lord Howe said:

“Technology and innovation have an important role to play in helping to address the healthcare challenges facing the NHS. That is why we are investing £20 million in new and creative ideas and projects which can make a difference to patients’ lives.

“Today’s competitions provide an opportunity to develop highly innovative solutions for some of the biggest health problems of our time and we look forward to seeing the results.”

Recent competition winners include Eykona Technologies Ltd, which developed a novel 3D wound imaging system that allows healthcare professionals to monitor chronic wounds more effectively and tailor treatment accordingly. This system is currently being sold to the NHS.

The competitions will be managed by NHS London and NHS Midlands and East. Businesses can find out more about the competitions by attending a briefing session, which will be held in London on 12 April. More information is available on the SBRI website.

NHS London will manage the process for the competition ‘changing behaviour to reduce the impact of obesity and alcohol related diseases’. NHS Midlands and East will manage the process for the competition ‘improve the number of patients taking their prescribed medication’ in partnership with London Health Programmes

Competition details
Change people’s behaviour in order to reduce the impact of obesity and alcohol related diseases
The application process for this competition is being run through NHS London. All applications should be made using the application form.

The deadline for applications is 1 June 2012.

Improve the number of patients taking their prescribed medication
The application process for this competition is run through Health Enterprise East, the NHS Innovation Hub for the East of England. All applications should be made using the application forms.

The deadline for applications is 18 May 2012.

119. Failings on implants put women in danger
28 March 2012 - The Times
Front page item – Health Select Committee says DH and MHRA showed a “lack of urgency” in alerting women to the risks of faulty implants from PiP.
120. "Concern for Care: LCA’s Campaign for Quality Care"
28 March 2012 - Lancashire Care Association Newsletter
Only connect.

There is a connection between costs, quality and sustainability. We need to recognise this connection. For this to happen we need a better shared understanding of the cost components in care (people costs, running costs and overheads, risk and profit/surplus). We need a better understanding of what the elements of good commissioning are (a systems view, an evidenced-based approach, an understanding of costs and markets, an ideology-free approach). We need national standards for commissioning and we need it to be regulated.

We have to have a culture of provision that is positive and not dominated by fear and we have to have the workforce that can meet the challenges of increased demand, increased levels of need and new ways of working.

You can’t hammer quality into a system, it has to come from within. So, we need commissioners to be on the same page as providers. Business viability, care quality and service-user safeguarding need this common understanding as to how we make a care market viable and sustainable.

The challenge for the provider voice is to get across the fact that the sector is facing a crisis without conveying a ‘no hope’ message. The independent care sector is resilient and innovative. Commissioners who understand the costs of care, help shape a market that empowers customers and keeps viable, quality, providers in the market, is the partner providers need.

We need a proper narrative for care, covering all its shades and complexities, rather than the two-dimensional horror-story we get in headlines.

We will be running more events and putting out more content under the banner of “Concern for Care”.

Paul Simic, CEO, LCA

121. Assisted dying
29 March 2012 - The Times, Letters to the Editor
Two correspondents, (Ed. one my former criminology lecturer) about the contribution to the debate by Melanie Reid – see item 116 above. Both praise her contribution; one points out that assisted dying was common throughout history with regard to older people, the present period being described as an "anomaly".

122. Effective and practical measures to prevent infection control outlined by NICE
29 March 2012 - NICE

GPs and other healthcare professionals should decontaminate their hands immediately after direct contact with patients to prevent the spread of infection in healthcare settings, says NICE.

Around 300,000 patients acquire healthcare-associated infections (HCAIs) each year as a result of care on the NHS.

Certain HCAIs can be deadly. Clostridium difficile and the ‘superbug’ methicillin-resistant staphylococcus aureus (MRSA) led to approximately 9,000 deaths in hospital and primary care in England in 2007.

The cost of HCAIs to the NHS is estimated to be around £1 billion a year, with £56 million of this thought to be incurred once patients have been discharged from hospital.

NICE has updated its guidance on infection control to take into account new evidence since it was originally published in 2003.

The updated guidance also reflects the fact that more and more patients are being seen in primary care and more complex issues are being dealt with by GPs and practice nurses.

The guideline says that hands must be decontaminated immediately before every episode of direct contact with patients, and that this should now include aseptic procedures as well.

Furthermore, hands should be decontaminated after every episode of direct patient contact or care, after any exposure to body fluids, after contact with a patient's surroundings that could potentially result in hands being contaminated, and immediately after gloves are removed.

GPs and healthcare workers should ensure their hands are decontaminated throughout the duration of clinical work.

They should do this by being bare below the elbow when giving direct patient care, removing wrist and hand jewellery, ensuring fingernails are short, clean and free of nail polish, and by making sure cuts and abrasions are covered with waterproof dressings.

Guidelines on techniques for effective handwashing remain unchanged. However, in a further update, it is recommended that GPs and healthcare workers ensure that gloves that have been exposed to body fluids and could be contaminated are disposed of correctly, and in accordance with national legislation and
local policies.

Used sharps should be discarded immediately by the person generating the sharps waste. The sharps should be disposed of into a sharps container that conforms to current standards.

Additionally, all healthcare workers, including those in community settings must have available appropriate supplies for decontamination.

Patients and carers should be educated about hand decontamination. This should cover the benefits of hand decontamination, correct techniques and timing over when it is appropriate to use liquid soap and water or handrub, the availability of hand decontamination facilities, and what their roles are in maintaining standards.

Dr Julian Spinks, a GP and member of the Guideline Development Group for this update, said: “At a time where increasingly complex procedures are being provided in primary care, infection control is becoming more and more important.

“This guideline provides information about effective and practical measures that primary care clinicians can take to reduce the burden of healthcare-associated infection and forms an important part of the armoury for those of us who wish to provide high quality care in the community.”

A range of implementation tools are being published alongside the guideline to support its use, such as a clinical audit tool and a baseline assessment tool.

Ed. Perhaps its me, but, didn’t Ignaz Semmelweis, in the mid-nineteenth century, hit on the idea of washing hands between seeing patients to reduce the incidence of puerperal fever? It must be frustrating for such basic understanding to become ‘lost’.

123. Husband speaks out on wife’s assisted suicide
29 March 2012 – BBC News
Husband’s ‘raging anger’ at assisted suicide law
29 March 2012 – BBC News
Barry Sheldon, the man who helped his terminally ill wife to die has broken his silence about his arrest and the 15 months he spent on police bail.

He was arrested by the Metropolitan Police after he admitted in a 2010 Newsnight programme that he helped his wife Elizabeth, a district nurse, prepare for a fatal overdose 30 years ago.

http://www.bbc.co.uk/news/uk-england-suffolk-17550882
http://www.bbc.co.uk/news/uk-england-suffolk-17552541

Viaspan preserves the liver, pancreas and bowel and is mostly used when organs are transported in the UK, but tests have found bacteria, Bacillus cereus, in the solution that is used to test the sterility of viaspan.

Doctors are still being advised to continue using it until alternatives can be found.
http://www.bbc.co.uk/news/health-17556675
http://news.bbc.co.uk/today/h/today/newsid_9709000/9709956.stm

125. All providers should offer to replace breast implants which have failed according to Health Committee
30 March 2012
The Health Committee welcomes the Government's decision to commission two reviews following public concern about breast implant surgery, following the decision of the French authorities to recommend removal of implants sourced from PIP.

The two reviews have different terms of reference:

The first, led by Sir Bruce Keogh, is tasked with assessing the regulation of cosmetic interventions in general. Sir Bruce’s expert group will also continue to analyse the scientific evidence of risk arising from PIP implants.

The second, led by Earl Howe, is tasked with analysing the policy reaction, in particular by MHRA and DoH, to the announcement by the French authorities in March 2010 that PIP products did not comply with the requirements of their CE registration.

Conclusions
Following a brief inquiry into the background to these events the Committee concludes:

- Sir Bruce Keogh’s preliminary report concluded that, although there is no evidence of likely long term negative health effects attributable to PIP

Brunswicks LLP (@BrunswicksLLP) 29/03/2012 16:49
Jersey abuse victims from as long ago as 1945 to receive payments from States of Jersey between £10k & £60k for abuse between 1945 & 1994

124. Transplant organ fluid 'contaminated'
29 March 2012 – BBC News
Transplant patients 'will not be harmed'
30 March 2012 – BBC News
The Government has revealed that a solution used to preserve some donor organs could be contaminated with bacteria.

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Conclusions
Following a brief inquiry into the background to these events the Committee concludes:

- Sir Bruce Keogh’s preliminary report concluded that, although there is no evidence of likely long term negative health effects attributable to PIP
implants, the quality of evidence available does not allow definitive conclusions to be drawn.

- The Committee agrees with Sir Bruce that further evidence gathering about the risks associated with non-compliant implants is urgently required.
- The Committee welcomes the Government’s undertaking that the NHS will remove and replace any NHS implant which has failed, and agrees with the Government that all other care providers should make the same offer.
- The Committee welcomes the Government’s undertaking that the NHS will remove non-NHS implants in circumstances where the woman is unable to obtain treatment from her original provider, but urges the Government to agree a protocol under which a replacement implant can be inserted in the same operation if that is the wish of the woman, with the support of her clinicians.
- The Committee recommends that the cost of all care provided in respect of non-NHS implants should be recovered, where possible, from the original care provider, or their insurers.

The Committee recommends that Earl Howe’s review should focus on the following key policy issues:

- The Committee is concerned about the quality of information available about devices that have been implanted into patients; the Committee regards the maintenance of a full audit trail of devices implanted into patients as essential to good medical practice, and recommends that these procedures should apply in all care environments - in both the public and private sector - and that the information should be readily retrievable by a patient’s clinicians.
- The Committee was concerned by evidence that MRHA notices withdrawing CE registration from individual products do not require any positive response from non-NHS users of those products; it recommends that Earl Howe’s Review consider requiring all relevant care providers to confirm they have received and acted on such notices. The Committee also recommends that such obligations should apply equally to all care providers - both public and private sector.
- The Committee was concerned by evidence that some patients may have received implants without being fully aware of the medium and long term consequences of such implantation - in particular including the fact that all implants eventually require replacement. Surgeons working in this field have a professional obligation to ensure that their patients consent to treatment and that such consent is provided on a fully informed basis.

The Committee further recommends that the GMC review surgeons’ performance of this obligation, and of the obligation to report adverse incidents concerning medical devices to the MHRA.

Launching the report, Health Committee Chair Stephen Dorrell MP said,

“We are broadly supportive of the immediate actions taken by the Government in response to the events of December 2011, but we believe the wider facts surrounding the use of PIP breast implants raise some important concerns:

The information available is acknowledged to be insufficient either to allow the regulator to make evidence-based judgements about the safety or otherwise of implants that were in widespread use, or to allow patients’ clinicians to know whether their individual patient is affected. This is clearly unsatisfactory.

Furthermore there are questions about whether care providers reacted properly to the notices issued by the MHRA in March 2010. The obligations on both care providers and the MHRA need to be urgently reviewed to ensure that proper safeguards exist around the use of devices intended for human implantation.

Finally there have been worrying suggestions that the quality of professional advice available to patients may have been variable - and in some cases fallen short of the standards which are required of a doctor registered with the GMC. We believe these are issues for the GMC itself to take forward, in parallel with the work of the reviews led by Sir Bruce Keogh and Earl Howe.”

- Report: PIP breast implants and regulation of cosmetic interventions
- Inquiry: PIP breast implants and regulation of cosmetic interventions
- Health Committee

Brunswicks LLP (@BrunswicksLLP)
30/03/2012 11:49
Keith Lewin is chairing the Action on Elder Abuse annual Conference.

Excellent speakers this morn - incl Lord Justice Munby

Sell-out event
126. Frequently Asked Questions about Healthcare/Hospitals - HSE
http://www.hse.gov.uk/healthservices/faqs.htm

http://www.hse.gov.uk/research/rrpdf/rr914.pdf

Ed. By coincidence (or is it?), the April 2012 issue of Quality & Compliance Magazine has a full specimen policy on ‘Sharps’ handling and waste.

128. UK biobank opens to researchers
30 March 2012 – BBC News
The UK Biobank has opened its doors to researchers. It is the most comprehensive health study in the UK with about 20TB (terabytes) of securely stored data, the equivalent of 30,000 CDs-worth, on 500,000 people.

The aim of the biobank is to improve the prevention, diagnosis and treatment of a wide range of conditions such as heart disease, cancer and diabetes.
http://www.bbc.co.uk/news/health-17553931

129. Managing personal care
April 2012 - Quality & Compliance Magazine
Caroline Anglesea writes about the fundamentals of personal care with her head to toe tool to assist in making sure all aspects are in the carers mind.

130. Common areas of non-compliance
April 2012 - Quality & Compliance Magazine
Richard Slimm summarises what CQC says it finds as common areas of non-compliance by care providers.

131. Handling and disposing of sharps
April 2012 - Quality & Compliance Magazine
Consideration by Suzanne Averill of how to minimise injuries and infection from handling objects with the potential to puncture or cut the skin.

132. Monitor finds Cambridgeshire and Peterborough NHS Foundation Trust in significant breach
26 March 2012 - Monitor
Monitor, the independent regulator of NHS Foundation Trusts, has found that Cambridgeshire and Peterborough NHS Foundation Trust is in significant breach of the terms of its authorisation due to its failure to provide effective leadership and governance.

The decision is triggered by the failure of the Trust Board to address Care Quality Commission (CQC) concerns within an appropriate period of time.

Following a period of review, Monitor has found that the Board is failing to exercise appropriate non-executive leadership in identifying and addressing risks to quality of care. The regulator has warned that, despite the fact that the Trust has now dealt with concerns raised by the CQC since May 2010, there remains a risk that without effective Board oversight further issues may arise.

The Trust will be kept under close scrutiny and will be expected to commission a review of the way the Trust governs health services to understand how the weaknesses can be addressed. Monitor expects the Trust to provide assurance that there are effective arrangements in place to monitor and improve the quality of healthcare, in line with recommendations made by an external review of Board leadership. If Monitor finds that the Trust Board is not making adequate improvements, our Board may decide to use its powers of formal intervention.

Speaking after Monitor’s Board Committee made its decision, Stephen Hay, Chief Operating Officer at Monitor, said:

“The central issue is that, while the Trust has now addressed the CQC’s concerns, the way they did this and the time they took revealed a lack of strong leadership at Board level.

“We welcome the steps the incoming Chief Executive has already taken. However, if the Board cannot drive improvements in the way they run the Trust, there is a risk that similar issues may arise again.

“We will be keeping a close eye on the Trust and will review its progress against specific actions. We’ve made it clear that if the Trust fails to deliver timely and sustainable progress, we’ll look again at whether we need to take further regulatory action.”

Monitor says Cambridgeshire and Peterborough NHS Foundation Trust is in significant breach coz of failure of leadership
26/03/2012 20:37
Monitor says Cambridgeshire and Peterborough NHS Foundation Trust is in significant breach coz of failure of leadership
132. A&E waits for patients in ambulances increase in southern England
26 March 2012 – BBC News
Patients are waiting longer in ambulances at hospital entrances because of hold-ups at A&E departments, it has been claimed.

South Central Ambulance Service has claimed that patients are waiting longer in ambulances at hospital entrances because of common hold-ups at A&E departments.

The main reason being was while beds were found for patients had risen by 64% in a year and this in turn meant vehicles could not get back on the road to respond to further calls.

http://www.bbc.co.uk/news/uk-england-17493149

133. Queen's Medical Centre A&E reports 20% rise in patients
26 March 2012 – BBC News
Staff at a Nottingham hospital have appealed to people to visit A&E only in real emergencies after there an unexpected rise in admissions.

500 more people than normal were admitted to the department at the Queen’s Medical Centre last week alone.

http://www.bbc.co.uk/news/uk-england-nottinghamshire-17505174

134. Four West Midlands hospitals given trauma centre status
26 March 2012 – BBC News
Four West Midlands hospitals have become designated trauma centres, University Hospital in Coventry and University Hospital of North Staffordshire, Stoke-on-Trent, Queen Elizabeth Hospital Birmingham and Birmingham Children's Hospital.

The centres will deal with multiple injuries and other complex emergencies.

http://www.bbc.co.uk/news/uk-england-17509700

135. Public health workforce consultation launched
27 March 2012 - DH
A consultation has been launched to help identify and unlock the potential of the people who are responsible for improving the population’s health and wellbeing.

The public health workforce consultation is aimed at a wide audience, reflecting the Government’s view that public health is everyone’s business, and the findings will be used to inform a new strategy for this important group of staff.

Towards a workforce strategy for the public health system covers the challenges and opportunities, wider workforces and local community issues, and how to make sure we get it right for the public health specialist workforce. It is endorsed by the Local Government Association, which is encouraging councils to take part in the consultation.

You can also respond online to the consultation.

The consultation, which was signposted in the public health document Healthy Lives, Healthy People: Update and way forward, is open until 29 June 2012.

136. South Gloucestershire's home care privatisation plan postponed
27 March 2012 – BBC News
Plans to privatise home care services in South Gloucestershire were postponed until June, in order to safeguard 130 jobs until the summer, when a final decision will be made.

The decision to move home care services was first brought up in autumn in an effort to save £1.1m from the council's budget.

http://www.bbc.co.uk/news/uk-england-bristol-17521105

137. Northampton hospital pays brain-damaged girl £1m
27 March 2012 – BBC News
A Northamptonshire six-year-old girl who suffered severe brain damage during her birth has been awarded more than £1m in compensation by Northampton General Hospital NHS Trust.

The girl was starved of oxygen during her birth at Northampton General Hospital in March 2006 and as a result, is now severely disabled.

http://www.bbc.co.uk/news/uk-england-northamptonshire-17528758
138. NHS Oxfordshire medical records to be shared online
27 March 2012 – BBC News
The medical records of people living in Oxfordshire are set to be put online and made accessible to doctors around England.

About 557,000 people registered with GPs will receive letters about the changes from Tuesday, and will be given the choice to opt out. http://www.bbc.co.uk/news/uk-england-oxfordshire-17521186

139. Leaked document warns of NHS risk
27 March 2012 – BBC News
A leaked document warns of rising costs of GP care and poorer response to health emergencies as some of the risks of the ongoing NHS shake-up.

A draft risk register found a high chance of dangers such as a loss of financial control from the Health Bill.

The Government has not published the final risk assessment, despite a ruling from the Information Commissioner. http://www.bbc.co.uk/news/health-17522224

140. NHS Constitution maximum waiting time treatment poster available
27 March 2012 – DH
A poster has been released to help raise awareness of the NHS Constitution right to access consultant led non emergency treatment within a maximum of 18 weeks, or if this is not possible and where requested, for the NHS to take all reasonable steps to offer a range of alternative providers.

The poster which can be used in GP surgeries and hospital waiting areas to publicise the NHS Constitution maximum waiting time guarantee and can be ordered in hard copy via the DH Orderline (product code 408795) or is available to download. http://www.dh.gov.uk/health/2012/03/nhs-waiting-times-poster/

141. Exclusive: NHS Commissioning Board to appoint all CSS leaders
28 March 2012 - Health Service Journal
The NHS Commissioning Board announced to HSJ that it will appoint all commissioning support service leaders this spring.

142. Monitor should toughen assessments following scandal - Bennett
28 March 2012 - Health Service Journal
Monitor’s executive chair has acknowledged that it is “very likely” University Hospitals of Morecambe Bay had “deep-seated problems” at the time his organisation granted the trust foundation status.

Ed. So, there are at least two...Morecambe Bay and Mid Staffs; how many others are there?

143. £4 million for technological solutions to tackle healthcare problems
28 March 2012 – DH
The DH has opened two competitions with up to £2 million of funding with each for developing technological and innovative solutions to tackle two major health challenges.

The challenge is to:
- change people’s behaviour in order to reduce the impact of obesity and alcohol related diseases
- improve the number of patients taking their medication as prescribed
http://www.dh.gov.uk/health/2012/03/sbri/

144. Medical director at Morecambe Bay hospitals trust stands down
28 March 2012 – BBC News
Peter Dyer, the medical director at University Hospitals of Morecambe Bay NHS Foundation Trust will be standing down.

The troubled health trust covering south Cumbria and Lancashire has been criticised by health watchdogs and is also under the spotlight after a number of deaths inside the maternity unit at Furness General Hospital.

Dyer has held the post for six years. http://www.bbc.co.uk/news/uk-england-17541373

145. Listening to music 'makes surgery less stressful'
28 March 2012 – BBC News
Surgeons have revealed that playing music to patients while they go under the knife reduces their anxiety and may even aid healing.

A team at the John Radcliffe Hospital in Oxford found that easy listening tracks and chart hits can have a calming effect on patients who are awake for surgery under local anaesthetic.

Their study was published in Annals of the Royal College of Surgeons, and tracked the progress of 96 patients having minor surgery at the hospital. http://www.bbc.co.uk/news/health-17525232
Surgeons have announced that its new approach to hip and knee replacement surgery is helping patients in Devon and Cornwall recover more quickly.

About 800 people from both counties get new hips and knees at Derriford Hospital in Plymouth each year and the hospital's new so-called "joint schools" better-prepared patients for operations.

http://www.bbc.co.uk/news/uk-england-17531219

Patients who had private implants can have them removed, but not replaced, on the NHS if the clinic will not help.

http://www.bbc.co.uk/news/health-17528830
http://www.bbc.co.uk/news/health-17533219
http://www.bbc.co.uk/news/health-17533215

Neither party could win damages claims after their contract ended, he said. The Judge said the deductions were "patently absurd".

http://www.bbc.co.uk/news/health-17540815

"The Health and Social Care Act will, in reality, empower NHS clinicians to determine the type of health services needed in their local area, using their clinical expertise and their knowledge to ensure NHS services meet the needs of patients.

"My ambition is for a clinically-led NHS that delivers the best possible care for patients. Politicians should not be able to tell clinicians how to do their jobs. I hope you and your colleagues in the NHS will take advantage of the new freedoms the Act has put in place."

See full letter from Health Secretary to NHS staff

NHS Chief Executive Sir David Nicholson has written to NHS staff about transition arrangements, following the passing of the Health and Social Care Bill.

Sir David says the passage of the Bill provides clarity and certainty about future direction and that "the onus now switches to the health and care system and the complex and challenging task of implementing the changes on the ground."

"The complexity and scale of the agenda we all face over the next 12 months is very significant… We must keep focused on the overall purpose of the changes we are making: to deliver great outcomes for our patients. That is our over-riding goal and we must work together over the next year to build a system that will not help.

http://www.bbc.co.uk/news/health-17540815

next steps for transition set out
that can continue to deliver it.”

Read Sir David’s letter in a special edition of the month

153. Nicholson: commissioning staff will know job fate by December
29 March 2012 - Health Service Journal
NHS Commissioning Board chief executive, Sir David Nicholson, has announced commissioning staff will find out whether they have a place in the new commissioning system, and many will be transferred, by December.

154. Acute sector faces wave of mergers and reconfigurations
29 March 2012 - Health Service Journal
The English NHS hospital sector is facing a wave of mergers, acquisitions and reconfigurations, HSJ’s extensive survey of trust chief executives has revealed.

155. NHS £20bn savings progress questioned
29 March 2012 – BBC News
Government claims the NHS in England is making good progress on its savings target has been thrown into doubt.

The health service was told to find £20bn in savings by 2015 - 4% to 5% of its budget a year, but it was told that this saving must not come from cuts, but instead be made through productivity savings.

156. Health Secretary thanks NHS staff and sets out ambition for clinically-led NHS
29 March 2012 – DH
Health Secretary, Andrew Lansley, has thanked NHS staff for their work over the last year and has spoken to reassure them the Health and Social Care Act “explicitly supports the core principles of the NHS”. This would include: care provided free at the point of use, funded from general taxation, and based on need, not ability to pay.

http://www.dh.gov.uk/health/2012/03/lansley-letter/

157. Sir David Nicholson sets out next steps for transition
29 March 2012 – DH
NHS Chief Executive Sir David Nicholson has written to NHS staff about transition arrangements, after the Health and Social Care Bill was passed.

He said the passage of the Bill provides clarity and certainty about future direction and that “the onus now switches to the health and care system and the complex and challenging task of implementing the changes on the ground”.

http://www.dh.gov.uk/health/2012/03/transition-update/

158. Trust warned over Leeds General Infirmary care standards
29 March 2012 – BBC News
A health watchdog has warned Leeds Teaching Hospitals NHS Trust that is must improve care standards at Leeds General Infirmary or face “serious consequences”.

Inspectors found "poor care and sometimes insufficient staff" during visits to the hospital in early 2012.

The trust has since apologised "unreservedly" to those patients and families affected.

http://www.bbc.co.uk/news/uk-england-leeds-17553548

159. Hull patients to travel to Scunthorpe for teeth extractions
29 March 2012 – BBC News
NHS Hull has failed to secure a contract to use general anaesthetics in tooth extractions at local hospitals when its current agreement ended in March.

The outcome means patients will have to attend Scunthorpe General Hospital with some having to travel more than 60 miles.

http://www.bbc.co.uk/news/uk-england-humber-17545869

160. Major A&E departments face axe as NHS chiefs try to save £20bn
30 March 2012 - Evening Standard
Report that there will be fewer A&E locations in hospitals across London as hospitals are “downgraded” to local hospital status.

161. Statistical Press notice: PIP breast implants
30 March 2012 - DH
Latest weekly PIP implant data (covering the period 6th January to 25 March)
This release covers two weekly data collections monitoring the “NHS Offer” for patients who have had PIP implants.

The first collection monitors the extent to which patients who had PIP implants implanted privately have presented to the NHS.

The second collection tracks the care of those women who have previously had PIP implants implanted by the NHS. This collection covers the seven NHS providers which had used PIP implants on NHS patients in the past.

The key points from the latest data are:

Private PIP implants
- A total of 5,518 referrals have now been received, 286 of these were received during the last week
The following statistics were released by the Department of Health on 30 March 2012.

NHS PIP implants
- The latest estimate of the number of women with NHS PIP implants in place on 6th January is 791.
- A total of 762 women have been contacted to date.
- 58 scans have been completed. 153 decisions have been made to explant and 25 explants have already taken place.
- 37 women have completed their NHS offer


Main Findings – System Indicators for February 2012
- The proportion of Category A calls resulting in an emergency response arriving within 8 minutes was 73.9% nationally, ranging from 77.3% to 71.1% across different ambulance trusts. The performance in February, 73.9%, is worse than the year-to-date position (April – February) of 76.1%. Please note, however, that data for February 2011 was collected under a different collection methodology from which a monthly figure is calculated.
- The proportion of Category A calls resulting in an emergency response arriving within 8 minutes was 73.9% nationally, ranging from 77.3% to 71.1% across different ambulance trusts. The performance in February, 73.9%, is worse than the year-to-date position (April – February) of 76.1% on emergency responses within 8 minutes. Performance has also worsened when compared to the same period in the previous year – in February 2011 performance was 77.2%. Please note, however, that data for February 2011 was collected under a different collection – the Weekly Situation Reports – from which a monthly figure is calculated.
- Ten Trusts failed to achieve the standard for 75% of Category A calls to receive an emergency response within 8 minutes. The only two who did meet this standard were North West Ambulance Service and the Isle of Wight.
- Several Trusts have cited increased activity as a reason for the worsened performance. There was an average of 7,469 Category A calls per day in February – the second highest for a month in this financial year.
- The re-contact rate following discharge of care has two components:
  - Re-contact following discharge of care by telephone, where 15.1% of such calls resulted in the patient re-contacting the Ambulance Service within 24 hours. This is a worsening over the year-to-date position (April – February) of 14.5%.
  - Where the discharge of care was from face-to-face treatment by the ambulance service at the scene, 5.8% of such patients re-contacted the Ambulance Service within 24 hours, which is a better performance than the year-to-date figure (April–February) of 5.9%. The range this month was 9.0% down to 2.7%.
- There is a separate element on those re-
contacting the Ambulance Service and that deals with those for whom there is a locally agreed frequent caller procedure in place. Nationally, 1.0% of patients for whom a frequent caller handling procedure is in place re-contacted the ambulance service within the month; however, frequent caller procedures are locally determined and protocols will vary across ambulance services. Six Trusts were not able to identify frequent callers. For those Trusts that were able to supply both a numerator and denominator, the corresponding figure was 2.1%.

- Where ambulance calls were closed with telephone advice or managed without transport to A&E then 5.7% of emergency calls that received a telephone or face-to-face response were resolved by telephone advice, which is an improvement against the year-to-date figure (April-February) of 5.0%. The range across all trusts was 9.7% to 3.4%.

- Of those emergency calls that received a face-to-face response, 34.3% were either discharged at the scene, transferred to a destination other than a Type 1 or Type 2 A&E, or were referred to an alternative care pathway. This month’s performance is better than the year-to-date performance (April-February) of 33.8%. This month’s performance ranged from 19.1% to 49.1%.

- Data on the median, 95th and 99th percentiles were collected, at Ambulance Trust level, for both Time to Answer Calls and Time to Treatment. However, it is not possible to produce a national median/95th/99th percentile.

- For the time to answer a call, the median ranged from less than a second to 3 seconds. The 95th percentile ranged from 1 to 55 seconds and the 99th percentile had a range of 8 seconds to 2 minutes and 6 seconds.

- The median time to treatment ranged from 5.1 minutes to 6.4 minutes, the 95th percentile ranged from 12.8 to 22.5 minutes and the 99th percentile had a range of 19.6 to 39.7 minutes.

- In February 2012 there were 394,439 emergency journeys, which is an average of 13,601 per day. This is greater than in February 2011 when there was an average of 13,412 per day. Please note, however, that data for February 2011 was collected under a different collection – the Weekly Situation Reports – from which a daily figure has been calculated.

Main Findings – Clinical Outcomes for November 2011

This return runs with a 3-month lag on the Systems Indicators, as this time is required in order for those patients transported by ambulance to have their outcomes resolved.

The Return of Spontaneous Circulation (ROSC) is calculated for two patient groups: The overall rate measures the overall effectiveness of the urgent and emergency care system in managing care for all out-of-hospital cardiac arrests; the rate for the Utstein comparator group provides a more comparable and specific measure of the management of cardiac arrests for the subset of patients where timely and effective emergency care can particularly improve survival (e.g. 99 calls where the arrest was not witnessed and the patient may have gone into arrest some hours before the 999 call are included in the figures for all patients, but are excluded from the Utstein comparator group figure).

- Of those patients who had an out-of-hospital cardiac arrest, 21.3% had ROSC on arrival at hospital where resuscitation was commenced or continued by ambulance personnel. This is a deterioration in performance when compared to the year-to-date (April-November) figure of 22.9%. Performance ranged from 9.1% to 32.3% across all ambulance trusts.

- For those patients who had an out-of-hospital cardiac arrest that was witnessed, and where the patient had a heart rhythm that was suitable for defibrillation (i.e. the Utstein comparator group), 42.7% had ROSC on arrival at hospital where resuscitation was commenced or continued by ambulance personnel. Again, this was a deterioration compared to the year-to-date (April-November) figure where performance was 44.1%. On mainland England performance ranged from 21.9% to 59.1%.

As with the Return of Spontaneous Circulation, survival to discharge following cardiac arrest is reported separately for all patients, and for the subset of patients in the Utstein comparator group.

- Of those who suffered an out-of-hospital cardiac arrest, where ambulance staff commenced/continued resuscitation, 5.7% were discharged from hospital alive. This is a deterioration compared to the year-to-date (April-November) figure of 6.7%. Performance for Trusts on mainland England ranged from 4.4% to 11.4%. South Central Ambulance Service was unable to return data for this element of the collection.

- For those patients who had an out-of-hospital cardiac arrest that was witnessed, and where the patient had a heart rhythm that was suitable for defibrillation and resuscitation was commenced or continued by ambulance personnel, 20.7% were discharged from hospital...
alive, compared to 22.2% from April-November, a deterioration in performance. This indicator is characterised by small numbers. Performance percentage figures derived from these figures are likely to be subject to large variation, within and across months. This month performance, on mainland England, ranged from 3.1% to 38.2%. On the Isle of Wight, only one patient fitted this category and unfortunately they were not discharged alive. South Central Ambulance Service was unable to return data for this element of the collection.

- Of those patients with an initial diagnosis of ‘definite myocardial infarction’ receiving thrombolysis where the first diagnostic ECG was performed by ambulance personnel, 48.6% received the thrombolysis within 60 minutes of the call being connected to the ambulance service. The year-to-date figure from April-November is 53.6% so there has been a deterioration in performance. As with the previous indicator, very small numbers were returned across those Trusts that are reporting data for this line. Six Trusts returned zero returns for this element. Of those six, four Trusts do not return this data and have confirmed that this indicator is not applicable to them, as their clinical pathway does not include thrombolysis, only PPCI. These trusts are Great Western, South Central, North East and East of England.

- Those patients for whom a primary angioplasty occurred within 150 minutes of the call being connected to the ambulance service following the first diagnostic ECG being carried out by ambulance personnel, represented 91.0% of all such patients that fulfilled this criteria, a better performance than 89.6% from April

8.3% to 47.4%. This is comparable to April-November 2011 where performance for this indicator was 66.1%.

- Of the suspected stroke patients assessed face to face, 95.5% received an appropriate care bundle, showing a better performance than the 93.3% between April and November 2011. Performance ranged from 88.8% to 47.4%. This is comparable to November where 73.2% received the appropriate bundle. Performance ranged from 98.0% to 60.9%.

- 66.0% of FAST positive patients, who were assessed face to face, arrived at a hyperacute stroke centre within 60 minutes of the call being connected to the ambulance service. Performance ranged from 88.8% to 47.4%. This is comparable to April-November 2011 where performance for this indicator was 66.1%.

Performance statistics on ambulance services in other countries of the UK can be found at:


Northern Ireland: [http://www.niamb.co.uk/docs/corporate_info.html](http://www.niamb.co.uk/docs/corporate_info.html) and [http://www.niamb.co.uk/docs/corporate_info_trust.html](http://www.niamb.co.uk/docs/corporate_info_trust.html)

163. Glut of doctors looms in NHS

30 March 2012 - Financial Times

NHS surplus 'will force 20,000 doctors to work abroad'

31 March 2012 - The Times

Thousands of junior doctors and medical students could have to take jobs overseas as the cash-strapped NHS faces an oversupply of 20,000 doctors. [http://link.ft.com/r/9ULF66/62FEAP/D4KYBK/97EF50/2OSOG3/VU/h?a1=2012&a2=3&a3=30](http://link.ft.com/r/9ULF66/62FEAP/D4KYBK/97EF50/2OSOG3/VU/h?a1=2012&a2=3&a3=30)

164. NHS trust head Margaret Foster dealt with complaint concerning surgeon husband

30 March 2012 – BBC News

Health trust Chief Executive Margaret Foster who dealt with a complaint about a patient’s treatment failed to declare she was married to a surgeon involved.

She was then head of Pontypridd and Rhondda NHS Trust, wrote to the patient’s daughter after complaints about a routine operation.

A health watchdog agreed that not revealing the relationship may have been seen as a conflict of interest. [http://www.bbc.co.uk/news/uk-wales-south-east-wales-17554117](http://www.bbc.co.uk/news/uk-wales-south-east-wales-17554117)

165. NHS bosses accused of failures at Royal Glamorgan Hospital

30 March 2012 – BBC News

NHS managers at the Royal Glamorgan Hospital in Llantrisant have been accused of serious clinical failurs by the ombudsman after two investigations were made into mistakes.

The former chief executive was also criticised for her handling of a complaint over an operation involving her surgeon husband. [http://www.bbc.co.uk/news/uk-wales-17566339](http://www.bbc.co.uk/news/uk-wales-17566339)
166. The doctors and nurses putting lives at risk because they can’t speak English
31 March 2012 - Daily Mail
As the EU bans language tests a patient tells how ringing 999 from her hospital bed was then only way to make staff understand that she was desperately ill and how there were ‘mistaken’ entries in her notes.

167. University Hospitals of Leicester NHS Trust to cut jobs
31 March 2012 – BBC News
The University Hospitals of Leicester NHS Trust needs to make savings of £35m pounds in the next financial year and as a result, about 400 posts could go and 10 operating theatres could be closed down.

The authority said £14.5m of that would have to come out of the wage bill but most jobs would go through natural wastage.

168. Dying nurse vents anger over NHS secrecy
01 April 2012 - The Sunday Times
Debbie Westwick, 49, a breast cancer sufferer, is campaigning against the secrecy that allows doctors under sanctions of the GMC or suspected of serious failings to continue working without patients knowing.

This happened to Ms Westwick, the oncologist treating her, Howard Smedley, was made subject to supervision – for reasons still not disclosed – part way through her treatment her surgeon, David Jackson, was suspended, then sacked.

She now has tumours on her spine, skull, hips and other bones. No one will know whether her outcome would have been different had she been aware of the proceedings against the doctors, but, she believes she should have been informed.

Ed. It is hard to disagree.

169. NHS prescription fee rise to £7.65 comes in to effect
01 April 2012 – BBC News

Royal Pharmaceutical Society questions prescription fee
01 April 2012 – BBC News

Prescription cost rises to £7.65 in England
01 April 2012 – BBC News

An increase in NHS prescription charges in England of 25p to £7.65 came into effect on 01.04.2012.

The government says exemptions mean 90% of prescription items are dispensed free.

However, the Royal Pharmaceutical Society campaigned for a freeze and says the rises are completely unacceptable.

170. Royal Sussex County Hospital morphine diluted
01 April 2012 – BBC News

Bottles of painkilling liquid morphine were found diluted on a surgical ward at a Sussex hospital on 03.03.2012 and 04.03.2012

The trust said no patients had been harmed and no arrests had been made by police, who are investigating the case.

171. Heath and Social Care Bill: Lansley explains changes
01 April 2012 – BBC News

Health Secretary Andrew Lansley: NHS will be stronger
01 April 2012 – BBC News

Health and Social Care Bill: NHS bill becomes law
01 April 2012 – BBC News

Health Secretary Andrew Lansley was asked to "simply and concisely" explain the NHS changes in England after it became law.

He said that patients would get more information and more choice, their services had to be "more joined-up", there would be a cut in bureaucracy, and with a stronger voice for patients.

172. Bristol hospitals record 90% drop in superbug cases
01 April 2012 – BBC News

New figures show that superbug cases in Bristol hospitals dropped by up to 90% over the past five years.

364 cases of clostridium difficile and 47 cases of MRSA were recorded by University Hospitals Bristol (UHB) between April 2007 and March 2008 and those numbers dropped to 54 and four respectively for the past year.

Nursing

Nothing to report
Older People

173. Elderly cancer treatment 'shame'
26 March 2012 – BBC News
Hazel Brodie, older people’s expert at Macmillan Cancer Support, is warning that measures don't go far enough to reduce the number of cases of cancer in older people, nor do the steps to diagnose cancer earlier. She is calling for more to be done to ensure older people get access to treatment.

Mortality rates are improving significantly for the under 75s, around 14,000 cancer patients over 75 are dying prematurely each year in the UK.
http://www.bbc.co.uk/news/health-17492944

174. Older cancer patients 'under-treated'
26 March 2012 – Age UK
A new report by Macmillan Cancer Support suggests that older cancer patients often do not receive the same amount of treatment as younger patients because it is generally assumed that they can't cope.

As a result, this means that many older people are denied access to the best medicine and also receive fewer radiotherapy and chemotherapy treatments than other patients, the charity’s report ‘The Age Old Excuse: The under-treatment of older cancer patients’ said.
http://www.ageuk.org.uk/latest-news/older-cancer-patients-under-treated/

175. Continuity of care failing frail older people in hospitals
27 March 2012 – The King’s Fund
Two reports published today by The King’s Fund highlight how frail older people are being exposed to unacceptable standards of care and moved around from pillar to post in hospital because of a lack of continuity of care.

The first report draws attention to breakdowns in continuity of care inside hospitals. Analysis of inpatient surveys cited in the report shows that measures of continuity of care - that is, the effective planning, communication and co-ordination of care - have remained static or slightly worsened between 2005 and 2010:

- nearly half of all patients thought they were not at all involved or only to some extent involved in the decisions that affected their care
- one in five said they could not find a member of staff to talk to about their worries and fears
- two-fifths said that their discharge was delayed.

Older people make up the majority of hospital patients, accounting for 70% of occupied beds. They often have multiple health needs, which make continuity of care especially important. The report shows how pressure to maintain high bed occupancy, reduce lengths of stay and meet access targets in hospitals leads to patients being assigned the first free bed, often in the wrong ward, before being transferred again. Transfers of the same patient can happen more than once and often occur late at night.

Researchers found that the most distressing failures of continuity of care for patients and carers is the breakdown of communication and relationships with frontline staff. Failing to communicate can leave patients and carers feeling isolated and frustrated. Terms such as ‘bed blocker’ are often used to describe older patients, highlighting a more entrenched problem where specialising in the care of older people is perceived as unattractive. This is often accompanied by a sense of ‘therapeutic nihilism’ whereby staff, unable to see beyond the age of the patient, leave treatable conditions undiagnosed.

The report finds that the barriers to improving continuity of care in hospitals are deep rooted and systemic. The physical environment and daily routines are unsuitable for many older patients who need supportive care and rehabilitation, and who may spend a period of weeks as an inpatient. It calls for a revolution in the way that older people experience care in hospital. For example, there needs to be a named key worker available 24/7, complete medical records should be held electronically and all staff should be trained in the care of older patients.

Alongside this report, the Fund has also published the conclusions of a two-day summit attended by senior figures from the NHS and social care, academics and organisations representing patients and older people. This specifically addresses how to improve care for frail older people with complex needs, making five key recommendations:

1. Ward leaders should be identified to take responsibility for standards of care and must be given the authority to ensure that patient care is always put first.
2. Hospital boards must ensure that frail older people are recognised as their organisation’s core service users and hold managers to account for meeting their needs.
3. The government should set the framework for delivering care, then reduce the number of central directives and make hospital leaders responsible for ensuring standards of care are met.
4. Professional bodies should mount a concerted campaign to change professional attitudes through education and training and to raise the status of caring for older people among the health care workforce.
5. Policy-makers, commentators and society must challenge negative stereotyping of older people and change social attitudes towards ageing.

Jocelyn Cornwell, Director of The Point of Care Programme at The King’s Fund and lead author of both reports, said:

‘A health care system should be designed with its principal users centre stage, but this isn’t currently the case for frail older people with multiple conditions, particularly in relation to hospital. The health and social care system has failed to keep pace with changing health needs. It needs a radical rethink from top to bottom, a new definition of excellence in care and a realisation that quality depends entirely on relationships between patients and people who look after them. It is time to turn the rhetoric of personalised care into the reality of everyday care and practice.’


176. NHS ageism 'harming elderly care'
27 March 2012 – Age UK
A report by the King’s Fund suggests that the elderly are being passed around hospitals in England like parcels, often going without treatment because of ageist attitudes.

The review also said that treatable conditions such as incontinence and depression were sometimes ignored and even diseases like cancer and heart disease were not always tested for.

A DH spokesman said addressing problems with elderly care was a key priority for the NHS.

http://www.bbc.co.uk/news/health-17515608

177. Helping hand for falls varies in UK
27 March 2012 – Age UK
A study carried out by experts at the Yorkshire Ambulance Services, Health Services Research in Sheffield and Swansea University, has found that the way ambulance services deal with 999 calls for older people who have fallen varies dramatically across the regions.

Some 40% of older people who fall and call the emergency services, in the UK and internationally, are not transported to hospital.

The proportion of patients left at home in the UK varies from 7% to 65%.

http://www.ageuk.org.uk/latest-news/helping-hand-for-falls-varies-in-uk/

178. Over-65s 'don't know cost of care'
29 March 2012 – Age UK
A new report by equity release specialist Key Retirement Solutions has found that almost half of over-65s do know how much money they will need to pay for their care in old age.

The survey revealed that 35% of older people in the UK think long-term care costs are capped at £20,000 but current legislation states that everyone in England who has financial means of more than £23,250 will have to pay for all of their own care, even though the Dilnot Report said contributions should be capped at £35,000.


Parliament

179. Parliamentary Questions and Debate from the Past Week
The following section is produced in conjunction with specialists in health and social care, PLMR – Political Lobbying & Media Relations – www.plmr.co.uk

28 March 2012 – House of Commons – Written answer from Health Secretary, Andrew Lansley in response to a question tabled by Mark Menzies, Conservative MP for Fylde. The question asked about the Government’s new Dementia strategy with regards to matters such as new access to drugs, early diagnosis and support for carers. Mr Lansley replied that the Prime Minister had previously made an announcement on Dementia Care and that the Government has established three sets of champions working with Alzheimer’s Research to raise awareness and understanding.

To read the written question and answer online, please click on the following link: http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120327/debtext/120327-0001.htm#12032752000035

28 March 2012 – House of Commons – Written answer by Care Services Minister, Paul Burstow in response to a question tabled by David Blunkett, Labour MP for Sheffield Brightside and Hillsborough. The question asked when the Minister expects a universal and full service for the treatment of Asperger’s syndrome to be available following diagnosis. Mr Burstow replied that a consistent pathway for diagnosis is being created through the development and implementation of the National Institute for Health and Clinical Excellence’s, clinical guidance for the diagno-
sions and management of autism, social care eligibility criteria, signposting newly diagnosed patients to advice and information, and lead professionals appointed in most local areas to develop diagnostic services.

To read the written question and answer online, please click on the following link: http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120327/debtext/120327-0001.htm#qn_o16

28 March 2012 – House of Commons – Oral answer by Care Services Minister, Paul Burstow in response to a question raised by Nick Smith, Labour MP for Blaenau Gwent. The question asked what recent assessment the Minister has made of the performance of services for older people. In response Paul Burstow stated that a number of inspections, reports, independent audits, and investigations have revealed long-standing and unacceptable variations in the standard of care that older people receive in the NHS, and social care.

To read the written question and answer online, please click on the following link: http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120327/debtext/120327-0001.htm#qn_o14

28 March 2012 – House of Commons – Oral answer by Care Services Minister, Paul Burstow in response to a question asked by Caroline Dinenage, Conservative MP for Gosport. The question asked what steps the Minister is taking to raise the professional standards of health care workers and care assistants. The Minister stated that the Government has commissioned Skills for Health and Skills for Care to develop a code of conduct and minimum training standards for health care support workers and adult social care workers in England.

To read the written question and answer online, please click on the following link: http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120327/debtext/120327-0001.htm#qn_o0

Social Care

180. Social workers frustrated at slow progress on Munro reform
26 March 2012 – Community Care
Social workers seem to be growing increasingly frustrated at the Government’s failure to move quickly on plans to scrap statutory assessments and timescales for councils.

The Government originally promised to ditch the bureaucracy which was recommended by Eileen Munro in her review of child protection – by December 2011, after pilots were successful in four key councils to test the move.

Instead, the pilots were extended until the end of this month and another four were launched in December. http://www.communitycare.co.uk/Articles/26/03/2012/118102/social-workers-frustrated-at-slow-progress-on-munro-reform.htm

181. Massive variations in personal budget take-up across councils
28 March 2012 – Community Care
Latest official figures from the NHS Information Centre show there are still massive variations in personal budget take-up between councils and regions.

29.2% of adult care users or carers receiving community services had a personal budget in 2010-11, up from 13% in 2009-10, rates ranged from 4% in Somerset to 71% in Manchester. http://www.communitycare.co.uk/Articles/28/03/2012/118109/Massive-variations-in-personal-budget-take-up-across.htm

182. Number of adults social workers remains stable
29 March 2012 – Community Care
The number of adults social workers employed by councils actually remained stable last year after there were widespread fears over job cuts and a drop of nearly 10% in the overall adult care workforce.

Data from the NHS Information Centre’s Personal Social Services: Staff of Social Services Departments report revealed that 12,320 adults social workers worked for local authorities in July 2011, which is a fall of just five jobs from the previous year. http://www.communitycare.co.uk/Articles/29/03/2012/118115/social-work-numbers-maintained-amid-wider-adult-care-cuts.htm
183. Red cross to stop Machynlleth day care social service
01 April 2012 – BBC News
A day care service for vulnerable adults will be closing in the summer with nine job losses after a charity said it will no longer do the work.

The British Red Cross was originally due to finish at the Care Centre in Forge Road, Machynlleth, at the end of March, but Powys council has asked the charity to continue for three months more while it looks for another service provider.
http://www.bbc.co.uk/news/uk-wales-17554663

Workforce

184. Equality and diversity in social care
March 2012 - Care Talk
Why diverse work requires a diverse workforce
March 2012 - Care Talk
A different look at how the service user and workforce interface can be managed.

185. Social media in the workplace
April 2012 - Quality & Compliance Magazine
Helen Taylor looks at the growing issue of managing access to and use of social media websites etc by the workforce.
THIS IS HAPPENING RIGHT HERE IN OUR OWN COUNTRY

We Must Stop This Immediately

The following item has gone viral on the internet. As this was sent to me by my Mother – see seems to have the time to forward all manner of jokes, sayings, salutations and supportive statements – I thought it was time that I brought it to those of you without a mother or someone else to make sure that you see it!

Have you noticed that stairs are getting steeper. Groceries are heavier? And, everything is further away? Yesterday I walked to the corner and I was dumbfounded to discover how long our street had become!

And, you know, people are less considerate now, especially the young ones. They speak in whispers all the time!

If you ask them to speak up they just keep repeating themselves, endlessly mouthing the same silent message until they're red in the face!

What do they think I am a lip reader?

I also think they are much younger than I was at the same age!

On the other hand, people my own age are so much older than I am. I ran into an old friend the other day and she has aged so much that she didn't even recognise me.

Another thing, everyone drives so fast these days! You risk life and limb if you happen to pull onto the motorway in front of them. All I can say
is, their brakes must wear out awfully fast, the way I see them screech and swerve in my rear view mirror.

Clothing manufacturers are less civilized these days.

Why else would they suddenly start labelling a size 10 or 12 dress as 18 or 20? Do they think no one notices?

The people who make bathroom scales are pulling the same prank. Do they think I actually 'believe' the number I see on that dial? HA! I would never let myself weigh that much! Just who do these people think they're fooling?

I'd like to call up someone in authority to report what's going on -- but the telephone company is in on the conspiracy too: they've printed the phone books in such small type that no one could ever find a number in there!

All I can do is pass along this warning:

**WE ARE UNDER ATTACK!**

Unless something drastic happens, pretty soon everyone will have to suffer these awful indignities.

PS: I am sending this to you in a larger font size, because something has happened to my computer's fonts - they are smaller than they once were!
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