Brunswicks’ Healthcare Review

refreshingly modern, reassuringly traditional
“Before the election I remember the speeches by David Cameron; one where he said the three most important letters to him were NHS— he's got a funny way of showing it hasn't he? When they came to office they were still saying how brilliant everything was in the National Health Service. Have you noticed they’ve changed their tune recently? Suddenly they’re saying how bad everything is in the National Health Service.”

“When you heard David Cameron casting around for someone to blame for the NHS, it's as simple as ABC - Anyone But Cameron.

“We know who's responsible for the needless top-down reorganisation that no one voted for or ever wanted, for the abolition of NHS Direct, we know who’s responsible for not just an annual A&E crisis but for an A&E crisis for all seasons: this Prime Minister. It's the same old story; we rescue the NHS, they wreck the NHS, and we’ll have to rescue it all over again - that is what the next Labour government will do.”

All quotes from Ed Miliband in his speech to the Labour Party Congress yesterday.

I am not especially partisan, finding myself challenging and disagreeing with politicians when they fail to match up to their own rhetoric and stated objectives.

Mr Miliband failed to mention that the Mid Staffs Hospital scandal happened on his Party’s watch, that the cover-up happened on his Party’s watch, that the scandal occurred when career managers rushed head-long for registration as a Foundation Trust – a business structure created on his Party’s watch.

That’s not the only example, the Nursing and Midwifery Council fell into disarray, that professional conduct hearings got bogged down – all on his Party’s watch.

The Universities of Morecombe Bay NHS Foundation Trust maternity unit scandal, still now unfolding – happened on his party’s watch.

These and many other disastrous failures happened on his party’s watch.

Some may conclude that many of the problems and scandals happened because of the target-driven ethos introduced into the NHS.

Mr Miliband and his team have two years to think about an alternative approach to the issues of the NHS than that espoused yesterday.
Support Action on Elder Abuse - Fright Hike October - 2013

The Fright Hike series is a set of challenging 30km walks taking place in the spookiest of wooded locations – for 2013 they will be Halloween hiking through Epping Forest and Sherwood Forest It’s going to be one HELL of a challenge!

Get a team together
Hundreds of people from across the UK will come together to take part in an amazing challenge and to enjoy this spooky time of year. The Fright Hike challenge is to complete the course within 6 hours… With a few surprises on the way!

Fright Hike promises to be a fun yet great way to challenge yourself and show your support for Action on Elder Abuse.

Grab your friends, family and colleagues and trek with us this Halloween!

We ask that you raise the cost of the entry fee (£39.00) and also as much as you can in sponsorship.

To register for the event and support Action on Elder Abuse - please click on the links below. You can register as an individual or a team.

1. Rise in reports of vulnerable adult abuse in Kent
17 September 2013 – BBC News
According to new data, there has been a rise in the number of allegations of vulnerable adults being neglected or abused in Kent.

Health and Social Care Information Centre figures have shown a 22% rise, with 2,865 reported cases in the last financial year, compared to 2,341 the year before.

But in Medway the number dropped by 24% from 415 to 315.

http://www.bbc.co.uk/news/uk-england-kent-24126146

2. Cyber-blackmailers 'abusing hundreds of UK children'
20 September 2013 – BBC News
The Child Exploitation and Online Protection Centre has warned that hundreds of British children are being blackmailed into performing sex acts online.

Abusers posing online as children talk victims into sexual acts or sharing of images, then threaten to send pictures to the child's family and friends.

Ceop said in 12 cases over two years, 424 children had been blackmailed in this way - 184 of them in the UK.

http://www.bbc.co.uk/news/uk/24163284

Ed. Note that it is a rise in allegations, not a rise in abuse.

3. Italian partner hits out at Glaxo's trial secrecy
16 September 2013 - The Times
The Mario Negri Institute in Milan which had been working with GSK to develop new antibiotics has abandoned the collaboration citing the "secretive" nature of GSK and its "inflexible" policies.

Ed. The Editor holds shares in GSK.

4. Bid made to buy Caversham closed care home
17 September 2013 – BBC News
An attempt by campaigners to buy an empty care home is currently being considered by the authority that voted to close it.

Residents left the Arthur Clark care home in Caversham after Reading Borough Council decided to close it in July.

Family members collected 3,500 signatures on a petition in a bid to save the home, which the council said needed refurbishments costing £1.1m.

http://www.bbc.co.uk/news/uk-england-berkshire-24122374

5. MPs publish report on the dismantled National Programme for IT in the NHS
18 September 2013 - Parliamentary Committees and Public Enquiries
The Public Accounts Committee publishes its 19th report of this session which, on the basis of evidence from the Department of Health, examined the dismantled National Programme for IT in the NHS.

The legal costs of dismantling the arrangements cost £37m.

Report: The dismantled National Programme for IT in the NHS (HTML)
The public purse is continuing to pay the price for failures by the Department and its contractors.
The Department’s original contracts with CSC totalled £3.1 billion for the delivery of care records systems to 220 trusts in the North, Midlands and East. In 2011, the Department decided to renegotiate the contracts with CSC due to delays in developing and deploying the Lorenzo system. However, despite CSC’s poor performance, the Department’s negotiating position is weak because it could not meet its own contractual obligation to make available 160 trusts in the North and Midlands to take the new system. Despite two years of negotiations the full re-setting of the contract is yet to be agreed with CSC, but the Department estimates that the contract is still likely to cost about £2.2 billion, including £572 million for the Lorenzo care records system, assuming just 22 trusts take the system. This cost should have been less had the Department not undermined its negotiating position by being unable to honour its side of the deal.

Recommendation: The Department must manage the re-set contract with CSC robustly, so that its negotiating position is protected for the future.

The full cost of the National Programme is still not certain. The Department’s most recent statement reported a total forecast cost of £9.8 billion. However, this figure did not include the future costs associated with the Department’s contract with CSC for the Lorenzo care records system or the potential future costs arising from the Department terminating Fujitsu’s contract for care records systems in the South of England, where arbitration is still on-going. These costs are likely to be significant. For example, the Department’s legal costs in relation to the termination of Fujitsu’s contract have totalled £31.5 million over the last four years.
Recommendation: Given the scale of the sums involved, the Department should report to Parliament details of all the additional costs of the National Programme, including legal costs, as soon as they are known.

The benefits to date from the National Programme are extremely disappointing. The Department’s benefits statement reported estimated benefits to March 2012 of £3.7 billion, just half of the costs incurred to this point. The benefits include financial savings, efficiency gains and wider benefits to society (for example, where patients spend less time chasing referrals). However, two-thirds of the £10.7 billion of total forecast benefits were still to be realised in March 2012. For three programmes, including the care records programmes in London and the South, nearly all (98%) of the total estimated benefits were future benefits. The Department acknowledged that insufficient attention has been paid to securing benefits. The risk of benefits not being realised has increased with the transfer of responsibility for benefit realisation to NHS trusts and NHS foundation trusts from April 2013.

Recommendation: The Department should set out how it will support local trusts to secure benefits, and should track and report benefits achieved in the coming period.

It is important that Parliament is updated about what has been delivered for the billions of pounds that have been invested in the National Programme. The systems deployed through the National Programme will continue to be used for years to come. The end-of-life dates for the various systems extend well into the future, to 2024 in the case of the care records programme in the North, Midlands and East. We welcome the Department’s assurance that it intends to continue to monitor the costs and benefits of all the programmes that were formerly part of the National Programme.

Recommendation: The Department should provide the Committee with an annual update of the costs and benefits of the programmes previously managed under the National Programme.

After the sorry history of the National Programme, we are sceptical that the Department can deliver its vision of a paperless NHS by 2018. We have reported previously on the shortcomings of the National Programme, which included poor negotiating capability, resulting in deals which were poor value for money and weak programme management and oversight. There were also failures to understand the complexity of the tasks, to recognise the difficulties of persuading NHS trusts to take new systems that had been procured nationally, and to get people to operate the systems effectively even when they were adopted. Making the NHS paperless will involve further significant investment in IT and business transformation. However, the Department has not even set aside a specific budget for this purpose. As with the National Programme, it will be important to balance the need for standardisation across the NHS with the desire for local ownership and flexibility. The first ‘milestone’ towards the ambition of a paperless NHS is for GP referrals to be paperless by 2015.

Recommendation: If the Department is to deliver a paperless NHS, it needs to draw on the lessons from the National Programme and develop a clear plan, including estimates of costs and benefits and a realistic timetable.

Ed. Yet another cock-up for which we are all paying. When will governments realise that such grandiose schemes have little prospect of succeeding? A more graduated approach has much to commend it.

Care Homes

6. Agony of the care home residents left starving, desperate for water and locked in filthy rooms
16 September 2013 - Daily Mail
Item about Meppershall Care Home, Shefford, Beds in which CQC inspectors witnessed neglect and abuse of residents. The home was closed last month following the inspection. GA Projects, which ran the care home, said residents were “happy” and continues to manage two other care homes.

Inspectors reported that staff “lacked compassion and the skills and competency required to deliver basic care safely.”

7. Knight Frank Publishes Care Home Review
17 September 2013
Knight Frank’s 2013 10 page report shows the following key findings:

- Average fee rates increased by 1.1% during 2012,
improving on the 0.7% rise recorded in 2011. However, last year’s rise equates to a third successive year of falling fees in real terms.

- Care home pre-tax profit margins decreased to 28.0% of total income in 2012, falling from 30.5% of total income in 2011. Residential care homes were more profitable, at 31.3% of total income, compared with 27.4% for nursing homes.
- Profit margins were affected by a slight fall in occupancy, with the overall occupancy rate slipping from 87.8% to 87.2% during 2012. Occupancy levels in the South West and North East were significantly below those of other UK regions.

Our updated analysis continues to indicate that there is an optimal size of care home. Homes with a capacity of 60-79 beds demonstrate superior levels of profitability compared with both the smaller and larger size categories.

To access the report go to Care Homes Trading Performance Review

8. Call for clearer care costs
19 September 2013 – Age UK
Which? is calling for older people and their families to be given better information about what care costs they may have to pay.

The call for greater clarity in the sector comes after evidence emerged of a ‘widening postcode lottery’ across England and Wales.

Which? has been using Freedom of Information requests over the last five years to ask councils in the two countries about what level of home care they provide and at what price.

The consumer group found varying changes in eligibility and care costs between 2009 and 2013, with around a third of the 100 local authorities polled raising their care charges above the rate of inflation. [http://www.ageuk.org.uk/latest-news/call-for-clearer-care-costs/](http://www.ageuk.org.uk/latest-news/call-for-clearer-care-costs/)

9. MPs are urging the public to vote for the UK’s Care Home Idol
19 September 2013 – NCF
MPs are backing a competition to find the UK’s Care Home Idol, which launched last week.

The talent competition is being run by carehome.co.uk who is looking for the care home resident with the most talent.


10. TV’s Trigger Happy Dom toasts ‘great care’ home
19 September 2013 – NCF
TV star Dom Joly has spoken of the “great care” his aunt has received at a Cheltenham care home.

The Trigger Happy TV comedian visited Astell Residential Care Home in Overton Park Road for its second annual beer festival on Saturday. His aunt, 90 year old Marjorie, has lived at the care home for the past 10 years.


11. Police to investigate deaths at care home after critical report
20 September 2013 - The Times
After a damning report by the Care Inspectorate (the Scottish equivalent of CQC) into Pentland Hill Care Home, Corstorphine, the deaths of four former residents of the care home operated by Bupa are to be investigated by the police.

12. Elderly in care homes ‘treated like children’
20 September 2013 – The Times
Elderly in care ‘treated like children’ 20 September 2013 – Daily Mail
A study by YouGov says more than 25% of people with friends and family in care homes say that loved one is “treated like children” at meal times, wearing bibs and being spoon-fed puréed food.

13. Lamb: Directors could face poor care prosecutions
20 September 2013 – HSJ
Health Minister, Norman Lamb has said that individual directors on the boards of healthcare providers will face the threat of criminal prosecution for neglect or abuse of patients.

The Health Minister also revealed a desire to re-examine the role competition authorities have taken in the NHS following the 2012 Health Act. [http://m.hsj.co.uk/5063443.article](http://m.hsj.co.uk/5063443.article)
Case Reports

Law Reports

14. R (on the Application of Christopher Prothero) - and -Secretary of State for the Home Department

The High Court was asked to consider the issues concerning Regulation 12 of the Sexual Offences Act 2003 (Notification Requirements) (England and Wales) Regulations 2012 (the Regulations) which requires a person on the Sex Offenders Register to provide details of bank, debit or credit card accounts held by him. In these proceedings the claimant, Prothreo, sought a declaration that this Regulation is incompatible with Article 8 of the European Convention on Human Rights.

Having considered all of the arguments advanced on behalf of the claimant the court held that the requirements are not incompatible with the Convention rights.

Disciplinary cases

Nothing to report

Cases in the news

15. Moonlighting midwife Samantha Thomas guilty of fraud
16 September 2013 – BBC News

Samantha Thomas, a midwife, has been found guilty of fraud after cheating the NHS out of hundreds of pounds while moonlighting in two other jobs.

She was given a one year community order, told to carry out 150 hours of unpaid work and to pay £2,000 compensation.

Abergavenny Magistrates heard she worked in a care home and lectured at Cardiff University while also on call.

http://www.bbc.co.uk/news/uk-wales-24110158

16. Gloria Foster's death report: 'Serious mistake' in care of widow left without food
16 September 2013 – BBC News

A report has found that the death of an elderly woman who was left without food and medication for nine days followed a "serious mistake" in her care.

Gloria Foster, from Banstead in Surrey, died in February after her care agency shut with no replacement, after a police and UK Border Agency raid.

Surrey Safeguarding Adults Board said "professional omissions" were made by a social worker in Reigate and Banstead and Surrey County Council confirmed that two members of staff had been suspended.

The council apologised for its "failure to help" Mrs Foster and said disciplinary action would follow the findings of the report into her death.

http://www.bbc.co.uk/news/uk-england-24110624

17. Pelka abuse case could prompt law change, Clegg says
17 September 2013 – BBC News

A law making it mandatory for people working with children to report suspected abuse has not been ruled out to prevent deaths similar to Daniel Pelka's.

Nick Clegg, the deputy prime minister said a law was "not necessarily" the solution, but would be considered if that was the "only way" to stop such tragedies.

The children's minister said compulsory reporting would not have saved Daniel.

http://www.bbc.co.uk/news/uk-24131912

18. Reaction to Daniel Pelka serious case review
17 September 2013 – BBC News

A serious case review has found that opportunities were missed to help four-year-old Daniel Pelka, who was murdered by his mother and her partner in Coventry.

It said Daniel was "invisible" at times and none of the professionals he came into contact with ever talked to him about what was happening in his life.

A number of the bodies cited in the review have responded to its findings.

http://www.bbc.co.uk/news/uk-24122639

19. Daniel Pelka: Head says school acted appropriately
17 September 2013 – BBC News

The former head teacher at Little Heath Primary school in Coventry where Daniel Pelka was seen

Article 8 – Right to respect for private and family life

1. Everyone has the right to respect for his private and family life, his home and his correspondence.

2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of oth-
scavenging for food says he will think of the boy for the rest of his life.

Darren Clews said he had asked himself many times if he "could have done more" to prevent the child's death.

He said he believed he and his staff had acted appropriately, given what they knew at the time.

The four-year-old was starved, and later murdered at his Coventry home in March 2012 by his mother and her partner.

The school raised concerns about his weight and the deputy head teacher rang Daniel's GP, who examined him and put him on a course of nutritional tablets.

http://www.bbc.co.uk/news/education-24116058

20. Professor Sir George Castledine 'over-friendly' with day care staff
17 September 2013 – BBC News
A hearing has heard that a professor of nursing who admitted declaring his love for an elderly patient was "overly-friendly" with care staff.

Sir George Castledine admitted calling the then 83-year-old patient, known as Patient A, "my little Tinkerbell" and giving her gifts.

He denies a number of allegations of misconduct, dating back to 2009, at a Nursing and Midwifery Council hearing.

They involve his work at the Institute of Ageing and Health West Midlands.

He denies that his conduct was sexually or financially motivated.
http://www.bbc.co.uk/news/uk-england-birmingham-24131477

21. Gloria Foster death: Anger over care report timescale
17 September 2013 – BBC News
A friend of Gloria Foster, the lady who was left at home without care for nine days is angry it has taken so long for a report into her death to be published.

Gloria Foster died in February after her care agency shut with no replacement, following a police and UK Border Agency raid.

Two council staff were suspended after a report into her care was issued on 16.09.2013.
http://www.bbc.co.uk/news/uk-england-24122427

22. Doctors failed to carry out tests on girl with swollen brain
18 September 2013 - The Times
An inquest in Chelmsford heard evidence that some basic tests on Amie Miller, 15, were not carried out when she was in hospital having suffered headaches for seven days.

23. Heart attack toddler Lucie Linforth 'waited more than an hour at Marston Surgery'
18 September 2013 – BBC News
A 23-month-old girl who had a heart attack at a GP surgery had to wait over an hour beforehand to be seen by a nurse.

The inquest heard that Lucie Linforth collapsed at the Marston Surgery, Marston Moretaine, Bedfordshire, in October and was taken to Bedford Hospital where she died.

Ampthill Coroner's Court heard she died of a "serious viral lung infection".

24. Priest in court over Hounslow care home sex abuse charges
18 September 2013 – BBC News
A Roman Catholic priest and a care home manager has appeared in court over child sex abuse allegations at a west London children's home.

Father Anthony McSweeney, 66, and John Stingmore, 71, were charged with various counts of sex offences against children during the 1970s and 1980s.

The charges follow an investigation into alleged abuse at Grafton Close Children's Home in Hounslow.

The men were bailed after appearing at Southwark Crown Court.
http://www.bbc.co.uk/news/uk-england-london-24147263

25. Samantha Hughes and Steven Reid jailed for stealing pensioner's life savings
18 September 2013 – BBC News
A care worker and her boyfriend were jailed for stealing an elderly man's bank card and spending nearly all of his £3,000 life savings.

Samantha Hughes, 30, of Petersham Road, Kingstanding in Birmingham, stole the 76-year-old's bank card from his flat at a residential home where she worked.

She spent the money on a television, a bed and clothes with Steven Reid, 42, from Wootton Grove, Kingstanding.
26. Police probe 4 deaths at Pentland Hill care home
19 September 2013 – Scotsman

Pentland Hill Nursing Home: Police investigate four deaths
19 September 2013 – BBC News

Police are currently investigating the deaths of four people at a troubled Scottish care home.

An investigation was launched earlier this year after the death of a 67-year-old at the Pentland Hill Bupa-run home in Edinburgh but it has now emerged that the police are investigating a total of four deaths at the home.

Last month a report by the care homes watchdog the Care Inspectorate ordered a series of improvements at the home following an inspection.


http://www.bbc.co.uk/news/uk-scotland-edinburgh-east-fife-24158564

27. 'Failings' over death of Portsmouth three-week-old baby
19 September 2013 – BBC News

A Serious Case Review has found that a three-week-old baby died after agencies failed to work together to support her family.

The girl's four half-siblings were already subject to protection plans and in the care of relatives over welfare concerns when she was born.

She was put into the care of her grandmother in Portsmouth but died in her sleep of natural causes in 2011.

Portsmouth council has apologised to the family for its failings.

http://www.bbc.co.uk/news/uk-england-hampshire-24150478

28. Professor Sir George Castledine apologises to patient
19 September 2013 – BBC News

Sir George Castledine, a professor of nursing, has admitted calling the then 83-year-old patient, known as Patient A, "my little Tinkerbell" and giving her gifts.

He told the Nursing and Midwifery Council (NMC) hearing his conduct was not sexually or financially motivated.

He faces misconduct charges dating back to 2009 when he worked in Birmingham.

He apologised to the elderly patient and her family at the hearing.

Sir George was working at Onneley House, a day centre for over-60s, as part of his role as chief executive of the Institute of Ageing and Health West Midlands.

http://www.bbc.co.uk/news/uk-england-birmingham-24164555

29. Anabelle Shepherd parents say 'hospital robbed them' of daughter
19 September 2013 – BBC News

An inquest has heard that Anabelle Shepherd had been cared for by staff at Portsmouth's Queen Alexandra Hospital (QAH) following a reaction to a bone marrow transplant.

The toddler suffered from a rare genetic condition known as Hurler's Syndrome.

The QAH apologised for some of the care, adding procedures for dealing with similar patients have changed.

http://www.bbc.co.uk/news/uk-england-hampshire-24165986

30. Daniel P Evans-Rees - Operating department practitioner struck off for taking drugs on duty
20 September 2013 - HCPC

Operating department practitioner Daniel P Evans-Rees has been struck off the HCPC Register for self-administering drugs he had taken from the theatre department whilst on duty at Prince Charles Hospital.

A panel of the HCPC Conduct and Competence Committee heard that Daniel P Evans-Rees was discovered unconscious in a locked toilet cubicle by a colleague with a syringe and two used ampoules of Tramadol (an opiate-like pain reliever).

The Panel further heard from Daniel P Evans-Rees that he was experiencing a number of difficult personal circumstances at the time.

The Panel decided the most appropriate action was to strike Daniel P Evans-Rees from the Register with an interim suspension order in place to cover the appeal period.

Daniel P Evans-Rees was present and represented himself at the hearing.

31. Daniel Pelka protection boss Colin Green gives up Tower Hamlets post
20 September 2013 – BBC News

The man in charge of children's services in Coventry when Daniel Pelka was murdered by his mother and stepfather has now stepped down from his job protecting children in east London.

Back Next
Tower Hamlets Council said Colin Green had decided to withdraw from the post of chairman of the Local Safeguarding Children Board "with immediate effect".

A serious case review found key opportunities were missed to intervene by Coventry's children's services team, led by Mr Green.

It also criticised health professionals, school staff members, police and other child protection agencies http://www.bbc.co.uk/news/uk-england-london-24180402

32. 'Starved' Hamzah Khan's father asked police to intervene
20 September 2013 – BBC News
A court has heard that the father of a boy who allegedly starved to death asked police to "keep an eye" on his mother, Amanda Hutton.

Amanda Hutton denies the manslaughter of her son Hamzah Khan, whose body was found in a cot almost two years after he died.

Bradford Crown Court has heard the four-year-old boy was found in a "mummified" state in September 2011. http://www.bbc.co.uk/news/uk-england-leeds-24175639

33. Savita Halappanavar's widower to sue HSE over death
21 September 2013 – BBC News
Savita Halappanavar's widower has commenced legal action against the Republic of Ireland's health service, alleging negligence over her death.

The pregnant 31-year-old died in a Galway hospital last year.

She had asked for a termination after being told she was having a miscarriage, but staff refused. Days later, she died from infection. http://www.bbc.co.uk/news/world-europe-24186097

34. 'I raised fears over care home 10 years ago'
21 September 2013 – Scotsman
A woman whose 97-year-old grandmother died at Pentland Hill Nursing Home has told how she first raised concerns about the care there almost ten years ago.

Heather Gray's grandmother, Euphemia Dougan lived at the nursing home for four years until passing away in 2008.

It has emerged that two residents were taken to hospital this week with head injuries after falling at the facility, which has been shut to new admissions following a damning Care Inspectorate report.

The Care Inspectorate is also looking into four separate complaints. http://www.scotsman.com/news/health/i-raised-fears-over-care-home-10-years-ago-1-3105323

35. Calls for 'Daniel Pelka's Law' over reporting abuse
16 September 2013 – BBC News
50,000 people have signed a petition calling for a law to make it mandatory to report suspected child abuse.

It will be handed to 10 Downing Street ahead of the publication of a serious case review into the murder of four-year-old Daniel Pelka by his mother and her partner in March 2012.

Daniel was starved and beaten for months before he died.

Despite the concerns of both teachers and doctors, there was no intervention by child protection agencies. http://www.bbc.co.uk/news/uk-england-24099797

Children

Brunswicks LLP (@BrunswicksLLP)
14/09/2013 08:41

Major police investigation into sexual exploitation of children in care homes in Northern Ireland some of whom have disappeared
36. Serious Case Review: Daniel Pelka
17 September 2013 - Coventry Children’s Safeguarding Board
Daniel tortured and killed after repeated social work blunders
17 September 2013 - The Times
Everyone to blame...No one punished
18 September 2013 - Daily Mail
Coventry Safeguarding Children Board has been carrying out a Serious Case Review into the circumstances of Daniel Pelka’s tragic death. The independent review will be published this month and will scrutinise and challenge the actions of all the agencies and organisations that had an involvement in Daniel’s life.

The Daniel Pelka Serious Case Review will be published in mid September and made available on this site. It has important findings for services locally, but also for all those involved in safeguarding nationally.

This page on the CSCB website has been created to provide not only agencies and professionals but also the public and wider community with information about the case and the review.

It will be regularly updated to include new information as it emerges.

You can find out more about the author and other key independent experts involved in the report, alongside some useful background and context and read the report itself below. Full text of the Serious Case Review Overview Report is also available in Polish.

Documents:
Daniel Pelka - Serious Case Review (Overview Report)

Appendix One
Appendix Two
Appendix Three
Daniel Pelka - Serious Case Review (Overview Report) - Polish translation
Press release from LSCB Chair
Judges remarks on sentencing Magdalena Luczak and Marisuz Krezolek
Brief outline of the facts
FAQs about Serious Case Reviews

37. Missing Persons
17 September 2013 - The Times, Leading Articles
If one adult had taken responsibility, Daniel Pelka might still be alive.

38. Worcestershire County Council told to review its complaints handling process
17 September 2013 - LGO
Worcestershire County Council failed to follow up a valid children’s safeguarding referral for seven weeks, the Local Government Ombudsman has found.

The LGO has issued a report into the failing by the council and its complaints handling process, after being contacted by the children’s grandfather.

The man complained that not only had the council not followed up concerns about his grandchildren’s safety, but that when he complained his complaint was stalled.

The LGO found that the council’s failure to follow up the man’s safeguarding referral left the children subject to an unassessed risk after they witnessed a violent incident in their home at the beginning of August 2011.

At the time of the man’s referral, the council agreed that a healthcare worker would visit the family to check on the children. However, by late September 2011 nobody had visited the family or checked on the welfare of the children.

The children’s grandfather subsequently complained to Worcestershire County Council but it took until September 2012 for the council to accept it had been at fault in failing to follow up the man’s concerns, some 13 months after the man first requested an official investigation into his complaint.

Dr Jane Martin, Local Government Ombudsman said:

“I am particularly concerned that Worcestershire County Council still maintains its complaint handling process is in line with other local authorities when in fact it breaches statutory guidance. This is why I am calling for the council to review its process to ensure it fully complies with statutory guidance.”

The complainant has already accepted an offer of £250 as a remedy for the difficulties he faced in progressing his complaint.

Worcestershire County Council has been asked to pay an additional £750 made up of £500 for the unnecessary anxiety and delay in following up a valid safeguarding referral and £250 for his time and trouble in having to approach the LGO.

Decision can be found at http://www.lgo.org.uk/complaint-outcomes/childrens-services/childrens-services-archive-2008-to-date/worcestershire-county-council-12-009-203/

39. Council must ‘account’ for Daniel death
18 September 2013 - The Times
Geoffrey Robinson MP for Coventry North West has called upon the Council to provide a “clear line of re-
sponsibility” for the death of Daniel Pelka.

40. Judge voices doubts about fast adoptions
18 September 2013 - The Times
Judge blasts ‘sloppy’ adoption evidence
18 September 2013 - Daily Mail
Sir James Munby was critical of the “sloppy and inadequate” evidence of social workers who ask courts to take children from their parents.

41. You CAN abort a baby because of its sex – it’s no more illegal than an abortion for a rape victim
18 September 2013 - Daily Mail
How can the high priestess of abortion support the barbarity of terminating a baby because she’s a girl?
20 September 2013 - Daily Mail
Ann Furedi, CEO of BPAS (which carries out about 75% of all abortions in England and Wales) said no law prevents abortion on the grounds of gender. Some, including Health Secretary Jeremy Hunt, have asked that the Abortion Act 1967 be clarified.

42. Many councils still ‘inadequate’ on child protection
18 September 2013 – BBC News
Ofsted has found that one-third of councils previously judged by inspectors to have child protection weaknesses are still failing to meet minimum requirements.

Fifty councils in England were re-inspected by Ofsted over the past 16 months after earlier inspections had found "significant weaknesses" with seventeen being rated as inadequate under its new system of inspections.

http://www.bbc.co.uk/news/uk-24139462

Conferences & Events
To follow next week

Consultations

43. GPs likely to become named clinician for vulnerable older people
Consultation closes: 27 September 2013
Improving quality of life for people with long term conditions and Making sure health and social care services work together

Not long left to comment on Government's new proposals to improve care for vulnerable older people.

Health Secretary, Jeremy Hunt, has revealed that on-going engagement on the Government’s proposals to improve care for vulnerable older people shows GPs are the current favourite to fulfil the role of the named clinician responsible for people’s care.

Speaking about plans to alleviate pressure on A&E in the long term, Hunt said that many vulnerable older people end up in A&E simply because they cannot get the care and support they need anywhere else.

He highlighted 3 elements emerging as a result of the on-going engagement on improving care for vulnerable older people with complex health problems. Proposals being put together, in order to be rolled out next year include:

• patients should have a named clinician responsible for their care – between hospital, care homes and in their own homes. This is subject to on-going engagement, but current views are that a GP should fill this role

• care for older people must be joined up between social care services and the NHS, starting with the £3.8 billion integrated care fund recently announced by the Chancellor

• information and patient records must be shared across the NHS and social care services so that accurate clinical information is available at all times to everyone involved in people’s care, and staff can spend more time providing care, not form-filling. By the end of 2014 at least 1/3 A&Es should be able to see the GP records of their patients; and at least 1/3 of NHS111 services to be able to see the GP records of their callers

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

You can read what other people are saying and comment on the proposals through the better health and care site.

44. Monitor to hold roundtable discussions on GP services
Consultation opens: 01 July 2013
Consultation closes: 30 September 2013
Monitor is to hold a series of roundtable discussions as it examines the commissioning and provision of GP services in England.

Monitor is to hold a series of roundtable discussions as it examines the commissioning and provision of GP services in England.

The health sector regulator issued a call for evidence in July 2013 to gather information about the challenges facing general practice and what role Monitor might have in addressing them. We are particularly interested in hearing about:

• Patients' ability to access GP services, including
their ability to switch practices or GPs if they want to;

- The ability for new or existing providers of GP services to develop the scope of the NHS services they offer, including through developing new services, services in new locations or expanding their capacity or opening times; and
- New models of primary care that local health communities are planning or considering and the potential barriers to these being implemented.

The call for evidence can be found here. Responses and other enquiries can be emailed to gpservices@monitor.gov.uk.

45. HCPC launches fees consultation
Consultation opens: 10 July 2013
Consultation closes: 01 October 2013

HCPC is running a three-month public consultation on proposals to increase registration fees from April 2014.

The increase will ensure HCPC has sufficient funds to continue to function as an effective and efficient regulator, maintaining and improving its regulatory processes.

If the proposals are adopted, HCPC will continue to have the lowest renewal fee of these statutory regulators.

The consultation closes on 01.10.2013.

If the proposals are adopted the changes to the fees would be effective from 01.04.2014. Existing registrants would pay the new renewal fee when their profession next renews its registration.

HCPC has published some ‘frequently asked questions’ about the proposals and you can read these on its website at www.hcpc-uk.org/registrants/fees/consultation

How to comment
You can respond to this consultation in the following ways.
Online at: www.hcpc-uk.org/aboutus/consultations/index.asp?id=160
By emailing HCPC at: consultation@hcpc-uk.org

46. Registration of providers of social work services
Opening date: 19 September 2013
Closing date: 09 October 2013

Consultation on fitness and registration regulations applicable to organisations discharging social care functions on behalf of local authorities.

In January and February 2013, the department consulted on proposals to commence part 1 of the Children and Young Persons Act 2008 (CYPA).

This would allow all local authorities (LAs) in England to delegate care functions to external providers.

At the same time, the department also consulted on a second proposal to remove the CYPA’s requirement for these providers to register with Ofsted.

The department is now withdrawing its second proposal and is setting up arrangements to require external providers of social care services to register with Ofsted, where they are having functions delegated to them by LAs.

It is therefore consulting on regulations for registration and fitness that will underpin this.

Complete a response form and either

Email to: SocialServiceFunctions_CONSULTATION@education.gsi.gov.uk
Write to: Social Work Reform Unit, Department for Education, Ground Floor, Sanctuary Buildings, Great Smith Street, Westminster, SW1P 3BT

47. Recruitment opens for restructured HCPC Council
Consultation opens: 02 August 2013
Consultation closes: 09 October 2013

The Department of Health is currently consulting on a proposal to reduce the size of the HCPC Council from twenty members to twelve. The consultation runs until 09.10.2013, with a view to the restructured Council being in place in January 2014.
This has arisen from a Government recommendation that all regulatory bodies are overseen by smaller, more 'board like' Councils. The General Dental Council, the General Medical Council, and the Nursing and Midwifery Council have already made this move and there is now a requirement for the HCPC to do the same. To find out more and respond to the consultation see the Department’s website.

In anticipation of the proposed restructure, HCPC is currently recruiting Council members. And is seeking to appoint eleven Council members, including five registrant members and six lay members. The recruitment process is being managed by the HCPC and overseen by the Professional Standards Authority, with the decision on appointments resting with the Privy Council. The appointments will commence in January 2014, although this is subject to the passage of the necessary legislation.

The current Chair of the HCPC, Anna van der Gaag, will remain in post for a further three years following the restructure to ensure consistency and continuity in the governance of the Council.

How to apply
Successful candidates will have experience of strategic planning and collective decision making, the ability to develop strong relationships and be able to uphold the HCPC’s principles of transparency and accountability.

Candidates for the registrant member roles must be on the HCPC Register and wholly or mainly engaged in the practice, teaching or management of, or research in, one of the professions regulated by the HCPC.

HCPC is looking to recruit people from diverse backgrounds and therefore welcome and encourage applications from everyone irrespective of age, ethnicity, disability, gender, religion or sexual orientation. HCPC is a UK-wide regulator and therefore would encourage applicants from across England, Northern Ireland, Scotland and Wales. An attendance allowance and expenses are payable.

For more information, and to apply online, visit www.hcpc-uk.org/aboutus/council/councilappointments or contact Bolaji Banjo by emailing bolaji.banjo@hcpc-uk.org or calling +44(0) 20 7840 9785.

The closing date for applications is 12:00 noon on 22.09.2013 and interviews will be held between 21.10.2013 and 30.10.2013.

For more information visit www.hcpc-uk.org

48. Public consultation on the Trust Special Administrators' (TSAs') draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

Consultation opens: 06 August 2013
Consultation closes: 01 October 2013

The public consultation on the TSAs' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals has started.

The consultation will run for 40 working days.

The TSAs have made 14 recommendations for the future of the two hospitals. Under their proposals 91% of current patient visits will continue to take place locally at Stafford and Cannock Chase hospitals.

Members of the public can provide their views on the draft recommendations by completing:

- the printed response form included with the printed consultation document and returning it using the Freepost envelope provided; or
- the online response from which can be accessed via the TSA website www.tsa-msft.org.uk

Printed copies of the consultation document and response form are available on the TSAs website at: www.tsa-msft.org.uk

In addition, eight public meetings are being held to enable anyone with an interest to find out more about the draft recommendations, ask questions and tell the TSAs what they think.

Click on the link below to find out where the public meetings are being held.


49. Consultation on prescription drug tramadol

Consultation opens: 22 July 2013
Consultation closes: 11 October 2013

The Government wants to make tramadol a Class C drug but make sure it is available to those who need it as a prescription medicine.
50. HCPC launches consultation on standards of proficiency for operating department practitioners  
Consultation opens: 15 July 2013  
Consultation closes: 18 October 2013

HCPC is consulting on proposed amendments to the profession-specific standards of proficiency for operating department practitioners. HCPC has already revised and restructured the generic standards. Under the new structure, most standards will be profession specific, listed under 15 new generic standards.

At the start of the review HCPC asked the Association for Perioperative Practice and the College of Operating Department Practitioners to review the standards and recommend changes. We used their comments to revise the standards.

HCPC will use the responses received to decide if further changes are needed. It will then publish the finalised standards, once they are approved by Council. HCPC will work with education providers to phase-in the new standards after the profession’s revised standards are published.

This consultation will be of interest to members of the operating department practitioner profession, as well as relevant education providers, employers, professional bodies, service users and carers.

How to comment

You can respond to this consultation in the following ways.

Online at: www.research.net/s/ proficiencystandardsforodps

By emailing: consultation@hcpc-uk.org

By writing to HCPC at: Consultations Policy and Standards Department The Health and Care Professions Council Park House 184 Kennington Park Road London SE11 4BU

By sending a fax to: +44 (0)20 7820 9684 http://www.hcpc-uk.org/aboutus/consultations/index.asp?id=159

51. Caring for our future: implementing funding reform  
Consultation opens: 18 July 2013  
Consultation closes 25 October 2013

The DH wants people’s views on the practical details of how the changes to the funding system should happen and be organised locally. It is interested in hearing what you think about topics such as:

- how the capped costs system should work
- how deferred payments should be administered
- how we can help people make informed choices about their care and support


52. Consultation launched on overseas competency tests  
Consultation opens: 28 August 2013  
Consultation closes: 31 October 2013

The NMC has launched a consultation on the introduction of a test of competence for overseas applicants who wish to enter the UK register but were trained outside the European Economic Area (EEA).

The new competence test is to be central to a revised overseas registration process and would run alongside a more robust system of face-to-face ID checks and advanced passport scanning technology to verify identity documents.

The proposed new tests will replace the overseas nursing programme and the adaptation to midwifery programme. They will enable nurses and midwives who trained outside the EEA to demonstrate that they meet the current NMC standards for competence.

This is proposed as part of a commitment to continuous improvement of registration processes to enhance public protection.

The competency tests would be undertaken by all overseas applicants to the register once they have proven that they meet the NMC registration and education requirements and would be additional to required language competence in English. It is also proposed that applicants would be able to sit an online theory test in an approved test centre in their home countries, with the practical element completed in the UK.

53. Consultation on Adult Support & Protection Code of Practice  
Consultation opens: 04 September 2013  
Consultation closes: 04 November 2013

This consultation is seeking views on the revised Adult Support and Protection Code of Practice. This revised Code of Practice is to replace the Code of Practice published in 2008.

The review of the Code was undertaken in two stages. The first stage was to consult on the original
use of the Code by the field, and the second stage was to review the Code informed by the findings of stage 1.

The revised Code of Practice is a larger and more comprehensive document than the original Code and Scottish Government welcome views on any of the changes made.

To access the consultation documentation, click here.

54. Joint Inspection of Services for Adults – consultation on methodology
Consultation opens: 19 August 2013
Consultation closes: 11 November 2013
A joint approach to the inspection of adult services is currently underway by Healthcare Improvement Scotland in conjunction with the Care Inspectorate to examine the effectiveness of collaborative working, primarily between health, social work and social care services for adults.

The model and methodology for scrutiny and improvement looks at how well health and social systems work together to deliver the best outcomes for adults and older people by providing support that allows individuals to live in the community at home or in a homely setting. The aim is to build on the previous experience of multi-agency inspections and the proposals for the integration of health and social care systems.

Draft quality indicators and quality illustrations which support the methodology have been developed and are now out for consultation until 11.11.2013. SCSWIS would welcome your views.

You can download the documents below and email the feedback form to debbie.murray@careinspectorate.com

55. New ways of funding placements for social work students are put forward for consultation
Consultation opens: 20 August 2013
Consultation closes: 15 November 2013
The consultation can be found here

There are four elements of the Employment Support Grant:

- A contribution to the costs to employers of providing a practice placements
- A contribution to the costs of providing skills development days
- A contribution to HEI administration costs of administering placements and skills development days
- A contribution to HEI costs of involving service user and carers in the development and delivery of social work qualifying courses

Hospital bucks national trend for A&E staffing
15 September 2013 – Eastbourne Herald
The accident and emergency department at Eastbourne DGH is bucking a national trend in being overstaffed.

A nationwide survey this week found East Sussex Healthcare NHS Trust was one of just 16 trusts in the country which had a higher number of staff on A&E than it had originally budgeted for.

In fact, across the trust’s two main hospital sites (Eastbourne’s DGH and the Conquest) it currently fills the hours of around five additional members of staff than budgeted for.

Elsewhere in the country almost 100 trusts are suffering from a staffing shortfall ranging from between one per cent up to 43 per cent in the worst cases.

Much of this is put down to a shortage of experienced staff, meaning trusts are unable to fill vacant positions, with A&E proving particularly problematic. And although the overall picture in East Sussex is encouraging, the trust is experiencing similar problems, albeit on a smaller scale.

http://www.eastbourneherald.co.uk/news/health/hospital-bucks-national-trend-for-a-e-staffing-1-5483746

56. Plans for doctors’ language checks published
Consultation opens: 07 September 2013
Consultation closes: 02 December 2013
Government plans to introduce new checks on doctors’ language skills took a big leap forward when detailed proposals on how the checks will work were unveiled by Health Minister Dr Dan Poulter, following his announcement to tighten rules about overseas doctors earlier this year.

Under the proposals, the GMC would be given new powers to protect the public and carry out assessments before an overseas doctor is allowed to treat patients. The new checks will be enforced where the GMC has cause for concern about a doctor’s language ability.

Taken together, the powers would cover both new and existing doctors and build on changes already introduced earlier this year:
In April, the government introduced new rules to ensure that language checks on medical staff are carried out at a local level in England. Responsible officers - an appointed senior doctor - now have a legal duty to make sure a doctor can speak the necessary level of English to perform their job in a safe and competent manner, before they can treat patients in a hospital or GP practice.

Since April, there has also been one, single national list which every GP has to be on before they can treat NHS patients. To be accepted on to this list every GP will have to demonstrate their ability to speak English. One centrally held list will protect patients - ensuring poor performers will no longer be able to slip through the gaps between different local lists.

The changes are expected to come into effect in 2014.


58. Shortlisted for a Charity Times Award
16 September 2013 – CQC
CQC has been shortlisted for this year's Charity Times Award in the category of Cross-sector partnership of the year.

It has been jointly nominated in this category along with Choice Support. Choice Support is one of the support organisations it works with to recruit and support people with experience of health and social care services, called Experts by Experience.

The full list of support organisations the regulator works with are:

- Addiction Dependency Solutions
- Age UK
- Choice Support
- Challenging Behaviour foundation
- Oxfordshire User Team


59. CQC’s new hospital inspection programme to starts today
17 September 2012 CQC
CQC new programme of hospital inspections has started this week, with inspections in London and Yorkshire.

Go to item 103 for the full information.

60. CQC set to scrap pledge to inspect every mental health service after admitting it’s “virtually impossible” to meet
17 September 2013 – Community Care
The CQC will be scrapping its pledge to inspect every individual NHS mental health service after admitting the target is “virtually impossible” to deliver. A report to be presented to the CQC board on 18.09.2013 recommended that the regulator rolls back on a commitment it made at the start of the year to inspect all 524 individual mental health services. Forcing an “unrealistic pace” of inspections in order to meet the target risks sacrificing quality, the report by CQC’s regional directors and Mental Health Act team warns.

#sthash.0gmgblcc.dpuf
61. Watchdog report on children’s services in Argyll and Bute
18 September 2013 – SCSWIS
A new report examining how well services for children and young people are performing in Argyll and Bute was published on 18.09.2013.

The Care Inspectorate was asked by Scottish Ministers to lead a new approach to inspecting services for children and young people, bringing together specialist teams from different inspection bodies, so the specialist team in Argyll and Bute brought together inspectors from the care, social work, health, police and education regulators.

Together, they are charged with providing public assurance about the quality of services aimed at giving children and young people the best start in life, and making recommendations about what needs to improve. Each inspection team also includes specially-trained "young inspectors" who speak direct to children and young people about their experiences.


62. Pentland Hill Nursing Home
19 September 2013 – SCSWIS
There have been a number of media reports today about Pentland Hill Nursing Home, so you can read the Care Inspectorate’s latest inspection report here.

On 12.08.2013, the body issued an Improvement Notice requiring changes to be made, available to read here.


63. Former CQC inspector says elderly are being left to suffer
20 September 2013 – Telegraph
Rebecca Prideaux, a former CQC inspector says if her grandparents were in any of the homes where she inspected she would’ve "pulled them out straight away".

She said that they are failing to take proper action even after she warned of appalling failings in care, and claimed reports often omitted some of the most damning failings.

Ms Prideaux said poor care routinely went unchecked because staff at the Care Quality Commission are given inadequate training.

http://www.telegraph.co.uk/health/healthnews/10324618/Former-CQC-inspector-says-elderly-are-being-left-to-suffer.html

64. Carers Trust report on carers of people with dementia
19 September 2013 – SCIE
A new report has founds that carers of people with dementia are not getting the support and advice they often desperately need.
This is SCIE's response to "A road less rocky"

"Carers play an absolutely vital role in the care and support of people with dementia and yet - as highlighted in The Carers Trust report - they often have to battle with the health and social care system to be heard. Care staff need to work alongside carers - valuing the expertise that they have, whilst recognising they also need support.

SCIE's Dementia Gateway emphasises the importance of working in partnership with carers - particularly during periods of change such as when someone is diagnosed, when they go to hospital, move to a care home or are in the advanced stages of dementia. These are especially stressful times and whether you work in the person's own home or in a care home, you are taking part in a very important time in the life of the family. Good care services recognise this and build in plans to provide extra support carers at these times."


65. Alzheimer's brain scan detects tau protein
19 September 2013 – BBC News
Japanese scientists have developed pioneering brain imaging which can detect the build-up of destructive proteins linked to Alzheimer's.

It could lead to new ways of diagnosing the condition and of testing the effectiveness of new drugs.

The technology, reported in the journal Neuron, can identify inside a living brain clumps of a protein called tau that is closely linked to the disease. http://www.bbc.co.uk/news/health-24142691

66. New film for World Alzheimer’s Month
20 September 2013 – SCIE
To mark World Alzheimer’s Month in September and World Alzheimer’s Day on 21.09.2013, SCIE has launched a new Social Care TV film. It is about the importance of getting to know the person with dementia, learning about their memories and experience, and understanding the person's history and their likes and dislikes.

http://www.scie.org.uk/socialcaretv/video-player.asp?v=personwithdementiamemories&dm_i=4O5,1UBOK,20UVX5,6LIFQ,1
http://www.alz.co.uk/world-alzheimers-month?dm_i=4O5,1UBOK,20UVX5,6LIDQ,1

Domiciliary care

67. Care agency ‘failings’ after woman, 81, dies
17 September 2013 - The Times
The widow left to die by her council
17 September 2013 - Daily Mail
Item about Gloria Foster, 81, who was left for nine days without food or medication for nine days when the domic care agency, Carefirst 24, contracted to provide for her was closed down after a raid by the UK Border Agency. Mrs Foster was discovered by a district nurse and she was taken to hospital, but died 11 days later.

A Serious Case Review of the events in Surrey which led to Mrs Foster’s death seriously criticised the actions and inactions of council staff. The report says “self-funding does not equate to an ability to access information, advice, guidance and advocacy in respect of choices”.

A social worker and her manager are currently suspended.

68. Only the most desperate elderly now get home help
19 September 2013 - Daily Mail
Which?, the consumer organisation, has reported that a survey it carried out indicates that four in five councils only provide support to people living at home if their needs are ‘critical’. Councils are mostly not providing support to people with needs which are assessed as ‘low’, ‘moderate’, or ‘substantial’.

Ed. I have been saying for years that keeping older people living in their own homes for years is a poor policy. It is poor for a number of reasons, first, that people are isolated; second, it is costly to support them while they live in individual dwellings – albeit they pay for their own board and lodgings.

Ireland, Scotland & Wales

Ireland

69. Inquiry: Child abuse suspects not known to police
16 September 2013 – BBC News
A committee in Stormont has heard that the main suspects in a major inquiry into sexual exploitation of young people were not previously known to police.

Over 30 people across Northern Ireland were arrested as part of the investigation involving 22 young people who may have been abused.

The joint health and justice committee was hearing evidence from police and health experts on the issue. http://www.bbc.co.uk/news/uk-northern-ireland-24114155
Scotland

70. Second bid to recruit GPs to West Lochaber unsuccessful
16 September 2013 – BBC News
A renewed effort to fill seven GP vacancies in a remote part of the Highlands has not been successful.

NHS Highland re-advertised the posts in the sparsely populated area of West Lochaber after a first round of adverts failed to attract enough applicants.

The health board had hoped a new plan for a cluster of local practices would have allayed potential applicants’ concerns about having to work alone, but not enough people have come forward to staff that model of cover.

http://www.bbc.co.uk/news/uk-scotland-highlands-islands-24108213

Wales

71. Action to cut sight loss cases with Welsh government care plan
18 September 2013 – BBC News
The Welsh Government has launched an eye-care plan to tackle concerns people are going blind because they are not being diagnosed and treated quickly enough.

Nearly 100,000 in Wales have sight loss problems and that number could double by 2050 as the population ages.

Regular eye tests and better use of opticians are among the new proposals.

http://www.bbc.co.uk/news/uk-wales-politics-24133072

Legislation Update

73. The Local Safeguarding Children Boards (Review) Regulations 2013
16 September 2013 – OPSI
http://www.legislation.gov.uk/uksi/2013/2299/contents/made

74. The Health and Social Care Act 2012 (Consequential Amendments (no. 2) Order 2013
18 September 2013 – OPSI
http://www.legislation.gov.uk/uksi/2013/2341/contents/made

Mental Capacity

Nothing to report

Mental Health

75. Local authorities across England take up mental health challenge
16 September 2013 – Mental Health Foundation
Councils across England have pledged their support for better mental health in their communities by taking on the Local Authority Mental Health Challenge.

Councils taking part in the Challenge nominate a ‘member champion’ for mental health whose role is to promote mental health issues in all areas of the council’s business and in their wider community.


76. Major national survey prompts CQC to call for improvements in community mental health care
17 September 2013 - CQC
Too many people who use community mental health services are not being involved in decisions about
their own care.

A major national survey of more than 13,000 people who use community mental health services in England published 17.09.2013 by the Care Quality Commission (CQC) shows the care people receive in the community needs to improve. Of particular concern is people’s lack of involvement in their care plans and having their views taken into account when deciding which medication to take.

The 2013 survey of people who use community mental health services asks about the experiences of more than 13,000 people during the past 12 months. The survey involved 58 trusts in England who provide mental health services.

People were asked about the care and support they received from mental health services outside hospital, such as those offered by outpatient clinics, local teams providing crisis home treatment, assertive outreach, early intervention for psychosis, and generic community mental health services.

Care for people who have complex mental health needs and require multi-agency support is coordinated within a framework called the Care Programme Approach (CPA). Policy guidance states that people who are on the CPA should also receive support with day-to-day matters such as employment, housing and financial advice. The survey includes people who received care under the CPA as well as those who do not.

The survey results show that that some respondents said that they do not have a care plan, and many of those that do have one, do not fully understand it, this suggests that people are not being adequately involved in the decisions that are made about their care. Responses suggest that some care plans do not explain what people should do if they have a crisis and too few people have had a care review meeting in the last twelve months to discuss their care:

Fourteen per cent of respondents on CPA said they do not have an NHS care plan. Of the remainder, fewer than half (46%) ‘definitely’ understand their NHS care plan (down from 48% in 2012).

When asked if their NHS care plan covered what they should do in a crisis 58% of respondents on CPA responded ‘yes definitely’ though this is down from 60% in 2012. Less than half of those not on CPA (49%) responded ‘yes definitely’. Some respondents say they have not had a care review in the last 12 months to discuss their care:

- Almost half (47%) of respondents not on CPA said they had not had a care review in the last 12 months.

The proportion of people on CPA who said they have not had a care review meeting in the last 12 months has increased from 24% in 2012 to 26% this year.

Although the majority of respondents know who their care coordinator is and were generally positive about them, results had declined from 2012:

- Seventy two per cent said they could ‘always’ contact their care coordinator (or lead professional) if they had a problem, down from 74% in 2012.

Sixty per cent said their care coordinator (or lead professional) organised the care and services they need ‘very well’ down from 61% in 2012.

The survey also shows that some people are not being adequately involved in decisions about their medication, with almost a third (32%) saying their views were only taken into account ‘to some extent’ when deciding which medication to take and less than half (43%) of those who had been prescribed any new medication were ‘definitely’ told about possible side effects.

However in line with last year’s survey, most people responded positively to questions about the health or social care worker they saw most recently, with the majority (70%) (although down from 72% in 2012) saying they ‘definitely’ had enough time to discuss their condition and treatment, 78% saying they were ‘definitely’ listened to carefully and 72% of people saying their views ‘definitely’ were taken into account.

In a new question, respondents were asked to rate their overall experiences on a scale of 0-10 Most people (67%) responded positively rating their overall experience as a “7” or above.

David Behan, CQC chief executive, said:

“This survey provides valuable intelligence about the experiences of people who are being supported by community mental health services. The survey describes some very positive experiences and flags where services can and must improve.

“People should always be at the heart of decisions about their own care. Care planning helps to make sure that people feel in control of their lives and illness and it can be vital in aiding their recovery. It is unacceptable that fewer people have adequate care planning than last year. It is also unacceptable for care plans not to include adequate crisis care management or for people to be poorly informed about...
the drugs they take.

“One of CQC’s key objectives this year is to focus on the care being provided to people by mental health services. The results of this survey will help our inspection teams under the Chief Inspector of Hospitals Prof Sir Mike Richards home in on the poorest providers and be able to challenge this poor performance though inspection.

“Trusts should look at their own results carefully and consider whether, firstly, they are assessing people’s needs properly in the context of the CPA policy, and secondly, whether they are giving them the appropriate level of support.”

77. Community mental health care services need to improve
17 September 2013 – CQC
A national survey of people who received Community mental health services in 58 NHS trusts shows that services need to improve.

Over 13,000 people took part in the survey which asked questions about:

- the care provided by outpatient clinics and local teams providing crisis home treatment.
- assertive outreach.
- early intervention for psychosis.
- generic community mental health services.


78. CQC set to scrap pledge to inspect every mental health service after admitting it’s “impossible” to meet
17 September 2013 – Community Care
For full report see Mental Health—item 60

79. Mental Health ‘Eye Test’ Breakthrough Up For National Award
20 September 2013 - University of Aberdeen
An eye movement test to assist diagnosis of major adult psychiatric disorders has made the final stage of a prestigious national contest recognising Scotland’s entrepreneurial innovations.

Miscellaneous

80. NICE: non-executive directors appointed
10 September 2013 - NICE
Non-executive directors appoint to National Institute for Health and Care Excellence.

Professor David Hunter and Linda Seymour have been re-appointed for a second term of appointment for three years from 01.11.2013. Neither has declared any political activity and holds no other Ministerial appointments.

These appointments are made in accordance with the Code of Practice for Ministerial Appointments to Public Bodies, issued by the Commissioner for Public Appointments.

81. Monitor: non-executive director appointed
10 September 2013 - DH
Mr Stephen Thornton’s appointment as Non-Executive Director has been extended for a further three months from 01.10.2013.

This appointment is made in accordance with the Code of Practice for Ministerial Appointments to Public Bodies, issued by the Commissioner for Public Appointments.

82. Stephen Hawking speaks out about assisted suicide
17 September 2013 – BBC News
Prof Stephen Hawking has now publicly said he backs the notion of assisted suicide for people with terminal illnesses. In an interview with the BBC he said: "We don't let animals suffer, so why humans?"

Prof. Hawking, who has progressive motor neurone disease, has in the past been less candid about the idea, saying "while there's life, there's hope".

But he stressed that there must be safeguards to prevent abuse.

Prof. Hawking himself was once put on a life support machine which his wife was given the option of switching off. When asked if family members of those who wish to die should be able to assist without fear of prosecution, Prof Hawking said yes.

Only 5% of people with the form of MND that he has - a condition called amyotrophic lateral sclerosis (ALS) or Lou Gehrig’s disease - survive for more than a decade after diagnosis. 　http://www.bbc.co.uk/news/health-24123679
83. Government must take action to tackle lack of clinical trial transparency, say MPs
17 September 2013 - 2013 Parliamentary Committees and Public Enquiries
The Science and Technology Committee has described the current lack of transparency of many clinical trials as “unacceptable”, adding that it has not been impressed with Government efforts to tackle the problem to date.

Committee Chair Andrew Miller MP said:

“Many of the trials taking place today are unregistered and unpublished, meaning that the information that they generate remains invisible to both the scientific community and the public. This is unacceptable, undermining public trust, slowing the pace of medical advancement and potentially putting patients at risk.

We consider that all trials conducted on NHS treatments—and all other trials receiving public funding—should be prospectively registered and their results published in a scientific journal. While the focus should be on implementing this change for future trials, the Government must also do what it can to ensure that historic trials are registered and published, particularly where they have been publically funded.”

The Committee also asked the Government to take steps to facilitate greater sharing of the raw data generated during a trial. Andrew Miller explained:

“We are not in favour of the uncontrolled release of potentially sensitive patient data, even in anonymised form. However, raw trial data is currently underutilised and could be of significant scientific value if shared in a responsible and controlled way, with the knowledge and consent of patients.”

The Report also drew attention to the recent fall in the number of trials taking place in the UK, stating that the UK was a “particularly challenging” place in which to conduct a trial. It found that the need for multiple governance approvals from participating NHS organisations remained the biggest barrier to setting up a UK trial, but that lack of public awareness was also a key issue.

Andrew Miller stated:

“Clinical trials make a significant contribution to the UK economy and can provide patients with an important means of accessing the most exciting new treatments.

“Unfortunately, the UK governance landscape means that researchers can struggle to get trials up and running in this country. Recruiting participants can also be a challenge, even though many patients welcome the opportunity to take part in a trial.

“These problems are not insurmountable and we are confident that the Government is aware of the need to resolve them. But it is now time for the Government to translate its words into effective action.”

The Report called on the Government to take its recommendations into account in ongoing discussions regarding the revision of European clinical trials legislation and in its response to the European Medicines Agency’s consultation on the release of clinical trial data, which closes at the end of this month.

84. Out of hours
17 September 2013 - The Times, Letters to the Editor
Nicola Watt, Royal College of GPs Glasgow, says that in Glasgow out of hours services are provided in a number of centres for those who can get there. If they can’t, transport can sometimes be provided and domiciliary visits for those who need them take place usually within four hours.

85. Hawking in favour of assisted suicide
18 September 2013 - The Times
Item repeating the BBC’s publication – see Miscellaneous— item 82

86. Doctors and nurses ‘don’t need to show compassion’
18 September 2013 - Daily Mail
Dr Anna Smajdor, an academic, is reported to have expressed the view that “staff should be able to carry out daily tasks – from removing someone’s appendix to feeding an elderly patient – without feeling any kindness towards them.” And that compassion “is not a necessary component” of healthcare.

Ed. I accept that if a person is under general anaesthetic such emotions are not needed. However, for a conscious sentient being, I profoundly disagree with Dr Smajor.

87. MPs warn access to transport for disabled people still unacceptably poor
18 September 2013 - Parliamentary Committees and Public Enquiries
The Government must work harder to improve accessibility for disabled people across the nation’s transport networks, warns the Transport Committee in a wide ranging report just published.
Penalties should also be imposed on operators who claim to offer accessible routes but then fail to provide accessible buses, “adds Louise Ellman, “and ministers should require the phased introduction of audio-visual information systems on all buses over the next ten years as part of the DfT’s Accessibility Action Plan.”

MPs heard evidence of low awareness among disabled people of Transport Direct, the DfT’s journey-planning web portal, which has recently been upgraded to enable the planning of accessible journeys. The report recommends a targeted marketing campaign to raise awareness and increase the number of people using the service.

On taxis and private hire vehicles MPs call for financial incentives to encourage investment in a fully accessible vehicles by operators, with a target to deliver a fully accessible taxi and private hire fleet within ten years. The Committee also recommends the DfT works with licensing authorities and the taxi trade to develop and implement without delay a nationwide programme of disability awareness training for taxis and private hire vehicle drivers.

For air travel, the Committee calls for a change to EU rules so that in future airlines are required to allow carers to travel free of charge when the airline judges a disabled person incapable of travelling independently, as is the case in the USA. They also call for the European Commission to reform the rules governing compensation paid by airlines when mobility equipment is damaged in transit.

To read full press release go to http://www.wired.gov.net/wg/wg-news-1.nsf/ifi/DNWA-9BNFS6

88. Most of us will have to work until we drop
18 September 2013 – Telegraph
A new official analysis of the nation’s health shows that the idea of a long and happy retirement is a myth for all but a minority of people.

New projections by the Office for National Statistics show that in many parts of the country even future generations will see their health effectively broken long before they reach pension age.
http://www.telegraph.co.uk/health/elderhealth/10318557/Most-of-us-will-have-to-work-until-we-drop.html

89. Richmond tops the list for life expectancy in England
19 September 2013 – Independent
Figures from the Office for National Statistics reveals the places with the highest and lowest life expectancy in England.

People in the London borough of Richmond upon Thames live the longest in England.

Men living in the suburb have a healthy life expectancy (HLE) of 70.3 years while women have a HLE of 72.1 years. Other places in the top five included Wokingham in Berkshire, South Gloucestershire and Buckinghamshire.

On average those living in the South had a higher life expectancy than those living in the North.

On the other end of the scale, men in Manchester have a HLE of 55 years, while women in the London borough of Tower Hamlets have one of 54.1 years.
90. New Call For GPs To Relinquish Independent Contractor Status
20 September 2013 - The Royal Society of Medicine
General practitioners should give up their independent contractor status and become NHS employees. This is the most radical alternative method of primary care funding considered by Professor Azeem Majeed, Head of the Department of Primary Care & Public Health at Imperial College London, in an editorial published in the Journal of the Royal Society of Medicine.

Professor Majeed, who also works as a part-time GP in South London, suggests that the funding of primary care should also be modified in favour of methods that link workload more closely to funding.

In the last few years GPs have seen a dramatic transformation in their circumstances with reduced funding and higher clinical and administrative workload. Professor Majeed says:

"Under the current capitation-based funding method, GPs face unrestricted demands for their services and on their time while having to operate on a fixed budget."

When GPs are unable to cope with their workload, he says, pressure will increase on other parts of the NHS - such as emergency departments - as well as impacting on access to primary care services and on how well GPs can manage patients with complex health needs.

If GPs gave up their independent contractor status, they could become NHS employees under similar employment terms to doctors working in acute, community and mental health trusts. This could, says Professor Majeed, allow GPs and their staff to be employed on national NHS terms of service and overcome the divide between self-employed GP principals and salaried GPs.

Other options considered by Professor Majeed include the incorporation of tariff-based methods of funding in place of or in addition to capitation payments; the establishment of ‘super-partnerships’ involving the merger of general practices to allow the formation of larger primary care organisations; or greater collaboration between general practices via the formation of general practice networks or federations.

91. New Chief Executive for SCIE
20 September 2013 – SCIE
Tony Hunter has been appointed as SCIE's new Chief Executive. Tony is Chief Executive of North East Lincolnshire Council and Senior Vice President of the Society of Local Authority Chief Executives (SOLACE) at the moment. He has 35 years experience in the public, private and voluntary sectors and is a qualified social worker. Tony will join SCIE in January 2014 following the departure of Andrea Sutcliffe, who becomes the Chief Inspector of Adult Social Care for the CQC from 7.10.2013. Lord Bichard will act as SCIE’s Executive Chair until Tony takes up his new role.

92. Phone app offers ‘verbal autopsies’ to improve death records
21 September 2013 – BBC News
New technology - in the form of a specialist mobile phone app - could make all the difference by using a technique known as "verbal autopsy", when field workers visit relatives to ask them about the circumstances of a family death.

93. Clue to universal flu vaccine found, researchers say
20 September 2013 – CBC News
A group of scientists has declared they have found a clue that could lead to developing an influenza vaccine that will not require changing every year with each new strain.

Researchers used the 2009 swine flu pandemic as a sort of natural experiment, to gain from it a way of understanding why some people resist influenza better.

The research was published in the journal Nature Medicine today.

94. ‘In my dreams, I am always able-bodied’
21 September 2013 - The Times, Colour Magazine
Prof Stephen Hawking, ahead of a film about him his life he is interviewed by Giles Whittell and one gets some insight into what a struggle Hawkins faces merely to stay alive.
95. Scandal-hit hospital looks for foreign doctors to fill urgent staff shortages
14 September 2013 – Telegraph
The Queen’s Hospital in Romford is advertising for staff “from Delhi to Dubai” in order to keep its A&E department open around the clock.

The much-criticised hospital has asked recruitment agencies to find staff for its overstretched casualty department.

96. Hospital death rate
16 September 2013 - The Times
Dr C D Shee opines that when comparing death rates in UK hospitals against those of other countries he is not convinced that the "standardised mortality rate is a sufficiently robust tool."

Michael Shilling says that it is too expensive for most people to spend their final days in hospital in the USA.

97. NHS spends £4m on secretly gagging 266 whistleblowers ...despite boss saying it only happened once
16 September 2013 - Daily Mail
Item about the wide use of 'gagging clauses' when 'paying-off' former NHS staff – figures obtained by Steve Barclay MP appear to contradict evidence given by Sir David Nicholson to a Select Committee. 41 such payments were made in the last year.

Ed. How many times has the DH banned the use of such clauses? Four? Five?

It is an outrage that they were ever used to gag NHS whistleblowers.

98. CQC’s new hospital inspection programme - SCIE response
16 September 2013 – SCIE
“The CQC’s new programme of hospital inspections starts this week, with inspections in London and Yorkshire. The inspections will cover every site that delivers acute services and eight key services areas: A&E; medical care (including frail older people); surgery; intensive/critical care; maternity; paediatrics/children’s care; end of life care; outpatients.

Like everyone else I will look with interest at the new approach the Care Quality Commission is taking to inspect acute hospitals. I am pleased that the key areas the inspection panels will focus on include services for frail older people and end of life care. I hope that the panels will consider how well these and other services are providing co-ordinated care for people and appropriately involving their local social care partners. I am sure there will be important lessons to be learned from this new approach – which no doubt our Chief Executive Andrea Sutcliffe will be keen to take on board when she takes up her new post as Chief Inspector of Adult Social Care in October.”

99. Stafford Hospital plans 'on weak foundations', says council report
16 September 2013 – BBC News
A report for Stafford Borough Council says that plans to downgrade services at Stafford Hospital are "poorly judged" and "based on weak foundations".

Research by consultants Durrow for the council claims the Trust Special Administrators (TSA) had not properly considered the plans' costs and the TSA have been unavailable for comment.

The council said the report would be debated before being sent to the TSA.
http://www.bbc.co.uk/news/uk-england-stoke-staffordshire-24114208

100. Senior North East doctor’s fears over A&E pressures
16 September 2013 – BBC News
Bob Jarman, a senior doctor has declared that the traditional way of staffing hospital A&E departments is "not sustainable" or "fit for purpose".

He is the lead A&E consultant at Gateshead’s Queen Elizabeth Hospital and said they were under constant pressure.

A review of emergency provision in hospitals is being carried out by NHS Medical Director Prof Sir Bruce Keogh.
http://www.bbc.co.uk/news/uk-england-tyne-24106428

101. Lister Surgicentre in Stevenage comes under NHS control
16 September 2013 – BBC News
A privately-run NHS hospital where three patients died after routine surgery has now been put under
NHS control.

Services at the Surgicentre, based at the Lister Hospital in Stevenage, are now transferred to East and North Hertfordshire NHS Trust.

It was bought by the Department of Health for £53m and will be called the Treatment Centre and integrated with the Lister.

http://www.bbc.co.uk/news/uk-england-beds-bucks-herts-24106914

102. Deaths in children’s intensive care at ‘all time low’
16 September 2013 – BBC News
A report has revealed that death rates in children’s intensive care units are at an all-time low despite increasing admissions.

The Paediatric Intensive Care Audit Network found the death rate was 3.8% in 2012 - despite admissions rising 5% from 18,596 in 2011 to 19,516 in 2012 but also warned that out-of-hours staffing levels were often not being met.

http://www.bbc.co.uk/news/health-24078396

103. CQC’s new hospital inspection programme to starts today
17 September 2012 CQC
CQC new programme of hospital inspections has started this week, with inspections in London and Yorkshire.

The first inspection began 17.09.2013 at Croydon Health Services NHS Trust.

The inspections, under the leadership of CQC’s new Chief Inspector of Hospitals, Professor Sir Mike Richards involve significantly larger inspection teams than CQC has used in the past. The teams – called inspection panels - will include doctors, nurses and other experts and trained members of the public. They will cover every site that delivers acute services and eight key services areas: A&E; medical care (including frail elderly); surgery; intensive/critical care; maternity; paediatrics/children’s care; end of life care; outpatients.

The inspections will be a mixture of announced and unannounced visits and they will include inspections in the evenings and weekends when we know people can experience poor care. On the evening of the first day of each inspection there will be a ‘listening event’ where local people can tell members of the inspection panel their views of the hospital’s care.

Each inspection will provide the public with a clear picture of the quality of care in their local hospital, exposing poor and mediocre care and highlighting the many hospitals providing good and excellent care.

Where there are failures in care, Sir Mike will highlight what needs to be addressed and ask the trusts along with, Monitor, the NHS Trust Development Authority and NHS England to make sure a clear programme is put in place to deal with the problems.

Professor Sir Mike Richards said:

“These inspections are designed to provide people with a clear picture of the quality of the services in their local hospital, exposing poor and mediocre care as well as highlighting areas of good and excellent care.

“We know there is too much variation in quality in the NHS – these new in-depth inspections will allow us to get a much more detailed picture of care in hospitals than ever before. Inspections are supported by an improved method for identifying risks and with much more information direct from patients and their families, and hospital staff”

Health Minister Norman Lamb commented:

“Our priority is to make sure that people get better care. That’s why we asked the CQC to appoint a new Chief Inspector of Hospitals to shine a spotlight on quality and drive up standards across the board. We also want to showcase the best of the NHS so that all hospitals can learn from this success”.

In all, 18 NHS trusts will be inspected by the end of the year and by the end of 2015 CQC will have inspected all acute hospitals.

To prepare for the inspections CQC has been bringing together a wide range of data, including information from staff and patient surveys, mortality information, hospital performance information such as waiting times and infection rates. The regulator has also sought the views of other local organisations. These ‘data packs’ will be published with the panel’s report.

Each inspection panel is chaired an external expert. For the first four inspections the chairs are:

- Croydon: Professor Edward Baker, Medical Director—Oxford University Hospitals NHS Trust and former Medical Director of Guy’s and St Thomas’ NHS Foundation Trust,
- Airedale: Dr Jane Barrett, ‘clinical oncologist and ex-President of the Royal College of Radiologists
- Taunton and Somerset: Dr Chris Gordon is Programme Director of QIPP at the NHS Leadership
104. NHS paid £4m in secret staff payoff deals
17 September 2013 - The Times
DH has now acknowledged that £3.9m had been paid to 133 former staff who were forced by NHS bodies to agree to ‘gagging clauses’.

105. Berwick review costs revealed
17 September, 2013 – HSJ
International patient safety expert Prof. Don Berwick was commissioned by the Government to look at making “zero harm care a reality” after the publication of the Francis report in February this year.

The review, which reported in August, focused on the need for the health service to develop a “learning culture” that listened to staff and patients. The review cost less than £100,000.

http://m.hsj.co.uk/5063223.article

106. New hospital inspection regime targets poor care
17 September 2013 – BBC News
A new hospital inspection regime for England is now in progress, with the chief inspector promising to “expose poor and mediocre” care.

The CQC agreed to overhaul its inspections following the Stafford Hospital scandal.

Mike Richards, the new chief inspector of hospitals, is leading the process.

http://www.bbc.co.uk/news/health-24112245

107. Dorset HealthCare NHS Trust still ‘failing’ patients
17 September 2013 – BBC News
Patients are still being failed by a Dorset NHS Trust, the regulator says.

Monitor has said that Dorset HealthCare has taken "too long" to make "urgent improvements" with levels of staffing and quality of care.

The health service regulator has now imposed a new condition on the trust's licence which, if breached, could mean a "replacement of leadership".

Monitor was prompted to review the entire trust after inspectors shut a mental health ward at Forston Clinic in Charlton Down in December because patients were not receiving appropriate and safe care.

It reopened in April after a £1.1m revamp.

http://www.bbc.co.uk/news/uk-england-dorset-24129339

108. Alarm over shortage of nurses on NHS wards
18 September 2013 - The Times
Warning: this ward is seriously understaffed
18 September 2013 - Daily Mail
Item based on the call by former Health Secretary Stephen Dorrell who is chairman of the Health Select Committee that wards should publish staffing levels daily.

109. NHS ‘unlikely’ to hit £200bn cuts target
18 September 2013 - The Times
Item about the King’s Fund report that only 10% of NHS finance directors believes that there is a better than even chance of making the efficiency savings
Government expects by 2015.

110. Taking action at Dorset HealthCare University NHS Foundation Trust

18 September 2013 - Monitor

Monitor announced that it taken robust action at Dorset HealthCare University NHS Foundation Trust because it has failed to make urgent improvements in the way the Trust is run.

It first took action in April this year, but we are not satisfied with the Trust’s response. Despite agreeing to a series of legally binding undertakings to improve how it is run and ensure quality care, Monitor believes that it has taken too long to make the necessary changes.

The Trust has also failed to properly address quality of care issues raised by CQC. The Trust’s board has continued to inadequately monitor the quality of care and management has also failed to ensure appropriate staffing levels.

As a result of these and other issues Monitor has imposed a new condition on the Trust’s licence which requires it to ensure its Board and committees function effectively and to tackle the issues causing the Trust to be in breach of its licence. The new condition also requires the Trust to make sure that its Council of Governors runs properly.

Read the full press release

111. NHS: Changing culture

Episode 1 of 2

18 September 2013 - BBC Radio 4, 11:00hrs

NHS culture has been condemned as “broken” and as "insidiously negative". Business journalist, Lesley Curwen, asks what NHS managers were doing when appalling patient care was happening on their watch.

In the first of two programmes, she tracks the initial introduction of managers into the NHS and explores the responsibility that NHS leaders now shoulder for creating both good and bad cultures.

Robert Francis QC spells out why he believes the primary cause of the scandal at Mid Staffordshire was management failure, and the clean-up executives, sent in to run the scandal hit Trust, describe the culture of denial that dominated when they arrived.

As the NHS adapts to the radical reforms of 2013 in the midst of unprecedented financial challenges, Lesley visits both struggling and thriving hospital Trusts to discover how their leaders and managers are trying to create positive and open cultures, where staff are supported to provide the very highest standard of care to patients.

Producer: Fiona Hill
To listen to the broadcast go to http://www.bbc.co.uk/programmes/b03b2g28

112. NHS 'will not make £20bn savings' to stay in budget, say senior managers

18 September 2013 – Independent

An authoritative survey of NHS finance directors has revealed that just one in 10 rated his or her chances of meeting the national savings target as better than 50/50. Over than half identified a high or very high risk that the target would not be met, while nearly a third said patient care in their area had got worse over the past year – compared to 14 per cent who said it had improved.

The survey was undertaken by the influential health think-tank The King’s Fund, and it also found trust finance directors had become distinctly more pessimistic over the last year. More than 80% were very or fairly pessimistic compared to about half surveyed last year.


113. NHS set to miss £20 billion savings target

18 September 2013 – The King’s Fund

The King’s Fund’s latest quarterly monitoring report says that the NHS will struggle to meet its target of delivering £20 billion in productivity improvements by 2015.


114. Making a difference after Francis

18 September 2013 – RCN

The Royal College of Nursing (RCN) has welcomed the Health Select Committee’s review of the Francis report, After Francis – making a difference, and called for “a number of changes that would help to improve the quality of patient care in the NHS.”

Describing the Francis report as a “watershed moment in the history of the NHS”, Dr Peter Carter, Chief Executive & General Secretary of the RCN, spoke about two key issues addressed in the report; those of safe staffing levels and the regulation of health care assistants.

"The RCN has called for action to ensure there are safe staffing levels in all health care settings, and the committee highlights the importance of this," Dr Carter said. “We are also pleased to see that the committee believes the current unregistered status of health care assistants should not continue.”

In his comments on the committee report, Rt Hon Stephen Dorrell MP, Chair of the committee said,
“Robert Francis made 290 recommendations in his report, but in truth they boil down to just one – that the culture of ‘doing the system’s business’ is pervasive in parts of the NHS and has to change.”

Focusing on the future, Dr Carter added: “The committee has produced a useful review of what is needed and how it can be achieved, and we now look forward to the Government’s full response in due course.”

http://www.rcn.org.uk/newsevents/news/article/uk/making_a_difference_after_francis

115. GPs still use 084 phone lines despite government advice
18 September 2013 – BBC News
Hundreds of GPs are still using 084 phone lines despite being told not to by the DH three years ago.

Landline calls cost around 5p a minute, but charges are a lot more from a mobile.

Radio 4’s You & Yours found that 531 surgeries in England still use them, 29 in Wales and very few in Scotland and Northern Ireland.

http://www.bbc.co.uk/news/health-24143978

116. North Norfolk to get extra 65 ambulance staff
18 September 2013 – BBC News
East of England Ambulance Service NHS Trust is aiming to recruit between 300 and 360 new frontline staff in the next financial year.

It said about 65 of these would be allocated to North Norfolk.

http://www.bbc.co.uk/news/uk-england-norfolk-24151557

117. NHS IT system one of ‘worst fiascos ever’, say MPs
18 September 2013 – BBC News
MPS say that taxpayers face a rising, multi-billion pound bill for a failed Government IT project.

A report by the influential Public Accounts Committee (PAC) concluded an attempt to upgrade NHS computer systems in England ended up becoming one of the “worst and most expensive contracting fiascos” in public sector history.

The final bill for abandoning the plan is still uncertain, the committee said.

http://www.bbc.co.uk/news/uk-politics-24130684

118. Hunt sets out tough new approach to turn around NHS hospitals
19 September 2013 - DH
More hospitals in need of special help, warns Hunt
20 September 2013 - The Times
Elite hospitals have been handed contracts to transform ‘special measures’ hospitals.

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

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

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

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

- Starting today, each of the 11 Trusts will publish their improvement plans via NHS Choices, and will update them on a monthly basis so the public can see what progress is being made. The Health Secretary will also give updates to the media as part of the Government's commitment to a new era of transparency over care failures.

- More senior clinicians, as well as fresh talent from outside the NHS, will be recruited to manage NHS hospitals under a new fast-track leadership programme to include time at a leading business school. Graduates of the programme are expected to go on to make rapid entry and promotion to be NHS senior managers and Chief Executives.

Health Secretary Jeremy Hunt said:

“Turning special measures hospitals round is my top priority as Health Secretary. For too long, patients have had to put up with poor care because it was inconvenient to expose and tackle failure. So today I am committing to total transparency on progress in these hospitals, and to leave no stone unturned in our mission to turn them round.

“In place of the old approach of paying management consultants to analyse the problems, we are giving contracts to the best in the NHS to implement solutions they have tried and tested. With the help of inspiring NHS leaders and their teams from our leading hospitals, I am confident that we can get these hospitals out of special measures and on the road to recovery.”

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

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

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

- Basildon and Thurrock University Hospitals NHS Foundation Trust has appointed an extra 200 nurses and is building a new respiratory ward opening on December 1 2013.
- East Lancashire Hospitals NHS Trust offers all patients or carers who raise a complaint a face-to-face meeting with the doctors and nurses responsible for their care to talk through their concerns.

*United Lincolnshire Hospitals NHS Trust is investing well over £4 million in extra nursing staff.

- Tameside Foundation Trust has invested in increasing senior clinical cover in their A&E department and acute medical unit.
- George Eliot Hospitals NHS Trust has created a new senior post charged with looking at trust wide issues of patient care and safety and mortality.

119. CQC demands urgent action by Lincolnshire hospital trust and NHS performance managers after finding it is still failing to meet national standards

19 September 2013 - Care Quality Commission

Inspectors have told United Lincolnshire Hospitals NHS Trust it must take responsibility and make sure standards are improved, met and maintained following visits to two of its hospitals.


120. Doctors and nurses' regulators asked to clarify guidance on face veils

19 September 2013 – The Guardian

Health minister, Dan Poulter, has acted in response to claim that 17 hospital trusts ban wearing veils while treating patients.

A Government Minister has asked the regulatory bodies for doctors and nurses to clarify their guidance on the wearing of veils after concerns that patients may be denied face-to-face contact with the person treat-
ing them.

Dan Poulter acted after a story in the Daily Telegraph said 17 hospital trusts have a written dress code which bans the full veil for doctors and nurses treating their patients.
http://www.theguardian.com/world/2013/sep/19/doctors-nurses-face-veils-ban

121. NHS bosses pocket big rises amid cutbacks, figures show
19 September 2013 – Telegraph
Official data has revealed that over 10,000 NHS managers have seen their pay rise by 13% in four years, with increases last year at three times the rate for nurses.

122. University Hospitals of Morecambe Bay follow up report
19 September 2013 – CQC
CQC’s follow up report of University Hospitals of Morecambe Bay NHS Foundation Trust shows evidence of improvements since 2012, but further work is needed.

In 2012, the regulator carried out an investigation of the delivery of emergency care services at University Hospitals of Morecambe Bay NHS Foundation Trust and identified a number of concerns with:

• the provision of emergency services at the Royal Lancaster Infirmary and Furness General Hospital
• an apparent dislocation between senior managers and senior clinicians.

In April 2013, a team of eight CQC inspectors, two external specialist advisers and an Expert by Experience carried out a follow up review and found evidence of improvement in the safety and quality of care across the emergency care pathway. In addition, they saw that governance and management systems had been strengthened at trust and departmental level.

123. More failing hospitals ‘likely to be found’
19 September 2013 – BBC News
Health Secretary, Jeremy Hunt, has said that more hospitals in England are likely to be put in special measures, as he unveiled the rescue plan for failing trusts.

He said the new inspection regime, which began its roll-out this week, would identify more trusts that needed turning around.

Managers from top NHS hospitals are to be sent in to lend support.
http://www.bbc.co.uk/news/health-24142618

124. Face veils in hospital under review
19 September 2013 – BBC News
The DH has indicated that there will be a review into whether NHS staff in England should be allowed to wear face veils.

Ministers have asked doctors’ regulator the General Medical Council to ensure there is “appropriate” face-to-face contact with patients although the actual number of women wearing the niqab in the NHS is thought to be “extremely low”.

There is no national guidance on the issue.
http://www.bbc.co.uk/news/health-24158041

125. Lincolnshire hospitals: Low staffing levels and poor training
19 September 2013 – BBC News
Two Lincolnshire hospitals have failed to meet national standards after a series of unannounced inspections by the CQC.

The regulator criticised Lincoln County Hospital and Boston Pilgrim Hospital for low staffing levels and lack of training.

United Lincolnshire Hospitals Trust, which runs the hospitals, was one of 11 trusts in England placed in special measures in July.

The trust is set to be taken over by managers from top-performing hospitals.
http://www.bbc.co.uk/news/uk-england-lincolnshire-24150826

126. ‘Brightest managers to rescue worst hospitals’ says Hunt
19 September 2013 – BBC News
Health Secretary Jeremy Hunt says the worst NHS hospitals in England need to be given help to improve by the “brightest and best managers”.
http://www.bbc.co.uk/news/uk-politics-24157352

127. Lincolnshire hospitals: Low staffing levels and poor training
19 September 2013 – BBC News
Two CQC unannounced inspections have found that two Lincolnshire hospitals have failed to meet any national standards.

The regulator criticised Lincoln County Hospital and Boston Pilgrim Hospital for low staffing levels and lack of training.
United Lincolnshire Hospitals Trust, which runs the hospitals, was one of 11 trusts in England placed in special measures in July.

The trust is set to be taken over by managers from top-performing hospitals.
http://www.bbc.co.uk/news/uk-england-lincolnshire-24150826

**128. University Hospitals of Morecambe Bay Trust ’not meeting targets’**
**19 September 2013 – BBC News**
An under-review NHS trust has still not met recommendations to improve emergency care at two hospitals according to the CQC.

The University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) met seven of 40 suggestions from the regulator for Furness General Hospital and Royal Lancaster Infirmary.

A CQC investigation was launched into the trust last year.

UHMBT said it had made "good progress" in meeting most of the CQC’s concerns.
http://www.bbc.co.uk/news/uk-england-24147699

**129. Hunt sets out tough new approach to turn around NHS hospitals**
**19 September 2013 – Gov.uk**
More hospitals in need of special help, warns Hunt

20 September 2013 – The Times
Health Secretary, Jeremy Hunt, has set out the Government’s plans to help prevent future failures of care and safety at NHS hospitals.

In the wake of the scandal over standards at Mid Staffordshire NHS Foundation Trust and subsequent Keogh Review which looked at 14 NHS Trusts with high mortality rates, 11 of those Trusts are already placed in ‘special measures’.
http://www.thetimes.co.uk/tto/health/news/article3873901.ece

**130. Secret ban on face veils for staff at 17 hospitals**
**19 September 2013 – Telegraph**
It has come to light that at least 17 NHS hospitals have banned their front line staff from wearing their veils, as ministers called for new guidelines to ensure all patients can have “face to face” contact with those who care for them.

The Government has ordered a review of all health service policies on workers’ uniforms. It will ask professional regulators to draw up clear rules so that communication with patients is always given priority over the right of a nurse or doctor to wear a veil.
http://www.telegraph.co.uk/health/nhs/10319264/Secret-ban-on-face-veils-for-staff-at-17-hospitals.html

**131. Royal hospital gets a clean bill of health**
**20 September 2013 – Malvern Gazette**
Patients have given Worcestershire Royal Hospital a clean bill of health in a new “secret-shopper”-style assessment.

The new patient-led assessments are now in place for hospitals up-and-down the country this year to ensure the people relying on local hospitals have a chance to tell bosses what they really think.

Inspection teams of patients, volunteers and local Healthwatch members visited more than 1,300 hospitals, rating them on cleanliness, privacy and dignity, food and general upkeep and appearance.

The first results brought good news for staff at Worcestershire Royal, with scores in all four categories either in line with or above the national averages

**132. Stafford NHS bosses apologise over patient’s care**
**20 September 2013 – ITV.com**
Bosses at Stafford Hospital have apologised after a nurse was struck off the nursing register for failing to recognise a patient was diabetic.

Ann King failed to check Gillian Astbury's notes or check her blood sugar levels and the 66-year-old died in April 2007.

King’s colleague, Jeanette Coulson, was given a caution order for three years by the Nursing and Midwifery Council.

**133. Vulnerable older people’s plan: 1 week left to comment on proposals**
**20 September 2013 – Gov.uk**
The Improving care for vulnerable older people engagement exercise will close on 27.09.2013

Over the summer, the department has been testing and looking for comments on a set of proposals that will be used to form a vulnerable older people’s plan.

The proposals set out improvements in primary care and urgent and emergency care to make sure vulnerable and elderly people have the support they need to keep them in better health and out of hospital. They also seek to establish ways for NHS and social care services to work together more effectively for the benefit of patients – in and out of hospital.
134. 2m ‘ghost’ patients cost NHS £450m
22 September 2013 - The Sunday Times
Item about the total number of patients registered with GPs and comparing that number against the total population. There are 2,000,000 more people registered with GPs than officially live in the UK – a figure which has been constant for the last three years. The Patients Association describe the figure as a scandal.

135. Poor care at weekends is unethical, say top doctors
22 September 2013 - The Sunday Times
Item about The Sunday Times campaign for ‘safe care at weekends’ and that it has received support from the Academy of Medical Royal Colleges.

136. NHS coughs up £1.2bn to lawyers
22 September 2013 - The Sunday Times
Item about the NHS Litigation Authority making provision to pay £1.2bn to lawyers pursuing claims on ‘no-winning-no-fee’ arrangements.

Ed. First, the headline misses the point that the NHS itself will also have a huge legal bill to pay for advice which it receives from lawyers which it instructs to defend claims.

Second, don’t blame the lawyers for the bills; if the NHS Litigation Authority wants to keep costs low the NHS should concentrate on not bringing about circumstances that lead to claims, in other words, stop being negligent. The legal fees could be reduced further by admitting claims where genuine claims are acknowledged sooner and negotiations can take place without delay.

137. More hospital A&E departments failing to meet targets for seeing patients
22 September 2013 – Metro
A quarterly report by regulator Monitor has found that the number of hospital trusts failing to meet the target of seeing patients within four hours of arriving at A&E units has doubled in the last year.

The report found 31 NHS foundation trusts (FTs) missed the target in April-June compared with 13 over the same period in 2012. [http://metro.co.uk/2013/09/22/more-hospital-ae-departments-failing-to-meet-targets-for-seeing-patients-4074632/]

138. Weston General Hospital contract 'conflict of interest' row
22 September 2013 – BBC News
It has been claimed that the bidding process for the contract to run and manage Weston General Hospital could face a potential conflict of interest.

Two board members who will help decide who runs it have also worked as consultants for private companies that are bidding to run it and campaigners are calling for the pair to stand down from their positions.

But Health Secretary, Jeremy Hunt, said there was “total transparency” because they had declared their interests. [http://www.bbc.co.uk/news/uk-england-somerset-24172213]

139. NHS: Changing culture
Episode 2 of 2
25 September 2013 - BBC Radio 4, 11:00hrs
In the shadow of the appalling treatment by patients at Mid Staffordshire and elsewhere, when senior NHS managers prioritised targets instead of patient care, Lesley hears from some of the most senior leaders in the health service about how they now intend to switch their focus.

She visits the new top team at struggling Barking, Havering and Redbridge in greater London and discovers the challenges facing the Chairman and the new senior executive team as they try lift the Trust's poor performance.

Managers from South Tees tell Lesley that culture is "the way you do things when nobody's looking" and they show how investing in staff can translate into better patient care.

And as the NHS adapts to the radical reorganisation of 2013, Lesley asks how clinical commissioning and budget cuts will affect managers' drive to restore NHS culture and put high quality, compassionate patient care at the top of the agenda.

Producer: Fiona Hill
To listen to the broadcast go to [http://search.conduit.com/Results.aspx?q=In+the+second+of+two+programmes%2C+business+journalist+Lesley+Curwen%2C+reports+on+how+prepared+top+NHS+leaders+are+to+transform+failing+cultures+in+their+hospitals%2E&ctid=CT2860551&octid=CT2860551&SearchSource=1&CUI=SB_CUI&UM=UM_ID]
Nursing

140. Nurses told: the Navy needs YOU for pirate missions
17 September 2013 - RCN
The Royal Navy is seeking qualified nurses to join up and support its efforts to combat piracy off the North East African coast the Nursing Standard magazine reported.

Nurses are needed to treat casualties of piracy in the region including sailors, members of the armed forces and tourists.

Lieutenant Sarah Dewey, a Navy nursing, medical and dental recruiter, told Nursing Standard: “We are looking for nurses who want a bit more and who are moving on to the next challenge.”

Piracy has been rife in the Indian Ocean off the coasts of Somalia and Ethiopia for some years.

141. Nursing icons back on the curriculum
17 September 2013 - RCN
Schoolchildren in England will be taught about Florence Nightingale, Mary Seacole and Edith Cavell following campaigns to keep them on the curriculum.

More than 36,000 people signed a petition to keep Mrs Seacole while former health minister Julia Cumberlege lead a campaign to reinstate Nightingale whose omission was described as “a national disgrace”.

142. More Nurses Please
18 September 2013 - The Times, Leading Article
“The experience of some of Britain’s best hospital trusts, and of another public body with a deep interest in top-quality healthcare – the Army – is that better management and training can deliver more nurses and better overall care at little or no extra cost.”

143. NHS wards should publish their staffing numbers daily, MPs say
18 September 2013 – Telegraph
Be open over nurse numbers, hospitals urged by MPs
18 September 2013 – BBC News
A Commons Committee has recommended that the number of nurses on duty in every English hospital ward should be collected daily and published to help prevent a repeat of the Stafford hospital scandal.

MPs said hospitals should post the figures on wards so patients and families are aware of staffing levels, and that the information should be analysed by experts to ensure levels are safe.

http://www.telegraph.co.uk/health/healthnews/10316061/NHS-wards-should-publish-their-staffing-numbers-daily-MPs-say.html
http://www.bbc.co.uk/news/health-24124526

144. After cutting 5,000 jobs, hospitals seek nurses from abroad
19 September 2013 - The Times
Dr Peter Carter, CEO of the RCN, attacked short-sighted bosses dismissing staff and then scrambling to find replacements from overseas.

145. Patient privacy increases burden on nurses
19 September 2013 - The Times, Letters to the Editor
Penelope Holt writes that Nightingale wards enabled fewer nurses to see patients at a glance and that single rooms for patients create a need for greater levels of staffing.

Ed. Regular readers of BHCR will recall that I have been making exactly this point for years!

146. Nurses behind managers in NHS pay rise league
20 September 2013 - The Times
Senior NHS managers have had pay rises totalling 13% over the past four years, faster than any other group in the NHS. Nurses have had a 7.5% rise in the same period.

147. Muslim nurses who cover their faces are ‘more hygienic’ for patients
20 September 2013 - The Times
Jeremy Hunt: ‘I don’t want a doctor in a veil’
20 September 2013 - Daily Mail
Health Secretary Jeremy Hunt said he had a “great deal of sympathy” with patients who did not want to be treated by a Dr or nurse who was wearing a full-face veil. However, it is said that the practice might be more hygienic than leaving their faces uncovered.

148. Nursing ‘hubs’
21 September 2013 - The Times, Letters to the Editor
Dr Ben Timmis, responds to the letter from Penelope Holt and says that the best ward design he ever came across was the circular ward used at the Royal North- ern Hospital, London. Patient beds were the spokes of a wheel and the nurses’ station was the hub.
Ed. This does sound even better than Nightingale wards.

Older People

149. North-south divide among silver surfers, says Age UK
17 September 2013 – BBC News
Age UK has said that there is a "concerning" north-south divide in the number of over-65s in England, so-called silver surfers, who use the internet.

Surrey's older people were more than twice as likely to have web access as those in Tyne and Wear, but poorer people, those living alone and those in relatively poor health were least likely to access internet services.

Age UK used data from the Understanding Society study of 40,000 UK households and analysed responses, which are collected annually, from more than 5,000 people aged 65 and over in England.

Over-65s using the web

- Surrey - 63%
- Suffolk - 52.9%
- Devon - 45.4%
- Greater London - 39.9%
- Greater Manchester - 34.7%
- West Yorkshire - 29.7%
- Tyne and Wear - 27.7%

http://www.bbc.co.uk/news/uk-24112448

150. Elderly care needs 'set to treble' by 2050
19 September 2013 – BBC News
Campaigners say that the number of older people needing care is set to nearly treble globally by 2050.

Currently 101 million people require care, but a report from Alzheimer's Disease International warns the figure will rise to to 277 million.

Many needing care have dementia, and the report warns there will be a "global Alzheimer's epidemic".

The report's author said countries like India and China would be hard hit - and should start planning services now.

http://www.bbc.co.uk/news/health-24162509

151. Britain's Baby Boomers: Facing A Crisis Of Care?
20 September 2013 - Ostrich
Laurence Kelly, at just 21 years old will be the youngest keynote speaker to address the Inside Government Ageing Population Conference on Tuesday 24th September 2013. Prior to his speech he will hold a press conference explaining why, at such a young age, he is participating in a debate on an issue that most people more than twice his age will not have started considering: how they are going to fund care for themselves for an increasingly longer lifespan.

"The theme of the conference is 'Improving the Wellbeing and Lives of Older People' ", says Kelly. "That is exactly what concerns me. Care homes are closing at a rapid rate: 5,000 in just 5 months. Down from, 34,000 to 29,000. That is a potential catastrophe when the state and individuals need to be planning care for a growing elderly population. To live longer is a wonderful thing, but what kind of quality of life will we all have?"

152. Vulnerable older people's plan: 1 week left to comment on proposals
20 September 2013—Gov.uk
Improving care for vulnerable older people - engagement exercise closes on 27.09.2013.

Over the summer, the department has been testing and seeking comments on a set of proposals that will be used to form a vulnerable older people’s plan.

The proposals set out improvements in primary care and urgent and emergency care to make sure vulnerable and elderly people have the support they need to keep them in better health and out of hospital. They also seek to establish ways for NHS and social care services to work together more effectively for the benefit of patients – in and out of hospital.

The department has received over 600 comments on the proposals from clinicians, commissioners, patients and carers and these will be used to shape and fine tune government policy.

The proposals centre on:

- appointing a single accountable clinician responsible for the overall management and review of a person’s health needs
- providing more integrated out-of-hospital and out of hours services
- establishing a stronger role for general practice, building on its existing strengths and the values of the family doctor
- finding new and effective ways to provide improved access and support for people to manage their own care
- enhanced information sharing between clinicians and services
- giving people more choice and control over where, when and how they receive health and care
The engagement site sets out the proposals, shows what others are saying and encourages comments on how they might work in practice.

The proposals were published on 5 July 2013 and are open for comments until Friday 27 September 2013.


Elderly in care homes ‘treated like children’
20 September 2013 - The Times
Elderly in care ‘treated like children’
20 September 2013 - Daily Mail
See item 12 above in ‘Care Homes’

Parliament

153. 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

16 September – House of Commons – Written answer from Mark Hoban MP, (Cons, Fareham), Minister for Employment, in response to a question from Sheila Gilmore (Lab, Edinburgh East), on how many individuals placed in the work-related activity group since 2008 have received a prognosis statement that specifically advises work is unlikely in the long term.

To view online, click on the following link:
http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm130913/text/130913w0003.htm

17 September – House of Commons – The House of Commons Science and Technology Committee has published its third report on clinical trials.

To view online, click on the following link:
http://www.publications.parliament.uk/pa/cm201314/cmsctech/104/104.pdf

18 September – House of Commons - The House of Commons Health Committee has published its third report of the session on ‘making a difference after the Francis report.’

To view online, click on the following link:

20 September – House of Commons – The House of Commons Public Accounts Committee has published its second report on early action, which covers health and social policy.

http://www.publications.parliament.uk/pa/cm201314/cmpubacc/133/13302.htm

Social Care

154. Norfolk plans £12m cuts to adult social care funding
20 September 2013 – BBC News
Services for the elderly, people with disabilities or mental health problems in Norfolk could be cut by £12m as part of Norfolk County Council’s plans to save £189m.

The council has started a 12-week consultation over ways in which money could be saved and is speaking to groups of people affected.

It has not yet indicated any specific services which could be cut.

http://www.bbc.co.uk/news/uk-england-norfolk-24173280

155. The Social Care Commitment
20 September 2013 – Gov.uk
The Social Care Commitment, was launched by the Department of Health in partnership with the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC) and the Voluntary Organisations Disability Group (VODG).

The Social Care Commitment is an agreement between employers and employees, when both sides sign up to seven clear commitments to develop skills and knowledge within their workforce. It will focus on the real issues people have in the workplace, such as how to achieve effective communication, uphold dignity and protect an individual’s privacy.

https://socialcare.blog.gov.uk/2013/09/20/the-social-care-commitment/

Workforce

NHS paid £4m in secret staff payoff deals
17 September 2013—The Times
See item 104 in NHS.
Future of Primary Care

Text of a speech given by The Rt Hon. Jeremy Hunt MP at the King’s Fund conference on 13 September 2013.

Year of challenge

Thank you. I am really grateful to the King’s Fund for inviting me today and indeed for staging this conference. Without a profound reform of out of hospital care the NHS will be simply unsustainable, so this is an issue of critical importance.

I would like to begin with a general comment.

This has been a year of challenge for the NHS.

Whilst the institution rightly remains the single biggest reason why people are most proud to be British, we have had to confront tragedies at Mid Staffs, Morecambe Bay, and failures at fourteen hospitals with high mortality rates. Unprecedented transparency has shone a spotlight on poor care in a way that has never happened before.

In the face of that scrutiny, I want to pay tribute to NHS doctors, nurses and professionals who have faced up to that pressure with great determination and courage. It would have been easy, in the face of so many media stories, to point fingers elsewhere or duck difficult questions.

Instead of which, something remarkable happened.

The whole service has united to confront these problems head on.

There has been a widespread welcome for Professor Sir Mike Richards in his new role as Chief Inspector of Hospitals, even though his inspections will be tougher and more independent than ever before.

Likewise for Professor Steve Field, the new Chief Inspector of General Practice, and Andrea Sutcliffe the new Chief Inspector of Social Care. Their inspections will confront poor standards as well as showcasing and celebrating the best care.

Indeed when 11 hospitals were put into special measures following the Keogh review, this wasn’t criticised as draconian - even though it was unprecedented.

When Don Berwick, Professor Obama’s safety expert, called for a fundamental change in culture, again it was widely welcomed.

We cannot hope to give people the healthcare they need and deserve if we refuse to face up to difficult realities. So this widespread willingness to accept more transparency and more accountability is extremely heartening.

At the same time, thanks to the extraordinary efforts of people on the frontline, on broadly the same budget as 2010 we are:

- performing 400,000 more operations every year
- seeing a million more people annually in A & E
- delivering over 3 million more outpatient appointments every year

This is a tribute to the dedication of a great many people. In a climate where some are quick to criticise, I am pleased to once again to put on record my personal thanks and admiration for NHS and social care staff who have never worked harder.

A sustainable NHS

All this is highly relevant to the debate on primary care. Because underneath the angst caused by long-suppressed tragedies finally coming to the surface has been a deeper worry. Just how sustainable is the NHS? Is the problem about raising standards, or more profoundly about whether we can actually afford to raise standards to the levels we would like?

My answer to that is straightforward.

We can afford good quality care for everyone – but only if we undertake a bold and radical transformation in the way out of hospital care is delivered.

Why out of hospital care?

Because the central challenge facing the NHS today is an ageing population. The over -85s are the fastest growing population group in the world, and will double by 2030. Sooner than that, we are likely to have 1 million people with dementia in this country.

And already one-quarter of the population, mainly elderly, have long-term conditions such as arthritis or chronic lung disease. For these people, quality of care at home is just as important as quality of care in
Hospitals, of course, will always be there for the most complex treatments and the most specialist care. But getting the best possible care outside hospitals means we enjoy a higher quality of life, spend fewer days in hospital, and keeps people happy, healthy and safe at home.

Not only is this better for us as patients, it is better for the NHS. It saves precious hospital resources for people who really need them. And it saves money overall - so that as we get older and need more care, we can be more confident the NHS will be there to deliver for us.

This is already happening.

In Newquay, the NHS and Age UK have worked together with a cohort of frail elderly people that are particularly vulnerable to crisis episodes that require admission to hospital. Their proactive care has reduced emergency admissions by 23%.

In Kent, predictive models are employed to identify the cohort most in need of preventative social care. Then ‘anticipatory care plans’ are made which include input from the patient. This stops them from slipping between health and social care and means that they spend less time in hospital.

Best international practice supports this conclusively. Age-adjusted hospitalisation rates for Kaiser Permanente were found to be a third of the NHS because of more comprehensive primary care services. Following a similar model, GroupHealth’s Medical Home Pilot – which we heard about today - reduced their emergency admissions by 29%.

Better care and a more sustainable NHS. So if my focus has been on delivering that inside hospitals in my first year as Health Secretary, transforming out of hospital care will be my focus in the second.

4 year transformation

I don’t underestimate the scale of the changes necessary. I believe it will be a four-year process based on the four major groups of people the NHS has to look after: vulnerable older people; other people with long-term conditions who need help managing their condition; mothers and young children; and those of us who are normally healthy and well and need the NHS to help keep us that way.

Whilst we will make changes that will benefit all of these groups from next April, I have deliberately chosen to make vulnerable older people my primary focus for the next twelve months.

I’ll never forget seeing an elderly woman with dementia arriving at the A & E department at Watford General Hospital. The staff did their best, but in truth they knew nothing about her. They didn’t know if she was normally speechless or whether that was because of her fall. They didn’t know her medical history. And if they felt helpless, how terrified she must have been. We have to do better.

Vulnerable older people may only be a small proportion of the population. But they represent a significant cost to the NHS.

And they often get the worst deal from the services we provide. Too often they receive uncoordinated care, stay too long in hospital and are treated not as a human being but as a mix of diseases.

Every life is precious, and we don’t lose value as we get older. But we do need more support - and our NHS must be there for us when we do.

So today I want to outline some of the detailed changes that are necessary to make this happen. First, though, some underlying principles.

Firstly - and this won’t be a surprise to anyone, prevention is better than cure.

An American health insurer once told this story to a bemused Department of Health official. “We are taught,” he said, “that if we get a new customer signed up for one year we lose money as they inevitably claim more in hospital fees than their premium. But if we get them for three years, we can assign a nurse to look after their long-term condition and you just about break even. Get them for seven and you encourage them to take exercise, eat healthily etc. and that’s when you really make money. I figure in your NHS you’ve got them for life…so what do you do?”
And I’m afraid the answer is not enough. For vulnerable older people in particular, it means we need a radical shift in our model from reactive to proactive care, from cure to care, from care to prevention and from paternalism to participation. So that’s the first principle.

The second principle is clinical leadership. Local doctors know what’s best for local patients, and they’ll be the drivers for change. The vision I am presenting would not have been possible without the reforms to commissioning, which placed budgets in the hands of GP-led commissioning groups. It is their ingenuity and enterprise which is already allowing trailblazers to deliver this vision in parts of the country already.

The third principle is accountability. If we are going to transform out of hospital care, we must ensure that someone in the system is responsible for making it happen.

Well-led multi-disciplinary teams are important – but as a member of the public I want to know who in the NHS is responsible for the overall care of my elderly mother or granddad.

The person who is responsible needs not just responsibility but the power to make things happen quickly in a large and complex system.

The fourth principle is that any changes we make must stay true to the founding principles of the NHS. The highest quality care and treatment for all, no matter who you are. This means a special focus on vulnerable older people who live on their own and at risk of social isolation. And a particular determination to ensure that those without a strong voice, without pushy relatives, without the money to buy better care also get looked after in the way that we would want for our own friends and family.

Those are the principles. What then are the big changes? We are currently consulting on our Vulnerable Older People’s Plan but emerging results from that consultation suggest major reforms in three areas in particular.

**Proactive primary care**
The first is moving to proactive primary care.

By 2016 we will have three million people with not one, not two, but three long-term conditions. Many of them will be elderly. When they are discharged from hospital they will not be “cured” in the conventional sense. They will still need help, sometimes a lot of help, to manage a complex cocktail of illnesses and often disability and loneliness as well.

Sometimes we do primary care well. Many GPs pride themselves on good continuity of care and we have many extraordinary district nurses.

But often we fail. 15-minute homecare visits when there is time to dress someone or feed them but not both. Patients left stranded at home because they have slipped through the cracks of the system. Care homes that struggle to get GP visits.

A paper in the Journal of Public Health by Bankart in 2012 found that, “Being able to consult a particular GP, an aspect of continuity, is associated with lower emergency admission rates. As the proportion of patients able to consult a particular GP increased, admission rates declined.”

So from next April I’ve proposed in the draft NHS Mandate that there should be a named GP for all vulnerable older people. This is the first step in reversing the historic mistake made in the 2004 contract changes, which abolished personal responsibility by GPs for patients on their lists. Incidentally, this is something that many practices bravely refused to go along with.

But we need to go further than just having a named GP.

So from next April I would like to empower those named GPs to look after vulnerable older people on their lists in the way I think GPs always wanted to when they first joined the profession:

- to take responsibility for ensuring these patients have proper care plans and are supported to look after themselves;
- to have the time to contact their patient proactively and not just when they walk through the surgery door;
- to be able to decide how best out of hours care should be managed in their local areas, including, for example, choosing to take back responsibility at a practice level for delivering out of hours care;
- to be able to decide what support their most vulnerable patients get from district nurses.

Not all GP practices will be able to do this on their own. Many will choose to do so through federations or indeed through CCGs.

Nor will GPs personally administer services on their own. I recognise that GPs work hard and need time off.

But if they are not able to see a patient out of hours or do a home visit, they should make sure another clinician can – someone who is able, with the patient’s
permission, to have full access to their notes, their medical history, their medication and their allergies. In short, we need an accountable GP outside hospital just as the excellent Future Hospital Commission from the Royal College of Physicians talks about an accountable consultant inside hospital – someone who knows how their chronically ill elderly patients are at any one time.

Capable of General Practice
So where will GPs get the capacity to perform these extra duties?

In the medium term we will definitely need more GPs. I have asked Health Education England to recruit an additional 2,000 GPs and increase the proportion of new doctors entering general practice to 50%. We will do further modelling, and it may be we need to increase those numbers still further. But we also need to look at the burdens that we place on general practice and give them better support in managing demand.

The 2004 contract changes were well-intentioned. But they turned GP practices from proactive organisations responsible for their patients 24/7 into surgeries whose responsibility is essentially reactive – dealing as best they can with the people who walk through the door, often without the time or space to check up on people who don’t.

These changes not only undermined the ideal of family doctoring, they damaged the doctor-patient relationship that is at the heart of general practice.

QOF, DES, LES and myriad other targets were all introduced with the best of motives. But they have created a bureaucratic overlay to the work of a GP which means there is often a conflict between the requirements of a patient and the needs of a practice to generate income.

So we need a dramatic simplification of the targets and incentives imposed on GP surgeries – to give them back the professional discretion to spend more time with the patients who need it the most. And finally, we need to recognise that if more proactive general practice is going to save the NHS money by reducing unplanned admissions to hospital, then some of that saving needs to go back into general practice to pay for the higher levels of care.

Precisely how will be a matter for detailed negotiation later in the year, but we need to be ready to go with a new approach for vulnerable older people in April 2014.

Integrated care
Transforming out of hospital care is not, though, just about primary care. Which is why the second big change we need to make – and something that the King’s Fund has nobly talked about for many years – is around the integration of the wider health and social care systems.

We must recognise that the needs of vulnerable older patients are so complex that they will often need to access different parts of the system on a regular basis. Providing proper continuity of care means closing up the gaps that can see people pushed from pillar to post, with one part of the system completely unaware what another part is up to. This is never more frustrating than when patients are delayed from moving to the right place because of wrangling over budgets.

Norman Lamb – my excellent care services minister – is spearheading the work to make this change happen, in particular with a programme of 10 – 15 integration pioneers.

Building on this, the Chancellor announced in July a £3.8 bn Integration Transformation Fund for health and social care in 2015-16.

In order to access this – and we have deliberately made it such a large sum of money that everyone will feel they have to access this - local authorities and the local NHS will have to commit to joint commissioning, better data-sharing using the NHS number, seven-day working in health and social care, protecting social care services and having an accountable lead professional for integrated packages of care.

Because this is so important, I can announce today that all integration plans will have to be approved and put in place not by April 2015 but by April 2014. Although the new funding will not become available until April 2015, in many cases we believe local authorities and CCGs will want to press ahead next year anyway so that we start to see the benefits of improved care much earlier. And these changes are already starting to happen.

In Bedfordshire, the Clinical Commissioning Group has brought down the number of emergency admissions from care homes by 38%, by implementing a care team to deliver more intensive care to patients in nursing and residential homes.

In Bath, there has been a 40% reduction in admissions to the local district hospital, thanks to a pilot scheme involving regular visits to a care home. I am going to see this in Bath for myself tomorrow.

In Blackpool, when people visit A & E the front desk is manned by primary care staff. They assess whether they need emergency care or out of hours primary
care. The result is that over 20% of people who visit are sent to the out of hours service, freeing up resources in A & E and, in the long run, saving money.

And in Witney patients with long-term conditions are offered a 24 hour helpline, with people trained to listen to their problems and prevent a medical crisis. In short – more support means a better experience for patients and a more sustainable healthcare system.

Having been talked about for so many years, integration is finally becoming a reality. Patients are at last being treated in these complex systems as people - with a seamless service responding to their personal needs - rather than as objects being processed by various disjointed systems. And I hope we will see a step-change in the progress we make from next April.

**Electronic health records**
The final change we need to make to out of hospital care concerns electronic health records.

The last government may have got the implementation of NHS IT contracts wrong, but they were right to try. We must not let the fear of making the same mistake again deter us from making vital and necessary changes.

It is shocking that when a vulnerable older person is admitted to A & E, the hospital typically knows nothing about their medication or medical history. 44 people died last year in the NHS because they were given the wrong medicine – and we know we could reduce this significantly if prescription histories were available in hospitals.

Equally shocking in this day and age is that a paramedic can pick up someone on a 999 call without knowing if they are a diabetic or someone who has dementia – information that could be critical in giving that person the right care or treatment.

Nor should the social care system be operating in a technological silo that is unable to speak to the NHS. Medical notes and histories should be available anywhere in the system whenever a patient gives consent – whether a care home, a hospital, a GP surgery or indeed 111.

I’ve said the NHS must be paperless by 2018 – and last week announced we will be increasing investment over the next two years to £1 bn. But let’s be clear: we won’t repeat the mistakes made before. I will not be signing any contracts at the Department of Health, you’ll be pleased to hear. Instead we will be supporting local initiatives.

But as a result of that investment, I expect to see a transformation in the number of vulnerable older people whose records and care plans can be accessed in different parts of the system – and a transformation in their care as a result.

**Conclusion**
Proactive primary care, integration of health and social care and proper use of electronic health records and care plans: taken together these will transform the quality of care received by vulnerable older people in the NHS over the next two years.

And we then need to ask what equivalent changes are necessary for the other groups of people, people with long-term conditions, for mothers and young children, and for the usually healthy. I will return to these at a later date.

But for now let me reiterate my certainty that with ambition, vision and courage we can protect the NHS’s sustainability even at a time of unprecedented financial pressure – and significantly improve care for vulnerable older people at the same time.

And I want to thank everyone in the room for your help in making this happen.
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