Brunswicks’ Healthcare Review

refreshingly modern, reassuringly traditional
This week’s article—This is no way to run a national health service

Again, this is not an article but the statement of Andy Burnham, shadow secretary of state for health, made on 29 June 2014.

Mr Burnham is calling for a halt to the privatisation of the NHS.

I await the Conservative Party’s response to Mr Burnham’s assertions. 

To read the statement now click here

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Parliamentary Business

The House of Commons will be in recess from 23.07.2014. The House will next sit on 01.09.2014.

The House of Lords will be in recess from 30.07.2014 and will next sit on 13.10.2014.

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Editorial

I know that I am flogging the point, but, do remember that this is our last issue of BHCR until 20.08.2014.

Again, as we approach the heady days of summer the High Court Chancery Division has pronounced its decision in a nasty case of local authority bullying.

The guilty council is Newcastle City Council which two years earlier (even as this matter was progressing) had been bashed by the local association of care providers – Care North East – which succeeded in a judicial review against the council over the way the council has gone about setting its fees. HHJ Gosnell held that the Council’s decision to fix its usual rates for providers for the year 2012/13 was unlawful – for a summary of that case go to BHCR 2012; Vol.7; Issue 43, item 27.

On this occasion the Council picked on a charity, Abbeyfield Newcastle upon Tyne Society Limited, and made a number of threats of action which it knew, or ought to have known, were unlawful.

Abbeyfield stood its ground, even when all the other care providers in the region were overborne by the Council and signed up to a contract which froze fees for three years, fees which had not been increased for some time, it seems since 2010. Abbeyfield would not succumb to the Council’s demands and was utterly isolated, the Council showed no obvious mercy in seeking to punish the provider for refusing to sign its ‘umbrella’ or Framework contract for care provision.

When High Court judges refer to correspondence as “truly extraordinary” and “completely distorts” contractual provisions one has a very good idea of which way the Judge will decide the merits of a case. So it proved to be; the Council utterly failed in its defence.

You can read my summary of this case at item 28 in this issue of BHCR. It is a decision which confirms the fact that many councils have continued to abuse their bargaining powers which arise from the monopsony which exists in the geographical areas over which a given council exercises its purchasing power.

I hope that, notwithstanding the continued financial pressure on all councils that they now approach negotiations with care providers treating them as fellow professionals, deserving of respect and fair treatment.

The swaggering, bullying, intimidatory conduct from the councils has no place in the 21st Century. It must stop. Now.
Lin and I are now taking a break from the production of BHCR – our acknowledgement that summer has arrived – the next issue will be produced and emailed on 20.08.2014.

If you wish to keep up to date with what is going on in the health and social care sector follow us on Twitter; we will be continuing to produce tweets on the most important issues which arise during the brief pause in the production of BHCR.

To follow us on Twitter, click here
Abuse/Dignity

1. Why safeguarding adults boards’ role must be beefed up to fill gaps in Care Act 2014
24 July 2014 - communitycare.co.uk
Boards need a bigger role than that provided for by the Care Act 2014 guidance, says Belinda Schwehr of Care and Health Law

Having looked last week at the weaknesses in the Care Act 2014 draft statutory guidance on the legal basis for safeguarding practice, this piece will examine its approach to the role and functions of a safeguarding adults board (SAB).

Ed. This is one of a series of articles by Ms Schwehr on the Care Act 2014.

2. Essex Police says new powers are protecting abuse victims
29 July 2014 – BBC News
A police force criticised over its handling of domestic abuse cases says it has used new protection powers more than 50 times in two months.

Essex Police started issuing domestic violence protection notices and orders, also used by several other police forces, in June.

The measures are designed to make sure victims are safe when there is not enough evidence to charge suspects.

One man has been jailed for breaching the terms of his order.
http://www.bbc.co.uk/news/uk-england-essex-28543382

3. Stephen James - comments
31 July 2014 - communitycare.co.uk
Another informative and stimulating commentary from Belinda Schwehr on The Care Act and accompanying draft guidance. I find it hard to disagree with most of what is stated here, and myself and many others in the world of local authority adult safeguarding circles have found the Act and particularly the Guidance to be hugely disappointing and a missed opportunity.

The point Belinda makes at the end of her article re Norman Lamb’s promised legal guidance re adult safeguarding appears to have sailed into stormy waters somewhat, as I understand that the author has now withdrawn his support from it. We can only wait to see what, if anything finally emerges from this, but I for one am particularly interested to see how the legislation currently in place relates to powers of access in certain situations. This is something that has been debated long and hard throughout the drafting of The Care Act, and assurances were provided by Government that existing legislation dictates that no new dedicated powers are required. Forgive me if I remain absolutely unconvinced about this, as I suspect there may be some connection here to the delays in producing the legal guidance. No doubt all will become clear in due course.

3. Working together to safeguard children: Multi-Agency Safeguarding Hubs
29 July 2014 - Home Office
A Government review of procedures to identify children and vulnerable adults at risk of abuse was published on 29.07.2014.

Several high-profile cases, including the death of four-year-old Daniel Pelka, have highlighted the tragic consequences which can result when information indicating risk is held by one agency and not appropriately shared with others.

Many areas have established Multi Agency Safeguarding Hubs (MASHs) to mitigate the risk of anyone slipping through the safeguarding net, and they and others have requested guidance on best practice.

The review found MASHs support professionals to ‘join the dots’ and understand threats so they can take action to prevent them.

Stopping abuse
The report states multi agency working is key to early and effective identification of risk, improved information sharing, joint decision making and coordinated action. The document gives examples of how agencies are working together to stop abuse before it occurs.

However it also concludes multi agency approaches do not supersede a single agency’s duty to identify, protect and support a child or vulnerable person.

Crime Prevention Minister Norman Baker unveiled the report at a stakeholder summit at the Home Office.

He said:
“This coalition Government is determined to tackle child abuse in whatever form it takes, and Multi Agency Safeguarding Hubs have a clear role to play in this.”
“This report sets out evidence from a wide range of approaches across hundreds of local authority areas. As a result, local agencies are now better placed than ever before to make informed decisions about how best to ensure children and vulnerable adults are protected from deplorable abuse and exploitation.

“And I want to send a clear message today – if it’s a choice between data protection and child protection, child protection must come first.”

Over the next 12 months the findings of the report will be disseminated to professionals through a series of regional roadshows.

The Government is reviewing guidance for practitioners and managers to dispel mistaken beliefs which prevent information being shared appropriately and effectively.

In addition the Centre of Excellence for Information Sharing has been commissioned to work with local areas to provide targeted support to MASHs to ensure effective information sharing.

And a review has been launched into how application of the Mental Capacity Act 2005 impacts on safeguarding vulnerable adults from sexual abuse.

Inspections
Ofsted, the Care Quality Commission (CQC), Her Majesty’s Inspectorate of Constabulary (HMIC), Her Majesty’s Inspectorate of Probation and Her Majesty’s Inspectorate of Prisons will roll out their joint inspection of multi-agency arrangements for the protection of children in England from April 2015.

These inspections will focus on the effectiveness of local authority and partners’ services for children who may be at risk of harm, including the effectiveness of early identification and help.

Ed. This, to my mind, is a very odd document; its title and almost the whole of the content speaks of the abuse of children. However, do note the opening paragraph... the note applies equally to adults.

Why is that not made clear throughout the whole of this Home Office document?

4. Updated DBS disclosure application form
01 August 2014 - Home Office
Information for registered organisations about a change to the DBS disclosure application form.

DBS has previously mentioned changes to legislation which resulted in the filtering of old and minor convictions.

On 12.03.2014 the disclosure application form was amended to reflect this change and question e55 now asks:

“Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?”

You won’t need to order new application forms because DBS is arranging this for you through a stock replacement exercise. You will also get more information via post and email.

All applications should be submitted on the new, revised disclosure application form once you receive them. This form can easily be identified as the form reference number at the top right-hand side begins with F01. The form reference number on the old forms begins with F00.

In the meantime, please use your current stock of application forms until the new forms arrive.

Ed. This looks like the effect of the court decisions earlier this year when it was ruled that minor criminal matters should not be forever carried by the guilty, indefinitely into the future.

5. Safeguarding children and adults
01 August 2014 - SCIE
SCIE supports learning and improvement in safeguarding adults and children. Its ‘Learning Together’ programme enables children’s and adults’ safeguarding boards, and their equivalents, to review and learn from individual cases.

SCIE offers introductory training for safeguarding board members, comprehensive training and mentoring for reviewers, plus access to accredited Learning Together reviewers.

“%The style and substance of the [Learning Together] report allowed for a more honest discussion with the Board about learning from the review.”

Independent chair, Local Safeguarding Children’s board

SCIE’s Learning Together model
SCIE’s Learning Together clients
Business News

6. Key board appointment at Danshell
22 July 2014 - Danshell

Danshell, a provider of adolescent and adult mental health and learning difficulties services in the UK (which bought the care business previously operated by Castlebeck before its financial collapse in the wake of the BBC Panorama programme) announced that Steve Page is joining its Board as a Strategic Advisor.

Mr Page started his career in the NHS and was the first CEO of Oxleas NHS Trust (mental health and learning difficulties in Greenwich, Bexley and Bromley) from 1993. The Trust trebled in size and won a number of national awards for quality and innovation during his tenure.

He also held senior positions at Priory Healthcare including the managing director post and Nestor plc before becoming the founding CEO of Acorn Care and Education, where he built the company from just two Special Educational Needs schools into a leading children’s services provider with 12 schools for children with autism, social, behavioural, emotional and other learning difficulties and nearly 2000 children in foster care.

Mr Page has an MBA from London Business School, and is married with two grown up children.

Efi Hershkovitz, CEO of Danshell, said:

“Steve brings a wealth of expertise to Danshell. His appointment will support the company with its strategic goals as we continue to provide high quality treatment, care and support to service users and their families in an ever-changing market.”

“It also reinforces to commissioners, regulators and stakeholders, the level of commitment to providing innovative, safe, quality services and bringing in the very best people to help deliver them and build on the company’s position within the market.”

7. Hiscox withdraws from care sector

Hiscox Insurance announced its withdrawal from the care sector. The firm will continue to write business through to 31.12.2014 but after those policies expire in 2015, it will not offer renewal. This news comes shortly after the withdrawal from the market by Eclesiastical at the end of last year.

David Waters, Managing Director of Care Home Insurance Services (CHIS), who has 25 years’ experience specialising in risk management and insurance for care providers throughout the UK and the only dedicated, independent insurance broker for the care sector said:

“Hiscox’s decision is based on actuarial projections for future claims, which it believes will escalate considerably. Our analysis of the risk profiles of our clients does not bear out Hiscox’s projections; all the care businesses we pass on to underwriters are of exceptional quality and carefully selected. However, the withdrawal of Hiscox is undoubtedly a significant market development and, with two major insurers leaving the sector, it is only prudent to take note. At CHIS and PrimeCare Insurance Services we are reviewing our portfolio of insurers and finalising our strategy to ensure our offering continues to lead the market.

“The insurance market is hardening as insurers seek to combine an increase in their premium rates with a reduction in their exposure to risk, so care businesses must keep claims to a minimum if comprehensive cover is to remain accessible and affordable. Our advice to care home owners is to implement rigorous risk management policies and carry out health and safety assessments, using an external risk consultancy to ensure regulatory compliance where appropriate.”

Ed. The report into the care market stability – see item 12 in this issue of BHCR and in this section – has not considered the risk of a care provider failing to secure insurance cover. Those care businesses which fail to learn lessons from things that go wrong and fail to implement risk analysis will, if they have a poor claims record, find it increasingly difficult in these ‘new times’ to secure insurance at a rate which they can afford.

The ‘cowboys’, if there are any left in the care sector, may take a chance of trading without insurances in place, others who find rising premiums impossible to pay will, inevitably, close their doors. If this scenario comes about there will not be a great deal of notice of imminent closure.

This is an issue to watch closely.

8. Bupa: UK businesses demand private healthcare reform

29 July 2014 - Health Investor

A survey run by insurance firm Bupa found that 50% of the business leaders they contacted believe that private healthcare needs to be reformed as much as, if not more than, the banking industry.

Read more...
9. Guardian Care Homes set to sue Lloyds in LIBOR case
29 July 2014 - LSE
Guardian Care Homes, which was at the centre of a £40m ($67.77 million) settlement with Barclays, is now preparing a new legal action against Lloyds Banking Group that will focus on the Bank’s involvement in rigging borrowing rates.

10. National Trade Bodies for social care sector welcome appointment of Dame Moira Gibbs
29 July 2014 - Care England
The National trade bodies for the social care sector are delighted at the appointment of Dame Moira Gibb as the Chair designate for the merged workforce organisation of Skills for Care.

“We all look forward to building on the work of the National Skills Academy and Skills for Care with her at the helm. Dame Moira’s substantial skills and expertise will be an asset to the future of the fundamental principles of delivering a confident and skilled workforce in social care.

“We would also like to thank Jo Cleary and David Croisdale-Appleby for their individual and exceptional contributions to their respective organisations during their tenure and wish them well in their future appointments which will see them both continue to support the workforce.”

11. Power Fifty 2014 announced
31 July 2014 - Health Investor
The Power Fifty is about recognising those in the independent sector who are affecting real change and shaping the independent health market. It is about those individuals within the sector that exert the most influence, command the most respect, and, ultimately, hold the most power.

But the voting doesn’t stop here – you can continue to vote for the 50 shortlisted individuals until 14.11.2014.

This list will then be revealed at an exclusive gala dinner to be held in central London on 27.11.2014. The top 15 will be counted down live and the winner announced.

The 2014 Power Fifty A-Z:
Mike Adams - MedicX
Saleem Asaria - Cambian Group
Justin Ash - Oasis Healthcare
Paul Birley - Barclays
Andy Brookes - Hazlewoods
Pete Calveley - Barchester Healthcare
Joy Chamberlain - Partnerships in Care
Stephen Collier - GHG
Keith Crockett - The Healthcare REIT
Dominic Dalli - Sovereign Capital
Edward de Nor - G Square Capital
Stuart Dean - RBS
Gareth Down - William Blair
Tim Edghill - JLL
Julian Evans - Knight Frank
Wayne Felton - Mitie
Hedley Goldberg - Rothschild
Philipp Gutzwiller - Lloyds Banking Group
James Hanson - JLL
Keith Harris - CBRE
Aatif Hassan - August Equity
Martin Henrichs - Credit Suisse
Paul Jefferey - Caring Homes
Bart Johnson - Virgin Care
Liz Jones - Isis Equity Partners
David Jones - Deloitte
Dasos Kirtsides - Santander
Richard Lunn - Christie & Co
Kenneth MacKenzie - Target Healthcare REIT
Damien Marmion - Bupa
Paul Marriner - Lifeways
Steve Melton - Circle Health
Jonathan Millet - GI Partners
David Mobbs - Nuffield Health
Arun Nagwaney - Anchorage Capital
Michael Neeb - HCA International
Andrew Nicholson - KPMG
Mike Parish - Care UK
Mike Parsons - McCarthy & Stone
Chai Patel - Court Cavendish
Tom Riall - Priory Group
Rob Roger - Spire Healthcare
Mark Salter - Bowmark Capital
Terry Scicluna - IDH
Ted Smith - Various
Ian Smith - Four Seasons Health Care
Daniel Smith - Grant Thornton
Tony Stein - Healthcare Management Solutions
Lawrence Tomlinson - LNT Group
Jill Watts - Ramsay Health Care

Download the Power Fifty 2013 countdown brochure here
12. Report into market stability and CQC’s new market oversight function
31 July 2014 - CQC
From April 2015 CQC will have a new regulatory duty that requires it to oversee the financial health of difficult-to-replace providers of adult social care services. These will be determined by criteria such as their size, or the specialist nature of their provision.

Find out more here.

CQC commissioned Oxford Brookes University to examine market stability within adult social care, and its relationship with the forthcoming market oversight regime. Read CQC’s summary of the report.


Ed. Without wishing in any way to be dismissive or derogatory of the report, it seems to me that many of the people I know and work with could have sketched out the issues as presented in the summary report on the back of a fag packet/envelope.

The major issue which is not, to my mind, made clearly enough in the summary report, although it is in the full report, is the effect on the market of councils continuing to enforce downward pressure on care fees.

An issue which is not addressed at all is the effect of decisions by insurance companies who are exiting the market place.

The report poses the question were the failures of Southern Cross and Castlebeck isolated and company specific, rather than an indication of something being “wrong” with the way the care market operated?

The report itself contains typos; for example ‘debt’ becomes ‘dent’ – the problem of auto-correct! That said, in relation to the failure of Southern Cross, I believe that the report correctly identifies the mechanism of corporate failure.

A conclusion is that there is a close connection between quality of care and care market stability – something with which many would agree. However, how does one ensure quality? A key to it must be the level at which care fees are set. See item 39 in ‘Cases in the News’ post.

The issue of trading style and use of various debt instruments to raise funds is well addressed in the report – which correctly concluded that with the more diverse and complex a company’s structure is, the less likely it will be to “gain clarity about the overarching financial structure.”

The report says:

“Providers interviewed ... [expressed] ... concern about market stability ... in terms of the Care Bill and, for older people’s residential care providers, the impact that changing the funding basis might have. Concerns focused on the impact that published LA [Local Authorities] prices might have on self-funders. Currently all providers agreed that self-funders subside state funded places and whilst the self-funder market was seen as important, few providers argued that they could survive on that revenue alone. In general, it was felt that the potential impact of the Care Bill on the market was under researched.”

And:

“Providers report that for several years the fees that Local Authorities have paid for clients are very low. Often they do not cover the price of the care so the provider needs to use profit from self-funders to subsidise the costs of the Local Authority funded care.”

Concluding that “…assessing the “financial sustainability of the provider’s business” may also not be straightforward.”

Yep, I think that is just about right!

For all those invested in the care sector, as operators, landlords, shareholders, bankers, commissioners of care and many others would, in my respectful view, do well to read the full report and reflect long upon the issues it raises.

It is a shame that the report was not made public six months or so ago, but that might have been inconvenient to the passage of the Care Bill, now Care Act 2014.


13. Drug pricing: Bitter pill
01 August 2014 - Financial Times
The high price of a new hepatitis treatment is prompting the debate that most alarms the industry: whether to curb the US free market in drugs.
14. CMA and Monitor publish guidance on the competition review of NHS mergers  
01 August 2014 - Monitor  
The Competition and Markets Authority (CMA) and Monitor have jointly published a short guide on the competition review of NHS mergers.

To read more go to item 185 in this issue of BHCR under ‘NHS’ post.

15. New chair for national skills body  
01 August 2014  
Dame Moira Gibb is to be the new chair at Skills for Care and the National Skills Academy for Social Care.

Dame Moira will succeed Professor David Croisdale Appleby who steps down in November 2014.

She is a Non-Executive Director at NHS England and is involved with other bodies. Dame Moira was previously Chief Executive with Camden Council during which time she also chaired first the Social Work Taskforce and then the Social Work Reform Board.  
Read about Dame Moira Gibb’s appointment

16. Makers march to the aid of ailing NHS  
British factories find a cure for the NHS  
03 August 2014 - The Sunday Times  
Item about the diminishing sight of a diabetic and a new light-therapy treatment devised by PolyPhotonix a very small company in Sedgefield, Co Durham, after the patient had worn a light-emitting ‘sleep mask’ for six weeks she was told by her consultant that her eye-sight has recovered. The cost is £250 for 12 weeks’ treatment; conventional treatment with a laser would have cost the NHS £10,000. There is real potential to save the NHS hundreds of millions of pounds annually.

The company is based in the Advanced Forming Research Centre in Renfrewshire a joint venture between Strathclyde University, top engineering firms - such as Rolls-Royce and Boeing - and the Scottish Government.

Other firms at the centre are working on other innovative products for use in the NHS – including 3D printing.

Care Homes

17. Residents moved from care home after inspectors reveal long list of failings  
28 July 2014 - Yorkshire Post  
Report that CQC had removed the registration from Alexander Court, Harrogate, it was said that the council and NHS had placed suitably qualified staff in the care home while places are found for the residents.

18. West Haddon care home residents 'at risk of burns', CQC says  
28 July 2013 – BBC News  
CQC inspectors found that Northamptonshire care home residents were at risk of harm from scalding water, broken windows and faulty appliances.

The regulator has demanded "urgent action" be taken over its findings at the Foxhill Manor Nursing Home in West Haddon.

It has also referred some of its concerns to the Health and Safety Executive (HSE).

The home is yet to comment on the report’s findings.  
http://www.bbc.co.uk/news/uk-england-northamptonshire-28520095

19. Does residential care need to be rebranded under a new name?  
29 July 2014 – NCF  
To combat negative perceptions of care homes, a new vision and name is needed.

Des Kelly, executive director, National Care Forum writes about residential care and the public’s perception:

"The last few weeks have seemed like open season for attacks on care homes, with health secretary Jeremy Hunt and NHS England chief executive Simon Stevens criticising the model of residential care and the quality of services. Clearly there should be no place for services that fall short of accepted standards and quality needs to improve. But the perception that residential homes equate to institutional care is so pervasive that this negative image has become firmly rooted in the public consciousness.

This strengthens prejudice against residential care as a service of last resort rather than a positive choice. It seems as though this prejudice has become institutionalised in policy directives and as a consequence the potential contribution to community care services has been devalued. And yet care for older people and other adults remains a significant service option. Despite evidence from regulators that standards in residential care have been steadily improving in recent years, this negative image has proved remarkably resistant to change. As the traditional boundaries of care for older people shift, with services responding to increasingly complex needs, the purpose of residential care has become more difficult to define. Clarifying this purpose for the public is essential to creating a more positive perception".  
20. CQC requires improvement at four care homes in North East Lincolnshire
31 July 2014 - Care Quality Commission
The Care Quality Commission (CQC) has told the owners of four care homes in North East Lincolnshire that they must take immediate action to improve standards of care.

Inspectors from CQC found that Emerald House in Brigg, Amber House in Humberston and Jade House and Topaz House, both in Cleethorpes, were failing to meet the required national standards of quality and safety.

The four reports which are published on the CQC website detail findings from inspections which took place in June 2014.

The inspections at Topaz House and Amber House were carried out to follow up on improvements required at previous CQC visits, and the inspections of Jade House and Emerald House took place as part of CQC’s scheduled inspection programme for 2014/15.

When they visited the homes run by Carmand Ltd, CQC found a range of issues including low staffing levels, poor care planning, failure to fully safeguard residents from the risk of harm, and ineffective processes for monitoring the quality of service being provided.

CQC has told Carmand Ltd that it must provide a report setting out the action it will take to address the shortfalls which CQC has identified. By law, providers of care services must ensure that they are meeting all national standards.

At Emerald House, inspectors found the provider was failing to meet all eight standards reviewed. People’s needs were not being fully assessed and care and treatment was not being consistently planned and delivered in line with people’s individual care plans. In addition, serious concerns were raised about the lack of guidance and training for staff to ensure they were able to support people appropriately, particularly those residents with challenging behaviour.

Inspectors also found shortfalls with eight standards at Topaz House. Safeguarding procedures were in place, but staff were unsure of what their responsibilities were in relation to safeguarding residents from the risk of harm. Inspectors found occasions where the provider had not acted in accordance with legal requirements when providing care for people that lacked the capacity to provide their consent to treatment.

At Jade House the provider was found to be failing in eight out of the nine areas assessed. Inspectors raised concerns that the planning and delivery of care did not always meet people’s needs. Where residents had been identified as requiring psychological input on a weekly basis, this support was not being provided. During the inspection CQC found evidence of safeguarding incidents having occurred at the home that had not been notified to CQC as required by law.

At Amber House shortfalls were identified in nine out of 10 standards. Inspectors found that there were gaps in staff training and some staff had not received training to meet the specialist needs of people living at the home. Staff told inspectors they felt isolated and at times had been left to manage situations they did not feel confident about. Risks to residents were not always appropriately assessed or responded to and inspectors found that the provider had not taken the required steps when dealing with allegations of abuse.

Staff shortages were apparent at all four homes as was a distinct lack of clear leadership. The provider was failing to effectively monitor the quality of service being provided at each location, and incidents and errors were not being analysed to identify trends and put actions in place to prevent reoccurrence.

As a result of these findings CQC is currently considering the need for further regulatory action against Carmand Ltd and will report in due course on any action they do decide to take.

Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes.

http://www.cqc.org.uk/content/cqc-Requires-improvement-four-care-homes-north-east-lincolnshire

21. 2011 Census Analysis, Changes in the Older Resident Care Home Population between 2001 and 2011
01 August 2014 - Office of National Statistics
All editions of this release
Geographical coverage: England and Wales
Geographical breakdown: Country
Survey name(s): Census

• The care home resident population for those aged 65 and over has remained almost stable since 2001 with an increase of 0.3%, despite there being a growth of 11.0% in the overall population.
• Fewer women but more men aged 65 and over, were living as residents of care homes in 2011 compared to 2001; the population of women fell by around 9,000 (-4.2%) while the population of men...
increased by around 10,000 (15.2%).

- The gender gap in the older resident care home population has, therefore, narrowed since 2001. In 2011 there were around 2.8 women for each man aged 65 and over compared to a ratio of 3.3 women for each man in 2001.

- The resident care home population is ageing; in 2011, people aged 85 and over represented 59.2% of the older care home population compared to 56.5% in 2001.

In this release
Changes in the Older Resident Care Home Population between 2001 and 2011
Care home analysis using 2001 and 2011 Census data of care home residents aged 65 and above. It was revealed that the care home resident population for those aged 65 and above has remained almost stable since 2001, despite there being a growth in the population. The gender gap in the older resident care home population has narrowed since 2001 and it is also ageing.

22. Care England is pleased to support Flame of Forgiveness Fortnight
01 August 2014
Care England is supporting the “Flame of Forgiveness Fortnight”, a new initiative between care homes & schools to commemorate the centenary of WWI, which is taking place from 06 and 19. 10.2014.

Professor Martin Green OBE, Care England’s Chief Executive, said:

“I am delighted to be supporting the “Flame of Forgiveness” which came about as an idea from Teresa Pearce MP for Erith & Thamesmead, to acknowledge the anniversary of the outbreak of World War I and to promote cross generation connections in local communities between care homes & schools. It is so good to see that the anniversary of the First World War is being commemorated in a way that focuses on forgiveness, and encourages people to join together in harmony, to acknowledge the sacrifices of those who gave their lives during this terrible conflict, and to affirm that humanity and forgiveness have to be the basis of our future.”

“...”

23. See out your twilight years in style...
02 August 2014 - The Times
Item about top-of-the-range care homes in large country estates.

24. More men are checking into residential care
02 August 2014 - The Times
The number of men living in care homes has increased 15% in a decade – although still vastly outnumbered by women.

Case Reports

Law Reports

25. Abbeyfield Newcastle upon Tyne Society Limited v Newcastle City Council
This case in the High Court concerned the setting of care fees to be paid by a council to a private provider of social care. Abbeyfield is a charity.

There was a familiar over-arching/umbrella/pre-placement agreement which governed relations between the provider and the Council called off provision for individuals in need of care. The contract was to continue in operation until 01.04.2010. The price agreed when Abbeyfield entered into the contract on 18.06.2009 was £427, variable in accordance with the umbrella agreement. There was also a provision that the Council was not obliged to pay any increase that may be due under the mechanism.

Additionally, there existed an individual tri-partite contract between the resident, Abbeyfield and the Council – a placement contract.

Under the terms of the agreement Abbeyfield could request that the Council review the price paid and there was a detailed mechanism provided in the agreement. The mechanism for reviewing the price paid for care was based upon a report prepared by PricewaterhouseCoopers (PWC) for the Council.

The price was, in any event, to be reviewed on 01.10 in each year and adjusted to take account of inflation.

On 11.01.2010 Abbeyfield invoked the price review mechanism by properly serving notice under the umbrella agreement. The following day the Council wrote back in terms which the judge described as “truly astonishing”, in particular:

“As you know, indexation is built into our current agreement, to be considered in each October. Consequently, the Council has applied this principle to current rates and has identified a rate reduction for all grades of homes arising from the reduction in the base rate from 5% to 0.5%. Given the significant improvements in quality and market stability outlined above, and the difficult economic conditions that you and we both face, I would prefer to avoid a potentially destabilising cut in funding at this time. However, to achieve this, I will need your support. I would ther
fore like to offer you a three year contract for the period 1 April 2010 to 31 March 2013 under terms and conditions essentially the same as at present, with unit prices fixed at current levels for the duration of the agreement”.

The judge commented “It was odd to take as starting point the indexation provisions relating to price adjustment under the current contract when setting a rate to be payable under a new [umbrella agreement]. The price adjustment provisions were irrelevant.”

In other words, the umbrella agreement was about to expire and a new agreement would have to be put in place. He also observed that the Council letter “completely distorts the index provisions” in the umbrella contract.

Of course, what the Council was seeking to achieve was a three year freeze on the fees paid to care homes – something which did not escape the judge’s notice.

Having regard to regulation 25(1) of the Care Homes Regulations 2001 requiring care providers to ensure that a care business is financially viable, unsurprisingly, Abbeyfield thought the Council’s proposal was financially unsustainable and rejected the Council’s offer saying that it was "wholly unacceptable that the price should be frozen for three years from April 2010 (at the 2009/2010 price)".

A report was produced in May 2010, on the various measures increases in fees were payable; however, by that time the umbrella agreement had expired by effluxion of time.

Abbeyfield did not require any of the Council-funded residents to leave by giving notice on the ground that their weekly fees were in arrears. The Council did not remove residents or operate a “suspension of services”.

The judgement continues:

“By the 22 June 2010 the Council had negotiated contracts with 29 out of the 52 providers and required the remaining providers to enter contracts. It stated:-

“As from Monday 12 July 2010 homes not in contract with the Council will be removed from the Council’s standing list forthwith as the Council can offer a wide choice to users from the 29 homes that have agreed the contract terms and its variations. For those homes which remain out of contract, we will commence a process of individual user contracting, to empower users and their families, through the Council, to monitor the quality of service in their home”.

This threat was plainly unlawful. The Council could not lawfully exclude any provider from a list. It was bound to consider any provider selected by a proposed resident, though it could insist that it would only contract on its standard terms and pay its usual rates.”

“In October 2011 the Council notified the dissentient providers (including Abbeyfield) that as they had not signed the new terms and conditions the Council would only pay the rates payable under the expired PPA in respect of existing residents and would cease placing new residents forthwith. Within a matter of days all providers but Abbeyfield signed up to the Council’s terms (which included payment of a higher rate of £455 per week for Grade 1 homes).”

The rate which the Council fixed for the care providers who signed the new umbrella contract was £455. Abbeyfield had asked for £465 per week.

Abbeyfield’s case was:

“….[the Council]
(a) has been unjustly enriched in refusing to pay the cost which a reasonable person in the Defendant's position would have had to pay for [Abbeyfield’s] services (“the Market Value”) and it would be unconscionable for [Abbeyfield] not to be recompensed ;

(b) has refused to pay the reasonable cost pursuant to an implied term under a preliminary contract in which there was no agreement as to price....”

The case on unconscionability refers to a failure to consider the PWC report as to the Reviewed Rate, relying on the moral and legal scruples of Abbeyfield not to insist that the Council remove residents for whom it refuses to pay the true cost, and relying upon the families of residents to make up part of the shortfall between the true cost of providing the service and the payment made by the Council.”

After commencement of the legal proceedings two relevant events occurred:

“First, CNE sought judicial review of the Council’s rate-setting decision of 26 March 2012 on the grounds that the Council had failed to inform itself of the costs to care home providers of providing services. HHJ Gosnell decided ([2012] EWHC 2655 (Admin)) that the Council’s decision to fix the usual rates to providers for 2012-2013 was unlawful. The Council was required to remake the decision: when it did so the
rate fixed for the period from April 2012 to April 2013 was raised from £455 to £473.20. The rate from April 2013 was to be £482.66.

“Second, the Council abandoned its insistence that Abbeyfield was only entitled to the weekly rate that had been agreed in 2009 and was the rate last payable under the [umbrella agreement]. On 4 November 2013 the Council accepted that it would pay Abbeyfield at Grade 1 rate for the period from 1 May 2012, so that whereas the Council had been insisting it only had to pay £436 per week now it acknowledged that it had to pay £473.20 (though Abbeyfield’s fees to private residents were £513), and £482.66 from 1 April 2013 (although Abbeyfield’s private fees were £527). A month later the Council made a further concession (described as ex gratia): instead of insisting that it was only liable to pay Abbeyfield £436 per week for the period from October 2011 to the end of April 2012 the Council now accepted that it was liable to pay £455 (though Abbeyfield’s private fees were £483 at this point). The result was that immediately before trial the Council’s position became that Abbeyfield should be treated the same as other providers rather than singled out for punitive treatment because it had refused to sign the new PPA.”

At the trial the parties dispute had become focused on the status of the umbrella agreement during the period the new contract was being negotiated. The judgement was that this was the wrong focus and which continued in force irrespective of the umbrella agreement. The judge said:

“In my judgment there was an implied term that in the event that the contractual price-setting mechanism broke down then a reasonable price would be paid.”

The Council asserted that:

“a reasonable price” was the same as “the market price”, and that the market price was easily determined since it was what the 51 other providers were (as from October 2011) prepared to accept that the Council should pay. Alternatively a “reasonable price” would in this context be the “usual cost” paid by the Council, established by the carrying out of the rate setting exercise (subject to any judicial review).

“I do not agree. There is no true “market”. There is a dominant purchaser which, by virtue of its purchasing power and its ability to make unlawful threats (to “blacklist” dissentient providers) which individual providers cannot counter, is able to secure for itself particular prices which are lower than “the market” (comprising all purchasers of care homes services) is willing to pay. That is why Abbeyfield was able to secure from the general body of its service users a fee of £465 or £513 per week at a time when the Council was only paying £436.”

The judge went on to observe:

“The parties would know that there was statutory guidance concerning rate-setting, and that the Council would have to justify any departure from such guidance: see R (Sefton Care Association) v Sefton Council [2011] EWHC 2676 (Admin).”

“The £436 per week frozen for two years that Abbeyfield was offered by the Council does not in my judgment constitute a “reasonable rate” for the purposes of the term implied into the User Agreement. It deliberately ignored the provisions of [relevant parts of the umbrella agreement].”

So, what would be the appropriate or properly applied rate?

The Judge said:

“I received no direct evidence on the point and must therefore answer the question posed by inference from the facts found as to lawfully fixed rates. I may take it that the rate lawfully fixed for April 2009 was £436. It is established that the lawful rate from the end of April 2012 was £473. Drawing a straight-line graph between these two points suggests that the reasonable rate payable from the beginning of April 2010 to the end of March 2011 was £450 and the reasonable rate payable from the beginning of April 2011 to the end of March 2012 was £460. I so find and hold. I note that this is not out of line with the ex gratia rate of £455 which the Council “concedes” should be offered from the beginning of October 2011.”

Ed. This is a decision to warn the cockles of care provider hearts everywhere!

My thanks go to Belinda Schwehr of Care and Health Law and Geoff Hodgson of Caring Times for drawing this case to my attention.
Disciplinary cases

26. Andrew Charles Mills - Social worker suspended for falsifying case records and documents
30 July 2014 - HCPC
Social worker Andrew Charles Mills has been suspended from the HCPC Register for falsifying the case records concerning two service users whilst working in one of the children in care teams at Essex County Council.

A panel of the HCPC Conduct and Competence Committee heard that Andrew Charles Mills created four statutory visit records, falsely indicating he had visited Child A.

The Panel further heard how Andrew Charles Mills created a false Viability Assessment for Child B’s paternal grandmother, which was later presented in court.

The Panel decided the most appropriate action was to suspend Andrew Charles Mills from the Register for a period of 12 months with an Interim Suspension Order in place to cover the appeal period.

Andrew Charles Mills was not present or represented at the hearing.

27. Victoria Parker - Operating department practitioner suspended for lack of competence
31 July 2014 - HCPC
Operating department practitioner Victoria Parker has been suspended from the HCPC Register for lack of competence whilst working for Nuffield Health Guildford Hospital.

A panel of the HCPC Conduct and Competence Committee heard that Victoria Parker’s theatre colleagues raised concerns about her competence. In a review by the hospital, she failed to demonstrate a basic understanding of a number of procedures during a four workplace scenario assessments.

The Panel further heard that Victoria Parker failed to identify a discrepancy between two different kinds of knee operations on the patient consent form during a pre-operative check. The incident was recorded by the hospital as an adverse event, or an event which could potentially cause patient harm.

The Panel decided the most appropriate action was to suspend Victoria Parker from the Register for a period of 12 months with an Interim Suspension Order in place to cover the appeal period.

Victoria Parker was not present or represented at the hearing.

28. Alan Peter Cunningham - Social worker struck off for issues relating to integrity, honesty and performance
31 July 2014 - HCPC
Social worker Alan Peter Cunningham has been struck off the HCPC Register for a series of failings whilst working at Knowsley Metropolitan Borough Council, Salford City Council and Wirral Metropolitan Council between 21.12.2009 and 03.06.2011.

A panel of the HCPC Conduct and Competence Committee heard that Alan Peter Cunningham asked inappropriate questions during profession discussions with colleagues and services users, claimed false mileage that amounted to over £1,500 and failed to provide adequate care in that he did not conduct Children in Need visits and failed to recognise risk in relation to child protection.

The Panel decided the most appropriate action was to strike Alan Peter Cunningham from the Register with an Interim Suspension Order in place to cover the appeal period.

Alan Peter Cunningham was not present or represented at the hearing.

Cases in the news

29. CQC drags Grant Thornton into libel court case
28 July 2014 - Health Service Journal
Sarah Calkin writes that the High Court claim brought by Jill Finney, former deputy chief executive of CQC against her former employer, CQC has joined Grant Thornton in the case.

The claim brought against CQC by Ms Finney is for £1.3m libel damages. If successful in her claim, CQC will have to meet most of her legal costs too.

It is understood that Ms Finney’s claim asserts that CQC’s current chair David Prior and chief executive David Behan abused their power and acted maliciously in publishing allegations that Ms Finney ordered a “cover up” of CQC’s own failings.
This case arises out of the CQC inquiry into University Hospitals Morecambe Bay Foundation Trust; the allegations were made in a report by Grant Thornton, which said it was “more likely than not” that Ms Finney had ordered the deletion of an internal report written by Louise Dineley, the CQC’s head of regulatory risk.

Ms Finney denies the allegations.

30. WPC, 37, ‘groomed a grieving 82-year-old for his cash’
28 July 2014 - Daily Mail
Report that a police liaison officer, PC Clare Stretton, 47, groomed and seduced a man whose son had been brutally murdered. After the man’s wife died he allegedly wined and dined Ms Stretton and gave her money. The grooming is said to have taken place over 10 yrs. The IPCC is investigating.

31. Another blot on councils’ copybook
28 July 2014 - Caring Times editor Geoff Hodgson
A High Court judgment handed down in Newcastle last week will place further tension all the already taut contractual relationships between care providers and local authorities.

In a contractual dispute between charitable provider Abbeyfield and Newcastle City Council, the court ordered the Council to compensate Abbeyfield for failing to provide ‘reasonable’ care home fees. http://www.careinfo.org/?p=17256

In making his judgment, Mr Justice Norris rejected the council’s view that the fees it had paid to Abbeyfield were the same as the “market price,” which was determined by the fact that 51 other providers (as from October 2011) had accepted the council’s rate.

“There is no true ‘market,’” the judge said.

“There is a dominant purchaser which, by virtue of its purchasing power and its ability to make unlawful threats (to ‘blacklist’ dissentient providers) which individual providers cannot counter, is able to secure for itself particular prices which are lower than ‘the market’ (comprising all purchasers of care home services) is willing to pay.”

This bolsters a view I have long espoused – that the social care funding apparatus is unwieldy, expensive and open to cynical manipulation by local authorities.

“There is no true ‘market,’” the judge said.

“There is a dominant purchaser which, by virtue of its purchasing power and its ability to make unlawful threats (to ‘blacklist’ dissentient providers) which individual providers cannot counter, is able to secure for itself particular prices which are lower than ‘the market’ (comprising all purchasers of care home services) is willing to pay.”

“The defendants did not enter pleas and were remanded on bail to appear at Cardiff Crown Court on 11.08.2014, http://www.bbc.co.uk/news/uk-wales-28528356

Ed. See our report on the case at item 25 in this issue under ‘Law Reports’.

33. How could she? Swindler at cancer hospital stole £640K
29 July 2014 - Daily Mail
Item about Stacey Tipler, 32, who siphoned £642,000 from the medications fund at the Royal Marsden, London. The Judge, Anthony Leonard QC, said the fraud was “highly professional” and “brilliant but dishonest”

34. Court date set in Old Deanery Care Home abuse case
30 July 2014 – BBC News
Three women were summoned to court in connection with alleged abuse at an Essex care home.

Essex Police began its investigation into alleged abuse following a BBC Panorama programme about the Old Deanery in Braintree.

Lorna Hortilano, 44, Adeshola Adediwura, 32, and Anita Ray, 45, all of Braintree, are to appear in court in August.

Ms Hortilano, of Hammond Place, has been reported for summons to court for two offences under the Protection from Harassment Act 1997 and one offence under the Mental Capacity Act 2005.

Ms Adediwura, of Clockhouse Way, has been reported for assault and one offence under the Protection from Harassment Act 1997 and one offence under the Mental Capacity Act 2005.
Ms Ray, of Victoria Street, has been reported for assault, two offences under the Protection from Harassment Act 1997 and one offence under the Mental Capacity Act 2005.

http://www.bbc.co.uk/news/uk-england-essex-28565637

35. Why did hospital staff ignore dying gran for 5 hours
31 July 2014 - Daily Mail
Mrs Anne Sandever, 77, died at Hinchingbrooke Hospital having been admitted on a GP’s orders, she was suffering from severe dehydration after two weeks of diarrhoea.

Staff failed to replace her drip and she was not looked at by a doctor or nurse for five hours. She died.

The Coroner, Dr Sam Bass rebuked the hospital staff for treating the dying woman as if she were invisible.

36. Care files destroyed to 'make space'
31 July 2014 – BBC News
The Independent Jersey Care Inquiry has heard that records of children in Jersey’s care system were destroyed in the 1990s to "make space".

Tony le Sueur, head of children’s services since 2004, was told destroyed files related to "low-level" cases.

He said summary records he had seen suggested some of the destroyed files related to more serious cases.

http://www.bbc.co.uk/news/world-europe-jersey-28587268

Although the High Court rejected the providers’ call for a judicial review of the council’s processes, the providers pledged to fight on.

A spokesperson for some of the claimants and providers, Mike Padgham, said:

“We may have lost the battle over this unfair price for care but the war on inadequate funding will continue.

“The fundamental issue goes far beyond pounds and pence. We are talking about being able to provide proper, safe and dignified care to older and disabled people who, frankly, deserve to be treated better in 2014.

“And we are talking about paying providers a fair and realistic rate that enables them to recruit, train and reward hard-working and committed staff to provide compassionate care.

“The consequences of repeated reductions in the price paid for care are obvious: Fewer people receiving care, a reduction in the quality of that care and operators being put out of business. That is the situation that, as a country, we seem intent on sleepwalking towards.”

Aside from seeking the right for a judicial review against Herefordshire Council, the providers were also looking to draw a line in the sand for other local authorities.

Mr Padgham added:

“A legal declaration would help to ensure that, when councils set prices for care services, they must take proper account of actual costs of providing care, consult properly and pay full regard to equality considerations.”
The providers contended that the council's maximum price represented a figure of up to 18.4% below current market rates. They argued that the authority had not properly taken into account providers' legal obligation to pay careworkers the National Minimum Wage, cover travel, sickness and holiday pay, or to meet training and essential quality checks. They concluded that the council's maximum price compromised their ability to provide a proper service and may have even risked service users' safety.

They warned that the only way providers could bid below the council’s maximum price was by cutting costs, penalising their staff and putting the viability of their services at risk.

They also argued that not enough consultation was carried out before the new ceiling was imposed. This, they argued, denied the providers any opportunity to give feedback on the proposed ceiling and the impact it would have.

Speaking on behalf of the national association for homecare providers, Colin Angel of United Kingdom Homecare Association said:

“This case highlights two recurring issues: councils cutting costs to an unsustainable level and taking advantage of their dominant purchasing power to the point where local homecare providers can be forced to use the courts as the final form of redress.

“These care providers are fighting for important principles: sufficient funding to deliver safe, dignified care which also meets the legal requirements of at least the National Minimum Wage for their workforce.”

38. NHS heart expert is guilty of £1m fraud
01 August 2014 - Daily Mail
Four guilty of £1.1m Basildon Hospital fraud
01 August 2014 – BBC News
John Mulholland, 41, Ann Clements, 51, Martin Oliver, 37, and Tom Cumberland, 42, have been convicted of swindling Basildon Hospital – while they were paid full-time salaries they ‘moonlighted’ at other NHS trusts. They were overpaid £420,000. Private work which they did at other hospitals brought them an additional £700,000. Sentencing is expected to take place in September – they face jail terms of up to 10 yrs.
http://www.bbc.co.uk/news/uk-england-essex-28600246

39. Owners threaten legal action over care home funding offer
01 August 2014 - The Herald
Care home owners are threatening legal action against Glasgow City Council after accusing it of unacceptable and unsustainable funding of elderly care.

Scottish Care, which represents private care home owners, said the local authority was insisting on "derisory" rates that would risk homes going bust or force them to cut corners and reduce the quality of care.

A council procurement exercise carried out by the council ended at noon yesterday. All local authorities will break away from a national deal on care home funding by the time health and social care is integrated in April 2015, but Glasgow is the first to do so.

Scottish Care said the offer, which involves the council buying about 3600 care places from 85 care homes at a set rate, was too low and would set an alarming precedent for other councils.

The industry body is seeking a judicial review on behalf of its members. It says the tendering process, under which care providers were invited to join a list of registered providers of care, was flawed. Meanwhile, Scottish Care members have instructed lawyers to examine whether a process the council plans to use to rank care providers and allocate work to them is fair.

Scottish Care said that while the tender offers homes £510-£590 per person per week for care, the council spends more than £800 per week on those in its own homes. Meanwhile, the council is offering a 1% increase in funding per year over four years, while homes expect their costs to rise by 12% in the same period.

Chief executive of Scottish Care, Ranald Mair, said the offer was derisory, adding:

"Glasgow care home providers have been more than willing to engage in talks with the council to reach a fair agreement, yet officials have remained committed to dictating to rather than consulting care homes on this matter."

"There is a need for real investment in quality, service improvement, and future development. We can't go on saying we want people to look after frail and elderly adults on the minimum wage."

"Despite our efforts at negotiation, the only way the council is prepared to even consider addressing the significant issues within this tender is if the tender fails and the council has to start again or if the results of our legal actions forces them to do so. There appears no willingness to change tack at this stage."
A council spokesman said:

"We have not received any court documents in relation to this matter, therefore, it would be inappropriate to comment at this stage."

Ed. Of course, once the council has been served with court papers it will then protest that it is not appropriate to comment as the matter is before the courts. I have said before that when I have compared council care with care provided by the private sector.

Once again, this is an example of how care homes operated by private and not-for-profit providers meet care needs at a cost which is considerably less than the council can do for itself.

The best solution for everyone, especially the people being care for, is for the council and the care association to sit down and agree a fair way to assess a fair cost - then pay it.

Children and Youths

40. Children’s directors hit back at damning report on state of residential child care
29 July 2014 – Community Care
Speaking on behalf of the Association of Directors of Children’s Services (ADCS), former president Andrew Webb has disagreed with the view of many children’s homes, and said: “Local authorities are not against residential child care. We provide it, we see it as having a very important place in the range of services that children need”.

His comments followed a damaging report on the state of residential child care, published by the Independent Children’s Homes Association (ICHA), that warned the sector is under-estimated, under-valued and under-funded.

41. Guidance: Children’s homes regulations amendments 2014
31 July 2014 – Gov.uk
Departmental advice for children’s homes providers and their partners following amendments to the Children’s Homes Regulations 2001.

42. Statutory guidance: Children Act 1989: care planning, placement and case review
31 July 2014 – Gov.uk
Volume 2: statutory guidance about local authority support to children and families, how has an added fourth supplement following regulation updates: ‘Out-of-authority placement of looked-after children’.

43. Child abuse and neglect
01 August 2014 - SCIE
Do you have specialist or particular knowledge of the issues to do with child abuse and neglect? New members are needed on a development group which will help develop a guideline in this area. The NICE Collaborating Centre for Social Care (NCCSC) has been commissioned by the National Institute for Health and Care Excellence (NICE) to do the work. It is looking for researchers, frontline practitioners and NHS or council staff who manage, commission and plan care in the area. It is also looking for service user and carer members who have been affected by child abuse and neglect.

Closing date for applications: 5pm on Wednesday 20.08.2014t. The draft scope of the guideline, which sets out what aspect of care it will cover, is out for consultation and you can comment on it by 20.08.2014.

Further information and how to apply - general
Further information and how to apply - service users and carers

View the consultation

44. New looked-after children resources
01 August 2014 - SCIE
A new film and web resource have been launched to support the implementation of the NICE quality standard on the health and wellbeing of looked-after children and young people. Filmed in the North East of England, ‘Our lives, our standards’ tells the experiences of a group of care-experienced young people. And a new tailored resource, aimed at ‘corporate parents’, offers advice and practical help. The new resources have been commissioned by the NICE Collaborating Centre for Social Care (NCCSC), a consortium led by SCIE.

View ‘Our lives, our standards’
View tailored resource
45. Protecting personal health and care data
Consultation open 26 June 2014
Consultation closes 08 August 2014
Looking for views on proposals to introduce tighter controls and safeguards on the use of personal health and care data.

46. Care Act 2014: have your say
Consultation opens 06 June 2014
Consultation closes 14 August 2014
The Department of Health has launched a consultation on the draft regulations and guidance relating to provisions in part one of the Care Act which will come into effect in April 2015.
https://socialcare.blog.gov.uk/2014/06/06/care-act-2014-have-your-say/

47. Updating our care and support system: draft regulations and guidance
Consultation opens 06 June 2014
Consultation closes 15 August 2014
This is seeking views on draft regulations and guidance on the care and support reforms in the Care Act 2014 which come into effect in April 2015.

48. NHS National Tariff Payment System 2015/16: engagement documents
Consultation opens 18 July 2014
Consultation closes 15 August 2014
Describes the policy changes Monitor and NHS England propose to make to the 2015/16 National Tariff Payment System.

49. Changes to Mental Health Act (1983) Code of Practice
Consultation opened 07 July 2014
Consultation closes 12 September 2014
Asks for comments on proposed changes to legislation governing the treatment of people with mental health problems.

50. Consultation on integrated inspections of services for children in need of help and protection, children looked after and care leavers and joint inspection of the Local Safeguarding Children Board
Consultation opens 23 June 2014
Consultation closes 12 September 2014
This is a joint consultation document from Ofsted, the Care Quality Commission, HMI Constabulary, HMI Probation and HMI Prisons on proposals for the inspection of services for children in need of help and protection, children looked after and care leavers and the inspection of the Local Safeguarding Children Board. The inspectorates seek the widest possible range of views from those who have an interest in, or expertise relating to, child protection and provision for children looked after and care leavers in order to ensure that the changes proposed take proper account of the needs and circumstances of all interested parties.

51. New regulations for how NHS auditor panels work
Consultation opens: 28 July 2014
Consultation closes: 12 September 2014
Asking for views on the regulations on the form and
independence of auditor panels for NHS Trusts and CCGs.


52. Mental Health Act Code of Practice
Consultations opens 08 July 2014
Consultation closes 12 September 2014
Department of Health is seeking views on proposed changes to the Code of Practice: Mental Health Act 1983.

The consultation ‘strong code: better care’ is asking for your thoughts on a new draft Code which includes:

- 5 new guiding principles
- significantly updated chapter on how to support children and young people, on the use of restraint and seclusion and the use of police powers and places of safety
- new chapters on the care planning, equality and human rights, links to the Mental Capacity Act and Deprivation of Liberty Safeguards, and support for victims

The Code protects patients’ rights, informs health practitioners’ decisions and ensures that the Mental Health Act is followed. The Code guides people who are detained or treated under the Act, their families and carers about care and support available during a crisis, and what to do if it isn’t received.

The Code has sometimes been inconsistently applied, misunderstood or ignored. A revised Code will help provide better patient protection and reflects legal changes and healthcare developments since its last revision in 2008.

53. National Care Standards: Consultation Now Open
Consultation opens 25 June 2014
Consultation closes 17 September 2014
The National Care Standards were created to help people understand what to expect from services, and services understand the standards they should deliver. There are 23 sets of standards covering a wide range of care services, including nurseries and childminders, care homes for older people, housing support services, hospice care and independent hospitals.

However, there have been many changes since the standards were created in 2002 and this consultation seeks your views on how the standards should be updated and improved.

Watch a video introduction to the consultation

The consultation documentation sets out a range of human rights-based proposals for developing new standards that improve the quality of care and protect vulnerable people.

The Scottish Government believe that there are core elements of quality that should be common across public services. They ask if a shared set of standards for health and care should be developed so that people working in health and care services have a common understanding of what quality means and work to common core values.

Respond to the consultation online

54. NHS performers list: changes to suspension regulations
Consultation opens: 31 July 2014
Consultation closes: 25 September 2014
Seeks views on proposed changes to how NHS England should respond when practitioners are suspended by an interim suspension order.

https://www.gov.uk/government/consultations/nhs-performers-list-changes-to-suspension-regulations

55. Extending the scope of the Electronic Prescription Service
Consultation opens 17 July 2014
Consultation closes 09 October 2014
Asking for comments on electronically prescribing Schedules 2 and 3 Controlled Drugs (CDs) both in the NHS and privately.


56. Care Act 2014: funding allocations for new adult social care duties
Consultation opens: 31 July 2014
Consultation closes: 09 October 2014
Looking for views on how funding for new adult social care duties will be allocated between local authorities in financial year 2015 to 2016.

57. CQC consults on how providers can meet new ‘fundamental standards’ of care
Consultation closes 17 October 2014
CQC has drafted guidance on how the 46,000 health and adult social care providers and services that it regulates across England can meet the Government’s new regulations on care and what actions it will take when they fail.

The new regulations (called “fundamental standards”) are more focused and clear about the care that people should always expect to receive. They were laid before Parliament earlier this month and will come into effect by April 2015.

They include both the new “duty of candour” and the “fit and proper persons” requirements. These will oblige providers to be open and honest when things go wrong and to hold directors to account when care fails people. These two requirements will apply to NHS trusts from October 2014.

CQC has issued its draft guidance on how providers can meet the eleven fundamental standards as part of a public consultation.

Alongside this, CQC is asking for views on how it will use its strengthened enforcement powers, as set out in the Care Act 2014.

These will allow CQC to decide on the most appropriate enforcement action to take when care fails below the required standard rather than starting at the bottom of the scale. This includes CQC being able to prosecute providers without having to issue a warning notice first.

Once finalised, the guidance will help providers to understand how they can meet the new regulations and when they do not, what actions CQC will take.

David Behan, Chief Executive of the Care Quality Commission said:

“"We are consulting on our proposed guidance on how providers can meet the requirements of the new regulations and on how we intend to use our enforcement powers.

"It is essential that CQC uses these new responsibilities well to encourage a culture of openness and to hold providers and directors to account when care fails people.

"We have already started to inspect services against the five key questions that matter most to the people who use them – are they safe, effective, caring, responsive to people’s needs, and well-led. This helps our inspection teams to identify good care.

"Where our inspection teams identify poor care, this guidance will help us to determine whether there is a breach of regulations and if so, what action to take. In some cases, this will mean we will use our powers to prosecute.

"For providers, this will help them to make applications to register or vary their registration with CQC, and to make sure their services do not fall below acceptable levels."

Alongside this, CQC is running a separate consultation for six weeks (ending on 05.09.2014), specifically on how NHS trusts can meet the “duty of candour” and “fit and proper person” requirements.

This is because these two requirements will come into force for the NHS from October 2014, whereas for other care sectors, they will come into effect from April 2015 subject to Parliamentary approval and along with the rest of the new regulations.

58. Consultation on the standards of proficiency for practitioner psychologists
Consultation closes 17 October 2014
HCPC is currently consulting on proposed amendments to the profession-specific standards of proficiency for practitioner psychologists.

At the start of the review of the standards we asked the British Psychological Society (BPS) to review the standards and recommend changes.

HCPC will use the responses it receives from the consultation to decide if further changes are needed. It will then publish the finalised standards, once they are approved by the HCPC Council. HCPC will work with education providers to implement the new standards once they are published.

How to comment
You can respond to the consultation in the following ways.

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

By emailing: consultation@hcpc-uk.org

By writing: 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
59. HCPC launches consultation on standards of proficiency for practitioner psychologists
Consultation opened 14 July 2014
Consultation closes 17 October 2014
The Health and Care Professions Council (HCPC) has launched a consultation asking stakeholders for their views on proposed changes to the standards of proficiency for practitioner psychologists.

The standards of proficiency are the threshold standards for safe and effective practice in the UK and play a key role in public protection. They are divided into generic standards (which apply to all of the 16 professions the HCPC regulate) and standards specific to each profession. They are used when an individual professional applies for or renews their registration, or when concerns are raised about their competence. They are also used to approve education and training programmes.

The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. No relevant or useful standards will be lost, but the language used may change to ensure the standards are appropriate and applicable to individual professions. Where it is appropriate to do so, the HCPC will aim to maintain as much consistency as possible in the standards between different professions.

Director of Policy and Standards Michael Guthrie commented:

“We are reviewing the standards of proficiency for practitioner psychologists to ensure they continue to be set at an appropriate level for entry to the HCPC Register and are reflective of current practice.

“After incorporating initial feedback from the British Psychological Society we are now seeking the views of a wide range of stakeholders on the standards generally. In addition, we would welcome comments on the use of the terms 'evidence-informed' and 'service user' in the standards.

“We will then analyse the responses to decide if any further changes are needed. We will then publish the final standards as approved by our Council and will then work with education and training providers to implement the new standards.”

The consultation will be of particular interest to practitioner psychologists, education and training providers, employers, the professional body, and those who use the services of this profession.

60. CQC Consults on How Providers Can Meet New 'Fundamental Standards' of Care
Consultation opens: 25 July 2014
Consultation closes 27 October 2014
The Care Quality Commission (CQC) has drafted guidance on how the 46,000 health and adult social care providers and services that it regulates across England can meet the government’s new regulations on care and what actions it will take when they fail.

The new regulations (called ‘fundamental standards’) are more focused and clear about the care that people should always expect to receive. They were laid before Parliament earlier this month and will come into effect by next April.

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They include both the new ‘duty of candour’ and the ‘fit and proper persons’ requirements. These will oblige providers to be open and honest when things go wrong and to hold directors to account when care fails people. These two requirements will apply to NHS trusts from October.

CQC has issued its draft guidance on how providers can meet the eleven fundamental standards as part of a public consultation.

Alongside this, CQC is asking for views on how it will use its strengthened enforcement powers, as set out in the Care Act 2014.

These will allow CQC to decide on the most appropriate enforcement action to take when care falls below the required standard rather than starting at the bottom of the scale. This includes CQC being able to prosecute providers without having to issue a warning notice first.

Once finalised, the guidance will help providers to understand how they can meet the new regulations and when they do not, what actions CQC will take.

David Behan, Chief Executive of the Care Quality Commission said:

"We are consulting on our proposed guidance on how providers can meet the requirements of the new regulations and on how we intend to use our enforcement powers.

"It is essential that CQC uses these new responsibilities well to encourage a culture of openness and to hold providers and directors to account when care fails people.

"We have already started to inspect services against the five key questions that matter most to the people who use them – are they safe, effective, caring, responsive to people's needs, and well-led. This helps our inspection teams to identify good care.
"Where our inspection teams identify poor care, this guidance will help us to determine whether there is a breach of regulations and if so, what action to take. In some cases, this will mean we will use our powers to prosecute."

"For providers, this will help them to make applications to register or vary their registration with CQC, and to make sure their services do not fall below acceptable levels."

CQC will run its consultation for 12 weeks, ending on Friday 17 October 2014.

Alongside this, CQC is running a separate consultation for six weeks (ending on Friday 5 September), specifically on how NHS trusts can meet the “duty of candour” and “fit and proper person” requirements. This is because these two requirements will come into force for the NHS from October, whereas for other care sectors, they will come into effect from next April subject to Parliamentary approval and along with the rest of the new regulations.

61. NICE: Current consultations
To browse through consultations go to http://www.nice.org.uk/page.aspx?=consultations.current

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

62. CQC consults on how providers can meet new ‘fundamental standards’ of care
25 July 2014 – CQC
The CQC has drafted guidance on how the 46,000 health and adult social care providers and services that it regulates across England can meet the Government’s new regulations on care and what actions it will take when they fail.

The new regulations (called “fundamental standards”) are more focused and clear about the care that people should always expect to receive. They were laid before Parliament earlier this month and will come into effect by April 2015.
http://www.cqc.org.uk/content/cqc-consults-how-providers-can-meet-new-fundamental-standards-care

63. CQC drags Grant Thornton into libel court case
28 July 2014 – HSJ
CQC has lodged a High Court claim against auditing giant Grant Thornton in a bid to halt potential losses from the regulator’s imminent legal clash with its former deputy chief executive.

Papers lodged at the court revealed Jill Finney is seeking at least £1.3m libel damages from the CQC. The regulator might also have to pay Ms Finney’s legal bill should it lose.

Her case is expected to claim that the CQC’s current chair David Prior and chief executive David Behan abused their power and acted maliciously in publishing allegations that she ordered a “cover up” of its failings.
http://www.hsj.co.uk/news/workforce/cqc-drag-grant-thornton-into-libel-court-case/5073296.article

Ed. See also item 29 in this issue of BHCR under ‘Cases in the news’ ante.

64. CQC to slow inspections amid staff pressures
30 July 2014 – HSJ
CQC has scaled back its inspection ambitions for the rest of 2014-15 as it looks to try and ease pressure on its hard pressed workforce and struggles to recruit enough high calibre staff.

The regulator’s planned reduction in workload was revealed by its chief executive David Behan in an interview in which he also admitted some inspection teams were operating with just half their full complement.
http://m.hsj.co.uk/5073416.article

65. Are the new-style CQC inspections an improvement?
31 July 2014 - The King’s Fund
Last year, CQC developed a new model for inspecting NHS acute hospitals. It asked a team from Manchester Business School and The King’s Fund to evaluate the new approach as they rolled it out. This blog from Rachael Addicott and Kieran Walshe highlights some of the report’s findings.
66. Heads of adult social care inspections appointed
31 July 2014 - CQC Newsletter
Thirteen Heads of Inspections who collectively lead the regionally based specialist adult social care teams across England, have been appointed. They will make sure that the programme of inspections for the 25,000 adult social care locations are effectively delivered. To find out who is leading inspections in your area Read more here

67. Guidance for Wave 2 inspections
31 July 2014 - CQC Newsletter
Earlier this month CQC started its second wave of inspections of adult social care services using its new approach.

From October, CQC will roll this new approach out to all services. Based on CQC learning from the first wave of inspections and early consultation feedback, it made some changes to the key lines of enquiry (KLOEs) and ratings characteristics that we are using for the Wave 2 inspections.

You can view those revised versions here.

Please note these are still draft and will be further amended following full analysis of responses to our consultation on the provider handbook and evaluation of the wave 2 inspections. We expect to publish final versions of the KLOEs and ratings characteristics in late September and the provider handbook in early October.

68. Evaluating our hospital inspection model
31 July 2014 - CQC Newsletter
CQC published a report last week that evaluates the first two waves of its hospital inspection programme.

The evaluation, by researchers from Manchester Business School and The King's Fund, was commissioned as part of CQCs 'learning by doing' approach.

The authors found that the new approach commands strong credibility; in particular, through the use of specialists to inform assessments, and the granular detail of ratings within services rather than at provider level. The report also suggests areas CQC should consider further as it continues to develop our new approach. Read more here

Dementia

Department of Health (@DHgovuk)
28 Jul
63 towns and cities have committed to becoming #dementiafriendly. Read more: http://t.co/G5aGIlEVLh

69. Jersey hospital opens new mental health unit
28 July 2014 - States of Jersey
See item 91 in this issue of BHCR under 'Mental health' post.

70. More than 60 communities sign up to become dementia friendly
28 July 2013 – Gov.uk
A total of 63 towns and cities have now committed to work towards understanding, respecting and supporting people with dementia. http://dementiachallenge.dh.gov.uk/2014/07/28/60-communities-dementia-friendly/

71. Jeremy Hunt urges health and wellbeing boards to help improve dementia care and support
30 July 2014 - Department of Health
The Secretary of State for Health Jeremy Hunt has written to health and wellbeing boards and local authorities to encourage them to increase awareness of dementia and help improve dementia diagnosis rates in their local areas, through networking with local NHS colleagues.

The letter highlights good practice in supporting people with dementia and their carers following diagnosis, which Jeremy Hunt wants to be replicated across England, with the support of health and wellbeing boards and local authorities. This includes:

- dementia advisors to support people with dementia and their families
- reminiscence therapy
- counselling for people diagnosed with dementia and their families and carers

The letter also draws attention to initiatives such as Dementia Friends and the Dementia Action Alliance Carers’ Call to Action. Jeremy Hunt encourages health and wellbeing boards to sign up to the Carers’ Call to Action to help improve the lives of people caring for someone with dementia.

Read the full letter from Secretary of State for Health Jeremy Hunt
72. History of problem drinking doubles the risk of severe memory problems in later life
30 July 2014 - Department of Health
Research has found that middle aged people with a history of problem drinking were more than twice as likely to develop severe memory impairment in later life.

The research was carried out by the University of Exeter Medical School, with support from the NIHR Collaboration for Leadership in Applied Health Research and Care South West Peninsula (NIHR PenCLAHRC) and has been published in the American Journal of Geriatric Psychiatry.

Responding to the study, Dr Dennis Gillings, World Dementia Envoy, said:

“Here is yet more evidence to show that living well can reduce your chances of developing dementia. People in middle age are increasingly worried about developing the condition in later life, and this research makes clear that the lifestyle choices you make earlier in life can have significant impact. Nobody is saying you have to live a life of total abstinence, but living a life of moderation, taking exercise for the body and brain, will help to reduce the risks of dementia, as well as keeping you healthier all round.”

The research team studied the association between a history of ‘alcohol use disorders’ (AUDs) and the onset of severe cognitive and memory impairment in 6,542 people born between 1931 and 1941. These individuals participated in the Health and Retirement Study in the US.

The researchers identified a history of AUDs using the CAGE questionnaire (Cut down, Annoyed, Guilty, Eye-opener), which asks 4 questions about alcohol consumption.

You can find out more about the research on the University of Exeter site.

73. England records rise in dementia diagnoses
30 July 2014 – BBC News
The number of people in England diagnosed with dementia has risen by 62% over seven years.

In 2013-14, 344,000 people received a diagnosis - up from 213,000 in 2006-07, when statistics were first collected and the provisional figures also suggest an 8% rise in the number of recorded dementia cases since 2012-13.

The rise could be due to a number of factors, including an ageing population and improved diagnosis, according to the Health and Social Care Information Centre.

http://www.bbc.co.uk/news/health-28565213

30 July 2014 – Gov.uk
To support monitoring of progress towards the ambitions of the Dementia Challenge.

75. Alzheimer’s cases up 62% in seven years
31 July 2014 - Daily Mail
The increase has come following incentives given to GPs who diagnose the condition.

Domiciliary care
76. Fight continues to get fairer funding for care
01 August 2014 - UKHCA
Campaigning social care providers have vowed to continue in their fight to get fairer funding to look after older and disabled adults.

A group of providers mounted a legal challenge against Herefordshire Council after it imposed an unacceptable maximum price which it then required local operators to bid below in order to secure business.

The providers argued that the maximum price of £13.98 per hour would not enable them to deliver safe or quality home care to people who used home care services in the area. They also argued that the council had not consulted properly over its decision to lower the maximum rate from what it had previously paid.

Although the High Court rejected the providers’ call for a judicial review of the council’s processes, the providers pledged to fight on.

To read full press release go to item 37 in ‘Cases in the news’ ante.

Ireland, Scotland & Wales
Ireland
77. Ambulance service review after staff shortage led to 999 delays
28 July 2013 – BBC News
The Northern Ireland Ambulance Service (NIAS) is now reviewing its operations after staff shortages led to delays in its 999 response times at the weekend.
Last Saturday, nearly one third of the ambulances normally on duty across Northern Ireland were unavailable because there were too few staff so it meant there were only 37 ambulances in service, instead of the usual 52.

http://www.bbc.co.uk/news/uk-northern-ireland-28524615

78. RCN submits evidence to NIHRC emergency care inquiry
29 July 2014 – RCN

The Royal College of Nursing has submitted written evidence to an inquiry into emergency care services in Northern Ireland convened by the Northern Ireland Human Rights Commission [NIHRC].

The inquiry was established in order to investigate "the extent to which the Northern Ireland Executive and other public authorities respect, protect and fulfil the human rights of those seeking emergency care". It comes after significant media and political attention on emergency care performance in recent months.


Scotland

79. New guidance on health and safety in care homes
28 July 2014 – Scottish Care

New guidance on health and safety in care homes has been released.

It is important that risks to those being cared for, and to their care workers, are sensibly and proportionately managed in ways that respect their rights, freedoms and dignity.

The guidance intends to help those providing and managing care homes – to give them a better understanding of the real risks and how to manage them effectively. It has been extensively rewritten, with a number of new topics, and brings together key messages on risks to both workers and residents. It will also be of interest to others working in social care.


80. NHS Grampian hails recruitment 'progress' at Aberdeen Royal Infirmary
01 August 2014 – BBC News

NHS Grampian has announced that "significant progress" has been made in recruiting more staff to Aberdeen Royal Infirmary’s emergency department.

It follows a warning that staff shortages could endanger patient safety.

http://www.bbc.co.uk/news/uk-scotland-north-east-orkney-shetland-28602132

Wales

81. Robot cleaners used cut hospital infection in north Wales
29 July 2014 – BBC News

A fleet of Dalek-style robots are deep-cleaning the hospital wards of north Wales after an outbreak of C. diff.

The robots are part of a structured cleaning plan by Betsi Cadwaladr health board in a bid to reduce the number of infections at its hospitals.

It apologised in 2013 for their failure to control C. diff at Glan Clwyd hospital in Bodelwyddan but a follow-up report says the number of infections is "still too high".

The report said hospitals in north Wales are making progress in reducing infections but more work is needed.

http://www.bbc.co.uk/news/uk-wales-28530906

82. Cross-border heart ops to continue to cut Welsh backlog
29 July 2014 – BBC News

Some heart patients in Wales will continue to be sent to England for surgery in a bid to cut waiting lists.

Cardiac patients are supposed to be seen within six months, but the Welsh NHS has not met that target for over two years.

A report commissioned by the health minister said the service was still struggling but health boards had a "stronger focus" on easing delays.

http://www.bbc.co.uk/news/uk-wales-28527258

83. Welsh ambulance response time target missed in June
30 July 2014 – BBC News

Welsh ambulances have again missed their target of reaching 65% of life-threatening incidents in eight minutes.

The figure for June was 53%, down from 54.1% in May and 62.6% in June 2013.

The Welsh Government called the results were "disappointing".

http://www.bbc.co.uk/news/uk-wales-28568751

84. Statistics - national statistics: Ambulance services in Wales: June 2014
30 July 2014 – Gov.uk

Summarises information about ambulance services provided by the NHS services in Wales.


http://www.bbc.co.uk/news/uk-wales-28524615
85. Care home neglect witness plea in Operation Jasmine review
01 August 2014 – BBC News
Families who believe loved ones were neglected while living in care homes in south Wales have been called upon to give evidence to an independent review.

Previously, the UK’s biggest inquiry into alleged neglect - Operation Jasmine - collapsed at a cost £11.6m and followed the shelving of a trial against care home owner Dr Prana Das, who faced neglect and fraud charges, after he suffered brain injury damage.

A review was then set up following calls from victims’ families.

It was commissioned by the Welsh Government to look into what lessons could be learned. http://www.bbc.co.uk/news/uk-wales-28599217

Learning Disabilities

86. A new disability minister to take on the reforms
29 July 2014 – BBC News
Britain now has a new Minister of State for Disabled People - Mark Harper, MP for the Forest of Dean.

The new disability minister will be responsible for overseeing the wide-ranging changes to disability benefits, from the high living costs some disabled people have, to support for those who can’t work at all, or those who find themselves temporarily unemployed. http://www.bbc.co.uk/news/blogs-ouch-28463459

87. Journal of the Month I August 2014

The International Journal of Developmental Disabilities (formerly the British Journal of Developmental Disabilities) publishes scientific articles on work dealing with different approaches to the habilitation problems of people with an intellectual disability. The Journal, now in its 60th volume, covers the entire spectrum of intellectual disabilities, with a unifying theme that all papers should be of practical help for those with intellectual disabilities or those caring for persons with intellectual disabilities.

Emphasis is placed on the practical implications of the work of educationists, instructors, nurses, occupational and other therapists, psychiatrists, psychologists and social workers, whether taking place in a hospital setting or in community care. Visit the journal homepage

Want to know when the next issue is published? Be the first to read the latest new research from the International Journal of Developmental Disabilities! Sign up for Table of Contents (TOC) alerts to receive an automated email as soon as a new issue of the Journal is available online.

The next issue of the IJDD is due to publish in October 2014.

Browse the latest issue

Next year sees the publication of a Special Issue of the International Journal of Developmental Disabilities which Dr Robin Jackson is guest editing. A brief description of this special issue, which looks at the meaning of community as it relates to people with an intellectual disability, is now on the IJDD website: www.maneyonline.com/jotm/jdd

The purpose of the special issue of the International Journal of Developmental Disabilities is to examine the concept of care in the community. This is a concept which has enjoyed wide currency but surprisingly little close critical scrutiny. Contributors to this issue, all knowledgeable and experienced within their respective fields, explore the concept from a variety of perspectives: cross-national; ethnographic; public policy; quality of life; social historical; and social psychological.

One of the principal purposes of this special issue is to stimulate a better informed and less ideologically driven debate about the nature and purpose of care in the community; a debate that unambiguously places the individual person with an intellectual disability at its heart. It takes a world-wide view of how community care has developed and explores, with practical examples, how community care might evolve in the future.

Contributors include Professor Robin Dunbar (Oxford University); Professor Cummins (Deakin University, Australia and Yunji Kim, Cornell University, USA);
It will be good to see some research and empirically supported views – whichever way they go on the issues.

88. Lester Tool to reduce mental health inequalities
04 August 2014 - Department of Health

Gregor Henderson, Public Health England’s National Lead for Wellbeing and Mental Health, writes about how the Lester Tool can reduce health inequalities experienced by people with mental illness.

It is an unacceptable inequality that people with poor mental health experience up to 3 times more physical health problems than the general population, and can die up to 20 years earlier. People living with a mental illness are more likely to smoke, have a poorer diet and have lower levels of exercise. This leads to higher rates of the main killers such as cancer and heart disease.

If this weren't difficult enough, people living with and recovering from mental health difficulties further face a complex set of challenges. These include stigma and discrimination, as well as poorer access to education, jobs and good housing. These factors further affect their health and wellbeing.

It is therefore a crucial goal both for Public Health England and a large number of our partners to improve the physical health of people with mental health problems. We are helping to implement the Government’s plans for improving mental health and set out a number of our commitments in the Department of Health’s Living Well for Longer action plan. A key component of this has been to co-produce an updated Lester Tool.

The Lester Tool is a downloadable resource designed to be used in a range of healthcare settings to ensure a person’s physical and mental health condition are jointly addressed. It provides a framework for screening, as well as recommendations for treatment and support. These simple but effective recommendations include:

- referring people who smoke to stop smoking services
- interventions to improve quality of diet and nutrition
- promoting increased physical activity if a patient is overweight
- monitoring the effects of antipsychotic medication on a patient’s physical health

The Lester Tool is a product of close collaboration between a number of partners and organisations who are dedicated to improving the lives of those with a mental illness. We are supremely dedicated to the original work of Dr Jackie Curtis, Professor Katherine Samaras and Dr Hannah Newall at the University of New South Wales. We are also grateful for their ongoing support which has contributed to a growing international movement to tackle mental health disparities.

This collaborative spirit is also seen in the development of the UK tool. The first UK version was released in 2012 from a collaboration between the Royal College of General Practitioners and Royal College of Psychiatrists, and led by the late Professor Helen Lester, for whom the UK tool is named. In co-producing the updated tool, PHE was delighted to work with NHS England, NHS Improving Quality, the National Audit of Schizophrenia and a number of other endorsing partners. It is wonderful to see so many organisations working together on this issue.

The next stage is obviously implementation. The updated tool is part of the new NHS England CQuin – which incentivises treatment providers and healthcare
professionals to use the resource. It is a truly fantastic resource and I urge healthcare professionals to use the updated Lester Tool to significantly improve the quality of life and wellbeing of their patients.

**Legislation Update**

89. The Health and Personal Social Services (General Medical Services Contracts) (Prescription of Drugs Etc) (Amendment) Regulations (Northern Ireland) 2014
28 July 2014 – OPSI

90. The Contracting Out (Local Authorities Social Services Functions)(England) Order 2014
Statutory Instrument 2014 No 829
The Secretary of State, in exercise of the powers conferred by section 70(2) and (4) and 77(1) of the Deregulation and Contracting Out Act 1994, makes the following Order.

In accordance with section 70(3)(a) of the Deregulation and Contracting Out Act 1994, the Secretary of State for Health has consulted with such representatives of local Government as the Secretary of State considers appropriate.

Etc. etc.

**Mental Health**

91. Jersey hospital opens new mental health unit
28 July 2014 - States of Jersey
A new mental health unit has been opened in Jersey’s only hospital which will help people aged 65 and over with problems such as depression, anxiety, psychosis and dementia.

![Brunswicks LLP (@BrunswicksLLP)](https://twitter.com/BrunswicksLLP/status/494458783457103872)

92. Sharp cuts leave NHS mental health services unable to cope, GPs say
30 July 2014 – Independent
For full report, see NHS—item 160

93. Update on Mental Health Act guidance notes
31 July 2014 - CQC Newsletter
In 2013, CQC reviewed the content of its guidance notes on the Mental Health Act 1983, which were available to providers on the CQC website.

Following an initial review, CQC has decided not to reissue these notes as they would duplicate information that it now plans to include in our Mental Health Provider Handbook. The guidance notes are now out of date, and not valid as they have not been reviewed in full for a long time.

Read more here

**Miscellaneous**

94. Special measures coming for failing care homes and homecare providers
16 July 2014 - Department of Health, Blog
“if a school or college is judged to be failing its school children or students through lack of leadership and/or poor quality teaching, there are systems in place to encourage rapid improvement or face the prospect of closure – so called ‘special measures’. We’ve seen these measures work in hospitals and other clinical environments over the last year and now new Government proposals suggest the same structures are needed for social care provision – in both care homes and domestic settings.

Beth Britton, social care campaigner:

“People who use social care services and their families need to know that if a provider is failing in their duty of care there is a system in place to halt that neglect and change the culture."

“In schools, the Ofsted applied status triggers regular and frequent inspections, senior managers and teaching staff can be held to account with the prospect of dismissal, and school governors may, in some cases, be replaced by executive committees. Similarly, social care providers found wanting may soon be subject to similar judgements and obligations to raise their game or be shut down. And here’s one reason why:
“Whilst the vast majority of the care my father received during his nine years in care homes was excellent, a six month period of poor ‘care’ resulted in his death from a severe aspiration pneumonia,” attests Beth Britton, freelance campaigner, consultant, writer, blogger and former carer to her father who had vascular dementia. “People who use social care services and their families need to know that if a provider is failing in their duty of care there is a system in place to halt that neglect and change the culture, and do so in a timely, but sensitive, manner.”

“Beth, an experienced and powerful commentator on social care issues, will be working with the CQC’s Chief Inspector of Adult Social Care Andrea Sutcliffe and team, as well as colleagues from across the care sector, to fine tune the detail of a new special measures regime.

“The new protocols will be administered by the Care Quality Commission (CQC), in collaboration with provider representatives, service users, friends and family.

“Support for Secretary of State for Health’s proposals has come from a number of quarters, including the United Kingdom Homecare Association (UKHCA) which views the proposals as helping to showcase quality care as well as identify those who need to do better. “Combined with CQC’s forthcoming rating system of social care organisations, the regulator will be equipped with the range of measures which will recognise the high quality of the majority of social care providers,” says UKHCA’s Policy and Campaigns Director, Colin Angel.

“Meanwhile, Professor Martin Green OBE, Chief Executive of Care England, welcomes the inclusive approach, noting “the Care Quality Commission’s new special measures regime for failing services is being developed jointly with the care sector. It is our hope this regime will give new clarity and consistency in how failing services will be challenged to improve, and clearly define the process and timescales on when they will be removed from the market”.

“Sheila Scott OBE from the National Care Association adds: “We hope this will be an arrangement that is rarely used, but as an organisation representing responsible care providers, we believe that special measures will focus attention on rapid improvement.”

“The announcement represents Secretary of State Jeremy Hunt’s latest drive to encourage a more transparent ‘listen and response’ culture across the NHS and social care services – a cultural shift where patient and staff concerns are actively addressed in cases where compassion and good care are compromised. Hundreds of people died as a result of poor standards of care at Mid Staffordshire NHS Foundation Trust – it is hoped a special measures approach can help prevent these and other tragic failings in the health and care system ever happening again.

“Tell us what you think
“So what do you think are the best ways to mitigate bad care and elevate excellence? Are special measures the way forward? What would you do? Share your views using the comment facility below.”

http://socialcare.blog.gov.uk/2014/07/16/special-measures-coming-for-failing-care-homes-and-homecare-providers/

95. Department of Health to establish an anti-fraud unit
25 July 2014 – HSJ
The Department of Health is looking to establish its own fraud investigation function by poaching senior officers from NHS Protect, shrinking the national body’s size significantly as a result.

The DH’s new unit will apparently support anti-fraud work within both the department and arm’s length bodies such as NHS England. It will also feed information into a fraud error and debt team in the Cabinet Office.

http://m.hsj.co.uk/5073267.article

96. Reducing the risk of having a second cancer
28 July 2014 - Department of Health
Lesley Smith, Consequences of Treatment Programme Manager, Macmillan Cancer Support writes about subsequent cancer diagnoses for cancer patients.

Improvements in the diagnosis and treatment of cancer mean that more people are living longer after a cancer diagnosis, but not everyone is living well.

As well as physical consequences of treatment, such as fatigue, bowel dysfunction or heart failure, many people experience psychosocial problems including fear of recurrence, relationship problems, and work or financial issues.

To read full press release go to http://livinglonger.dh.gov.uk/conversations/macmillan-second-cancers/

97. Hospitals agree to cancer care shake-up
28 July 2014 - The Times
Report that London hospitals, the Royal Free, St Bartholomew’s and University College Hospital will each cease providing some types of cancer care as they each develop specialist centres – it seems to have the support of all concerned and is being introduced without “becoming bogged down in legal disputes”.

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98. Millions shut out of doctors’ surgeries
28 July 2014 - The Times

Family doctors turn away millions of patients
28 July 2014 - The Times

Front page item about the report that one in nine patients cannot get an appointment, with GPs turning away patients more than 40 million times a year. GPs are seeking greater funding to overcome this difficulty.

99. Drop the moral blackmail, doctors, and open all hours
28 July 2014 - The Times, Thunderer

Stephen Pollard says the Royal College of General Practitioners would be well advised not to draw attention to the fact that GPs can’t do the job for which they are well rewarded – the OECD says “GPs are the most lavishly rewarded in the world.”

100. Doctors and death
28 July 2014 - The Times, Letters to the Editor

Joan Herbert writes in response to letter from Dr Harding [previously reported by us - see BHCR Vol. 9; Issue 30, item 84] saying as the Royal Colleges have given reasons for their opposition to the Assisted Dying Bill they should not be compelled to help formulate the Bill.

101. Devon private ambulance crews 'pressured'
28 July 2014 - BBC News

Drivers at a private ambulance company in Devon say they are not given enough time to provide a proper service.

NHS Devon said it was unacceptable patients were experiencing problems getting to and from appointments.

NSL has provided non-emergency patient transport in the county since October 2013.

http://www.bbc.co.uk/news/uk-england-devon-28532279

102. Earlier diagnosis of primary cancers needed
28 July 2013 – Gov.uk

Lesley Smith, Consequences of Treatment Programme Manager, Macmillan Cancer Support has written an article about subsequent cancer diagnoses for cancer patients.

http://livinglonger.dh.gov.uk/conversations/macmillan-second-cancers/

103. Jersey hospital opens new mental health unit
28 July 2013 – BBC News

A mental health clinic for older people has opened at St Saviour’s hospital in Jersey, after a £3m redevelopment.

The refurbished Clinique Pinel aims to help people aged 65 and over with problems such as depression, anxiety, psychosis and dementia.

http://www.bbc.co.uk/news/world-europe-jersey-28531203

104. 'Poor treatment for hepatitis C infection in UK'
28 July 2013 – BBC News

Official figures for England reveal just 3% of people who develop chronic hepatitis C each year receive treatment to help clear the virus.

The report, from Public Health England, says UK deaths from the condition have quadrupled in 16 years to some 400 in 2012.

The number of admissions to hospital for serious liver complications has also risen fourfold to 2,400.

http://www.bbc.co.uk/news/health-28524031

105. Child flu vaccine pilots announced for second year
29 July 2014 - Department of Health

Child flu vaccine pilots enter their second year, and a new set of locations have been announced.

More than 700,000 healthy school-aged children across England are to be offered a free flu vaccination for the winter, as the successful child flu vaccine pilot programme launched in 2013 by Public Health England (PHE) enters the second year.

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

106. Now peers are calling for right to die at home
29 July 2014 - Daily Mail

Former health minister Lord Warner has said that terminally ill should have the right to die at home rather than a hectic, impersonal hospital ward. It would “allow people to spend their final days where they live would help them have as good and dignified a death as possible.”

107. Infection that kills 200 times more patients than MRSA superbug
29 July 2014 - Daily Mail

A page about acute kidney injury (AKI) – one in five patients admitted to hospitals for surgery or to treat infection develops AKI.

108. Should you ever trust Dr Google more than your GP?
29 July 2014 - Daily Mail

More than a page of instances where patients have insisted on investigations when their GP had reassured them all was well – it wasn’t. However, the article cautions use of the internet in self-diagnosis.
109. Parking cowboys hit cancer victims
29 July 2014 - Daily Mail
Two pages about the parking regimes in hospitals and the inflexible enforcement of the rules on patients, including case studies.

110. Care company with King’s Lynn base named as top provider
29 July 2014 – Lynn News
Home Instead Senior Care, which is a company specialising in care of the elderly in their own homes, and has an office in Lynn, has been named as England’s top homecare provider.

The number one result comes from the UK’s leading healthcare information specialist, Laing & Buisson who, for the last year, has been producing quarterly league tables based on data from the CQC.

The tables shows the percentage of inspected branches which are fully compliant with CQC’s core standards covering care, safeguarding, staffing, management and respect for service users.

The latest quarterly data from LaingBuisson puts Home Instead Senior Care in the lead position with a score of 97%.


111. Hepatitis C annual report: progress made, but much more to do
30 July 2014 - Department of Health
New figures from PHE reveal hospital admissions, liver transplants and deaths from hepatitis C (HCV) have all risen in the UK.

Hospital admissions from hepatitis C-related end stage liver disease have risen from 608 in 1998 to 2,390 in 2012, while deaths have risen from 98 in 1996 to 428 in 2012. Liver transplants first registrations where post-hepatitis C cirrhosis was an indication for transplant have quadrupled from 45 in 1996 to 188 in 2013. These figures are released as part of the Public Health England (PHE) annual report on hepatitis C in the UK published this week, World Hepatitis Day (28.07.2014).

Dr Helen Harris, a hepatitis C expert at PHE, who led the publication of the report, said:

“Our latest hepatitis C in the UK report highlights where national progress in tackling the infection has been made, but it also shows the scale of the challenge ahead. Transmission amongst risk groups continues and significant numbers remain undiagnosed and untreated. With many new and improved treatments on the horizon, it is increasingly important to raise awareness of the infection so that more individuals can be diagnosed and treated.

“As well as encouraging more testing and treatment, there is an urgent need for better monitoring and reporting of treatment outcomes, as well as expansion of treatment into non-traditional settings, such as primary care, drug treatment centres, and prisons. Such measures must go hand-in-hand with effective prevention activity, like drug treatment and safe injecting practices for people who inject drugs, if we are to tackle hepatitis C and the disease it causes.”

To access the full press release go to http://www.wired.gov.net/wg/news.nsf/articles/DNWA-9MHKHZ

112. Commonwealth Games Are a Pinnacle of Inclusion for Disabled People, but Legacy Will Fail Without More Work, Says Vitalise
30 July 2014 - Vitalise
Commonwealth Games are a pinnacle of inclusion for disabled people, but legacy will fail without more work, says Vitalise.

Disability charity’s survey finds lasting change for people with disabilities may be illusory without concerted effort to sustain legacy.

As the Glasgow Commonwealth Games achieve new levels of inclusion for disabled athletes, with disabled and non-disabled events running completely parallel for the first time, national disability charity Vitalise is warning that concerted effort by all of society will be required to sustain the Games’ legacy in the long term.

At the mid-point of the Commonwealth Games, nearly two years on from the 2012 Paralympics and with the Invictus Games just round the corner, Vitalise is reiterating its call for more effort by wider society to be more inclusive to people with disabilities.

The charity is citing its survey, conducted on the first anniversary of the 2012 Paralympics, as proof of how fast a legacy can fade.

Contrary to hopes that the 2012 Paralympics would change attitudes and lead to greater inclusion of disabled people in society, the survey found that one year on, 7 out of 10 people with disabilities and carers (69%) thought that society did not have a better understanding of their day to day lives as result of the Paralympics, up from half (54%) immediately afterwards.
Over half (52%) of respondents believed there had been no perceptible change to their lives as a consequence of the Paralympics, up from 40% directly after the Games.

However, the survey also revealed an almost unanimous will to keep the Paralympic flame burning. Of all those surveyed – disabled and non-disabled people alike – an overwhelming 97% thought that more needed to be done to sustain the Paralympic legacy, while 9 out of 10 (86%) said it was very important for society to sustain and build on the legacy.

In the light of the findings, and as the Commonwealth Games brings the issue of inclusion to the fore once again, Vitalise is renewing its call for society as a whole to do more to reinvigorate and sustain the legacy of the Games by engaging with the day to day lives of people with disabilities and helping them play a much more significant role in society.

Vitalise Chief Executive Chris Simmonds commented:

“The London 2012 Paralympics were a fantastic display of talent and determination from athletes whose dedication inspired millions of people around the world. For the first time, the focus shifted from the differences between disabled and non-disabled people and instead became a celebration of ability, achievement and shared aspirations, something that was fantastic to see.

“One of the most significant findings of our survey was an almost unanimous desire to keep the Paralympic flame burning, and the Commonwealth Games are the perfect opportunity to rekindle the spirit of inclusion created by the Paralympics and to ensure that the legacy of these Games continues to live on for years to come."

“People with disabilities want to see a change in people’s attitudes towards them, so they feel more included in society, and the good thing is that individuals can play just as significant a part in this as big organisations. There are a number of practical things one can do, such as volunteering for charities such as Vitalise, or around your local community, but even the simplest change in behaviour or attitude will help make a difference.

“Vitalise has been supporting people with disabilities and their carers for over 50 years now. We understand how working hard to sustain a vision can lead to great achievement. That’s why we are calling for people to come together and help us to achieve greater inclusion for people with disabilities in society.”

Vitalise is a national charity providing essential breaks for people with disabilities – including Alzheimer’s and dementia - and carers at three accessible UK centres in Chigwell, Southampton and Southport, with 24-hour on-call nursing care, personal support and a range of accessible excursions and activities.

113. A Commitment to Care
31 July 2014 - CQC Newsletter

The Social Care Commitment is a promise to provide high quality services for people who need care and support. Employers and employees are signing up and pledging to improve the quality of the workforce.

Andrea Sutcliffe, CQC Chief Inspector of Adult Social Care, said:

“I welcome the Social Care Commitment and support its aim to encourage adult social care to be the best it can possibly be. I hope that employers and staff will use the Commitment to help deliver safe, caring, effective, responsive and well-led services that we expect, and that everyone deserves.”
Read more here

114. GP out-of-hours cases fall significantly
31 July 2014 - CQC Newsletter

A report from the National Audit Office examining GP out-of-hours services has revealed that the total number of cases handled by GP out-of-hours services has fallen by 2.8 million since 2008. The significant fall is partly due to the introduction of the NHS 111 telephone service.
Read more here

115. Why Do Hospitals Use Expensive Agency Staff?
31 July 2014 - Sky News

Some hospitals are paying agency nurses £150 an hour for cover.

It’s hard to see how a hospital can provide quality patient care when a third of its nurses are temps from an external agency – often they don’t know the layout of the ward, or the treatment protocols followed by an individual hospital.
So not only do they need careful induction at the beginning of their shift, they need far more supervision from senior staff.

Some hospitals have successful staff "banks" - nurses who will work extra shifts to cover holiday gaps and sickness. It is both less expensive and less risky for patients and hospitals alike. However, some hospitals struggle to attract permanent staff.

The Department of Health seems remarkably unconcerned. But the situation is clearly not sustainable for hospitals struggling with their finances.

116. GOC Issues Call for Evidence Over Opti-cal Standards
31 July 2014 - GOC
The General Optical Council (GOC) has issued a call for evidence as it launches a strategic review of the standards it sets for optometrists and dispensing opticians.

The review will seek to ensure that the GOC's standards continue to reflect good practice now and in the future, while enabling optical professionals to develop their roles – for example, by delivering more enhanced services in the community.

The call for evidence asks stakeholders to consider how optometrists and dispensing opticians' scopes of practice may evolve in the future, and how the GOC's standards should therefore adapt to ensure continuing patient safety.

GOC Chief Executive and Registrar, Samantha Peters, said:

"An increasing number of older people, pressures on the NHS and new technology will all have a significant impact on the optical sector in the coming years.

"It is crucial that our standards reflect the changing nature of optical care – allowing practitioners to flourish while ensuring patient safety remains paramount. To help us in this project I'd encourage all of our stakeholders to consider how the world of optics may change in the coming years and feed into our call for evidence."

The call for evidence closes on 10.10.2014. It is open for the public to respond to at http://www.optical.org/en/get-involved/consultations/index.cfm

117. Powers of delegation extended to all Lo-cal Authorities following successful pilot programme
31 July 2014 - Department of Health
The Department of Health has made a power to delegate statutory functions available to all English local authorities following the end of a national pilot programme.

The adult social care social work practice (SWP) pilots were launched in 2011 to test delegation of certain functions and to establish whether these incentivise innovative ways of working, reduce bureaucracy, increase staff satisfaction, and improve user satisfaction as social workers and the people they work with are brought closer together. The evaluation programme found positive evidence of delegation working well, and evidence of reducing bureaucracy and increasing job satisfaction and empowerment through the SWP sites.

The Contracting Out (Local Authorities Social Services Functions) (England) Order 2014 allows all local authorities to legally delegate certain statutory functions in anticipation of the Care Act providing this universal power from April 2015. Local authorities now have the opportunity to delegate social services functions, and to make plans to delegate care and support functions from April 2015 if they wish to use the flexibility that this power provides. This is consistent with the power that local authorities will have when the Care Act comes into force in April 2015.

The full Order can be accessed here. Remember: the Care Act consultation closes 15 August 2014 – there’s still time to make your views known.

The draft guidance on the Care Act power of delegation can be accessed here. Please do share your views on this, and the wider draft guidance and regulations, before closure of the consultation on 15 August.

The final evaluation report on the adult SWPs can be accessed via the King's College Social Care Workforce Research Unit website.

Tags: Care Act 2014, care and support
118. Hospitals send parking bully boys to hound sick and grieving
30 July 2014 - Daily Mail
Two pages about the car parking regimes at some NHS hospitals and the strong-arm, inflexible approach taken by those enforcing the parking conditions, including case studies.

119. Eight prisons have only sex offenders
31 July 2014 - Daily Mail
I mention this only because it has some relevance to Disclosure and Barring; the number of sex offenders in prison has doubled in just 10 yrs.

Ed. Are there more sex offenders?
Are we better at detecting and prosecuting sex offenders?
Are we lowering the bar?

120. Cancer charities: Stop these Bullies!
31 July 2014 - Daily Mail
Two pages with additional headlines and angles on the theme of car parking charges at hospital car parks and the eager enforcement of the regime.

121. Social Care News
31 July 2014 - Department of Health
The Department of Health’s dedicated site for news, information and conversations for anyone working in, or receiving support from, the care and support or social care sector. Alongside blogs from Director General for Social Care Jon Rouse and Chief Social Worker Lyn Romeo, we seek to inform, engage and inspire.

Top stories this month

Delegation powers extended to all local authorities following successful pilot
The Department of Health has made a power to delegate statutory functions available to all English local authorities following the end of a national pilot programme.
Read more

Special measures coming for failing care homes and home care providers
New Government proposals suggest a ‘special measures’ process, similar to that used for schools, may be deployed for social care provision – in both care homes and domestic settings.
Read more

Care Act 2014 consultation update: more than 200 comments received
We’re past the mid-point of the Care Act 2014 consultation period which ends 15 August 2014, so if you haven’t submitted your thoughts, opinions and concerns yet, you’ve got just over a fortnight to help make the Act’s implementation as effective as possible.
Read more

Defining the language of care and support
‘Information and advice are among the foundation stones of the Care Act and improving people’s access to them is vital to a reformed care and support system,’ explains TLAP’s Programme Director, Dr Sam Bennett.
Read more

Calling social care professionals: DWP needs you!
Can you help improve two Department for Work and Pensions disability benefit assessments?
Read more

Mental health attitudes: empathy winning over austerity
Sometimes, our faith in human nature can be rewarded. A recently published study by The Lancet Psychiatry Journal seems to show that Time to Change – Mind and Rethink Mental Illness’s mental health anti-stigma programme – is having a positive effect on public attitudes.
Read more

Department of Health announces research call to evaluate pioneers
Earlier this month, a call was launched for new DH-funded policy research to deliver longer-term evaluation of the Integrated Care and Support Pioneers programme.
Read more

For more news visit the Social Care News blog and the joint DH/DCLG Better Care Fund site

Sign up to email alerts for Jon Rouse’s blog, Lyn Romeo’s blog or follow them on Twitter:
@RouseJonDGDH
@LynRomeo_CSW

122. Whistleblowing is important source of intelligence
01 August 2014 - Parliament
Report: Whistleblowing
The Rt Hon Margaret Hodge MP, Chair of the Committee of Public Accounts, said:

"Whistleblowing is a crucial source of intelligence to help Government identify wrongdoing and risks to public service delivery. As well-publicised cases such as Hillsborough and the Mid Staffordshire NHS Foundation Trust inquiry have shown, whistleblowing has become much more high profile in recent years, and concerns have been raised with us about issues ranging from tax settlements to GP out-of-hours services to the roll-out of rural broadband. A positive approach to whistleblowing should exist wherever the taxpayer's pound is spent, by private and voluntary sector providers as well as public bodies.

"However, far too often whistleblowers have been shockingly treated, and departments have sometimes failed to protect some whistleblowers from being victimised. We have heard of too many cases of appalling treatment of whistleblowers by their colleagues, but departments were unable to tell us if those who have threatened or victimised whistleblowers had been sanctioned. When we spoke to Public Concern at Work they could recall only one case where an employee who victimised a whistleblower had been sanctioned.

"This lack of action has a profound impact on confidence and trust in the system, and means that employees are less likely to blow the whistle for fear of what may happen to them. In a survey of Ministry of Defence employees, only 40% of respondents felt they would not suffer reprisals if they raised a concern, and a survey of Department of Health employees found only 54% of respondents felt confident that they could speak up. Over one third of civil service employees do not even know how to raise a concern under the civil service code. "Departments’ own attempts at changing whistleblowing policy and processes for the better have not been sufficiently successful in modifying a bullying culture, or in combating unacceptable behaviour, such as harassment of whistleblowers, within their organisations. "Those who have come forward have had to show remarkable bravery. Whistleblowers' fears of reprisal are often justified, and such experiences are likely to deter other employees from raising a concern. We heard from one whistleblower in the Care Quality Commission who was victimised by senior departmental officials, but it appeared that no-one had been sanctioned as a result. "Departments must ensure that whistleblowers are protected, supported and have their welfare monitored. There should be timely reporting back to whistleblowers on how their concerns have been addressed. Compromise agreements should not be used to buy silence from whistleblowers and instead should be subject to approval by the Cabinet Office. "All Government employees should be provided with a route map that shows how to report issues internally and externally. Private and third sector contractors to the public sector must also be obliged to have strong and effective whistleblowing policies in place. "Departments should also collect and apply intelligence on concerns raised by whistleblowers to identify any issues affecting the whole system. "This issue needs strong leadership from the Cabinet Office to ensure that whistleblowing can work effectively, consistently and free from fear, so public service delivery can be improved for all." Margaret Hodge was speaking as the Committee published its 9th Report of this Session which, on the basis of evidence from: Cathy James, Chief Executive, Public Concern at Work; Kay Sheldon, Care Quality Commission; Lin Homer, Permanent Secretary and Chief Executive, Her Majesty’s Revenue and Customs; Jonathan Slater, Director General, Transformation and Corporate Strategy, Ministry of Defence; Chris Wormald, Permanent Secretary, Department for Education; Charlie Massey, Director General, Strategy and External Affairs, Department of Health and Una O'Brien, Permanent Secretary, Department of Health, examined the subject of whistleblowing.

Whistleblowing is an important source of intelligence to help Government identify wrongdoing and risks to public service delivery. But many concerns go unreported, and the intelligence that does exist is not rou-
timely collected and shared. It is essential that employees have trust in the system for handling whistleblowers, and confidence that they will be taken seriously, protected and supported by their organisations if they blow the whistle. A positive approach to whistleblowing should exist wherever the taxpayer’s pound is spent, in private and non-statutory bodies as well as public authorities. However, far too often whistleblowers have been shockingly treated, and whistleblowers who have come forward have had to show remarkable bravery. Departments’ own attempts at changing whistleblowing policy and processes for the better have not been successful in modifying a bullying culture, or in combating unacceptable behaviour, such as harassment of whistleblowers, within their organisations. The lack of cross-Government leadership on whistleblowing has resulted in an inconsistent approach across departments.

We welcome the Secretary of State’s recent announcement that Sir Robert Francis QC will lead an independent policy review into whistleblowing and creating a culture of openness and honesty in the NHS.

Conclusions and Recommendations
Whistleblowing is when an employee raises a concern about wrongdoing, malpractice or poor practice in the workplace that has a public interest aspect to it. Whistleblowers mostly act because they have ethical or professional concerns about what is happening in their workplace. We have seen these concerns raised across the spectrum of the public realm, from tax collection to the quality of health and social care to the roll-out of rural broadband. Careful and appropriate treatment of whistleblowers is important to protect and reassure the workforce, and to encourage openness that is vital to supporting better public services. Whistleblowing has become much more high profile in recent years, as well-publicised cases such as Hillsborough and the Mid Staffordshire NHS Foundation Trust inquiry have shown.

The treatment of some whistleblowers has been shocking and departments have sometimes failed to protect some whistleblowers from being victimised. We have heard of too many cases of appalling treatment of whistleblowers by their colleagues, but departments were unable to tell us if those who have threatened or victimised whistleblowers had been sanctioned. We heard from a whistleblower in the Care Quality Commission who was victimised by senior departmental officials, but it appeared that no-one had been sanctioned as a result. Public Concern at Work could recall only one case where an employee who victimised a whistleblower had been sanctioned. This lack of action has a profound impact on confidence and trust in the system, and means that employees are less likely to blow the whistle for fear of what may happen to them. In a survey of Ministry of Defence employees, only 40% of respondents felt they would not suffer reprisals if they raised a concern, and a survey of Department of Health employees found only 54% of respondents felt confident that they could speak up. None of the departments we heard from had systematic arrangements in place to provide support and advice to whistleblowers.

Recommendation: Where the identity of whistleblowers is known, departments must ensure that they are protected, supported and have their welfare monitored. This should include:

- Ownership from the top by assigning a board member who is accountable for the proper treatment of whistleblowers.

- Providing whistleblowers with appropriate support and advice, such as access to legal and counseling services.

- Appropriate and swift sanctions against employees, at all levels in the organisation, if they victimise whistleblowers.

Whistleblowers are often unclear who best to raise their concerns with. Across the civil service, over one third of employees do not know how to raise a concern under the civil service code. A Ministry of Defence survey found that 57% of employees who responded did not know that a whistleblowing policy existed. We heard that some departments recognise this problem and are acting to address it, with both the Ministry of Defence and Department for Education introducing clearer policies which the workforce know about and feel confidence in. We previously commented, in our March 2014 report on the contracting out of public services, on the lack of effective arrangements for whistleblowers employed by private companies delivering public services with the taxpayer’s pound. Legislation has enabled contractors to nominate someone in the contracting department as a person to whom whistleblowers can make authorised disclosures, but none of the four contractors we examined for that report had done so.

Recommendation: Departments should provide all employees with a route map that clarifies suitable internal and external reporting routes. This should be replicated through the delivery system with clear obligations on private and third sector providers delivering public services that they must employ strong and effective whistleblowing policies.
There is a lack of transparency on how departments address concerns raised by whistleblowers. Whistleblowers need to know that they will be kept regularly informed on the progress of their cases and that they will be told about changes and improvements which have come about because of the concerns they raised. In practice, whistleblowers are not routinely informed about how their concerns have been handled and what outcomes have been reached. We heard from one whistleblower who felt excluded and ignored when she was not kept informed of progress in investigating her concerns. Departments accepted the importance of publicising the outcomes of whistleblowing cases, but there is little evidence that they have enacted this in practice.

**Recommendation:** Departments should:

- Have clear arrangements for reporting back in a timely fashion to whistleblowers on how their concerns have been addressed.
- Publicise to their workforce and tell the whistleblower about changes they have made to processes and policies as a result of whistleblowing.
- Report on the effectiveness of whistleblowing arrangements in their governance statements in their Annual Report and Accounts.

There is a startling disconnect between the generally good quality of whistleblowing policies in theory and how arrangements actually work in practice. Departments have taken steps to improve their policies in recent years, for example more departments have adopted the good practice policies produced by the Civil Service Employee Policy service. Employees, however, continue to lack trust in the system and remain sceptical that their concerns will be dealt with properly. The civil service survey in 2013 found that only 67% of respondents were confident that if they raised a concern it would be investigated properly. Departments have not defined the measures to help them monitor improvements and understand whether their whistleblowing policies have been implemented successfully.

**Recommendation:** Departments should assess whether whistleblowing arrangements are effective by making better use of currently available measures, such as the civil service survey, and introducing others, such as trends in the number of whistleblowing cases and the timeliness of investigations. Departments should also consider how they can enhance their support for whistleblowers, looking for instance at measures like tracking employment skills and career progression and asking whistleblowers about their views on the whistleblowing process.

Whistleblowers can help organisations identify systemic issues, but departments are not exploiting this intelligence. We have heard at first hand of concerns raised across a wide range of public services delivered by the public, private and voluntary sectors. Some departments, such as the Department for Education, are totally reactive and only know about concerns that are raised directly with them. They do not know about concerns raised by whistleblowers across the range of organisations in their sectors and at the front line of delivery. Departments are therefore not receiving all the intelligence that they should. The failure to know what staff or clients say makes it more difficult for departments to assess whether there is a systemic issue of concern in a particular service or in a particular workplace.

**Recommendation:** Departments should collect and apply intelligence on concerns raised by whistleblowers from the full range of arm’s length bodies and other providers involved in their sectors. They should use and analyse the data to identify any systemic issues.

The lack of cross-Government leadership has led to inconsistency in whistleblowing arrangements. Across Government, there are some sources of advice and guidance on whistleblowing arrangements, for example guidance from the Civil Service Employee Policy service. However departments can choose to use or ignore the guidance. Departments are not challenged or held to account for their policies on whistleblowing. While we recognise that systems will vary to a degree, strong leadership within central Government is needed to ensure departments learn from what works and improve in whistleblowing arrangements.

**Recommendation:** The Cabinet Office should set out how it will ensure whistleblowing policy and practices receive the strong leadership they need, so that there are consistent expectations across Government and departments can be held to account.

In our previous report on special severance payments, we recommended that the Cabinet Office issue revised guidance requiring public sector organisations to seek approval from the Cabinet Office for all special severance payments and associated compromise agreements where they relate to cases of whistleblowing. In its response to our report, the Government agreed with our recommendation, but did not address the point that public sector organisations should secure approval from the Cabinet Office for any such payments.

**Recommendation:** We reiterate our previous recommendation that public sector organisations should secure approval from the Cabinet Office for all special payments.
severance payments, and associated compromise agreements, where they relate to whistleblowing. We expect to see this included in the Cabinet Office guidance.

Raising concerns
The new report from the Public Accounts Committee recognises the value of whistleblowing as a ‘crucial source of intelligence’ [Ed. See Item 136 in this section of BHCR].

SCIE encourages organisations to build an open culture, where raising concerns is seen as part of normal working practice, rather than developing into a situation where staff feel they need to become whistleblowers in order for action to be taken. This means that organisations need to actively develop a working environment where staff, carers, family and service users feel able to raise concerns and be listened to.

SCIE’s recent film on the subject aims to help organisations become confident in hearing concerns and taking action, seeing it as a key part of successful and positive practice. Blowing the whistle is not easy and needs careful consideration but it is a vital part of safeguarding for adults in health and social care services.

See the whistleblowing film here

For advice call the Whistleblowing helpline for health and social care – 0800 724 725

124. Independent report: Serious Case Review Panel: first annual report
31 July 2014 – Gov.uk
Published details of the Serious Case Review Panel’s work in its first year of operation, including the number and type of cases it considered. https://www.gov.uk/government/publications/serious-case-review-panel-first-annual-report

125. Medical Device Alerts - monthly lists and yearly reviews
01 August 2014 - MHRA
A month-by-month list of Medical Device Alerts (MDAs) published by the MHRA, and lists of MDAs withdrawn following yearly reviews. Medical Device Alerts - monthly lists and yearly reviews

126. Ticket the old, they’ll always pay
01 August 2014 - Daily Mail
Further two pages about hospital parking regimes and the enforcers...plus case studies.

127. New Report Highlights Improvements in Cystic Fibrosis Care
01 August 2014 - Cystic Fibrosis Trust
A new report shows that 57% of people with cystic fibrosis in the UK are adults who make up an active and able patient population with almost 71% (70.9) in education or employment.

Fifty years ago when the Cystic Fibrosis Trust was established, 80% of people with cystic fibrosis did not reach their fifth birthday, and 90% did not reach their 10th. The UK Cystic Fibrosis Registry Data Report for 2013 shows that five out of the 146 people with cystic fibrosis who died in 2013 were under the age of 16 years. Cystic fibrosis remains a life-shortening condition but it is no longer only a childhood illness; advances in delivery of care and new therapies mean more people reach adulthood.

Although the report shows that median predicted survival fell by almost 7 (6.9) years in 2013 from 43.5 years in 2012 to 36.6 years, the report’s authors warn that interpretation of this latest figure should be treated with caution.

Median predicted survival is not the same as life expectancy. The annual values for median predicted survival tends to vary from year to year as the calculation is sensitive to the number of deaths recorded in any year. A similar downward blip was observed in 2009. Apart from these dips, the trend in median predicted survival continues to rise.

Year Median predicted survival
2008 38.8
2009 34.4
2010 41.4
2011 41.5
2012 43.5
2013 36.6

Life expectancy for a newborn child with cystic fibrosis in 1991 was in the order of 40 years. It is now estimated to be over 50 years for a baby born today. Other key findings in the 2013 Registry Report:
Prevalence of Pseudomomas infection, one of the most dangerous bugs for people with cystic fibrosis, fell significantly.

There were 261 new diagnoses of cystic fibrosis in 2013 – equivalent to five a week.

72% of children born with cystic fibrosis in 2013 were identified by newborn screening.

Around 1 in 10 (8.9%) people with cystic fibrosis do not know their full genotype.

Professor Diana Bilton, Chair of the Registry Steering Committee, said:

“It is pleasing to see that the prevalence of chronic Pseudomomas infection fell significantly in 2013. Pseudomonas is a bad bug for people with cystic fibrosis. It can cause more rapid damage to the lungs if untreated and means that patients require more burdensome treatments to keep them well. The reduction is a result of better early treatment and attention to guidelines regarding management of infections in CF specialist clinics. Along with this, the increasing proportion of patients who reach and live through adulthood reflects the successes of advances in medicine and treatment.”

Janet Allen, Director of Research and Care at the Cystic Fibrosis Trust, said:

“As the Cystic Fibrosis Trust celebrates its 50th year, it is pleasing to see that people with cystic fibrosis are living longer, more active lives. However, with age, the complexity of the condition and risk of associated side effects increases considerably, which adds pressures to services.

“It is important that clinical centres are able to cope with the anticipated growth in patient numbers and find ways to maintain and continually improve the care provided. The Cystic Fibrosis Trust will continue to work with clinicians to keep driving up standards and campaign for and develop models of care that put people with cystic fibrosis first and give them the best chances of living longer lives.”

Sally Smith who has a 12-year-old daughter with cystic fibrosis said:

“Cystic fibrosis is an isolating condition as you cannot meet other people with the condition due to the dangers of cross-infection. The findings of this report give me hope and encouragement that increasingly better care is available. Someone born with the condition can look forward to a positive future.”

To read report go to

- Full report
- Summary report

128. Minister: we will curb the parking pirates
01 August 2014 - Daily Mail
Front page item about Eric Pickles, Communities Secretary, that rogue parking firms will be prosecuted.

129. Registration renewal for operating department practitioners and social workers in England approaching
01 August 2014 - HCPC Newsletter
From 01.09.2014 all registered operating department practitioners and social workers in England will be required to renew their HCPC registration. We will write to you in September with information on how to renew, but we have the following resources in place to help you prepare.

- Visit www.hcpc-uk.org/renew for more information.
- For a free renewal reminder poster email publications@hcpc-uk.org
- Like our Facebook page or follow us on Twitter for reminders.
- Subscribe to this newsletter by emailing newsletter@hcpc-uk.org

Continuing professional development (CPD)
At the same time, 2.5% of each profession will be randomly selected for the continuing professional development (CPD) audit. HCPC currently has a number of existing resources to help you through the process.
Registration renewal and CPD webinars
HCPC will also be holding two webinars which will focus on the registration renewal process and the HCPC standards for Continuing Professional Development (CPD). The presentations will explain how to renew and provide guidance on CPD activities and evidence.

The presentation will last 40 minutes, followed by the opportunity to ask questions about registration and CPD (via email). HCPC will be running two sessions on 11.09.2014 from:
– 1pm–2.30pm; and
– 4pm–5.30pm.

To register for this free online event visit www.hcpc-uk.org/webinar

You can view the previous CPD webinar at www.youtube.com/watch?v=spnQnx5Q7A8&list=UULv8jdHlQIXRIAxFbLpEw

130. Give HCPC your feedback
01 August 2014 - HCPC Newsletter
HCPC is committed to developing and improving the service provided by the Registration Department and it would like your help by providing feedback in our independently managed registrant survey. HCPC launched the survey in 2010 and have made a number of changes based on the feedback received.

If you have not already given your feedback please do so by visiting the website and following the instructions given www.acceleratorsurveys.com/hcpc

131. Claim back your tax
01 August 2014 - HCPC Newsletter
Did you know that HCPC registration fees are tax deductible for UK taxpayers? An online survey earlier this year showed that nearly 50% of registrants were not aware of the tax relief available to them.

For registrants paying tax at the standard rate of 20%, the £80 annual renewal fee is effectively £64 after £16 tax relief.

Claiming back tax from the HMRC is easy.

See www.hcpc-uk.org/registrants/fees/tax for more information.

132. Recruitment of four Council members soon to commence
01 August 2014 - HCPC Newsletter
From 04.08.2014 HCPC will commence recruitment to appoint four new Council members – one registrant member (who must be HCPC registered) and three lay members.

As a UK-wide regulator, it encourages applications from individuals across England, Wales, Scotland and Northern Ireland. However, as there is a requirement that each of the four countries in the UK is represented on the Council, we are seeking to appoint individuals to

at least two of these roles who live or work in each of Wales and Northern Ireland.

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.

The timeline for the recruitment process is as follows:

- Recruitment commences: Monday 4 August 2014
- Application deadline: 5pm on Friday 12 September 2014
- Interviews: Tuesday 21 – Thursday 23 October 2014
- Notification to Privy Council: by Monday 17 November 2014
- Appointment commencement date: Thursday 1 January 2014

You can find out more about the role of the Council and how to apply at www.hcpc-uk.org/aboutus/council

To view a video about the benefits of being a Council member visit http://youtu.be/HO8-0U8jdg

132. New HCPC registrant app released
01 August 2014 - HCPC Newsletter
HCPC has produced a new HCPC app, aimed at registrants, for both the iPhone and Android mobile devices. Following research and feedback from the first HCPC app, this new app has been designed with a focus on standards and guidance in a mobile friendly format. As well as being a useful resource for our registrants, HCPC sees the app as a potential tool for students and course providers, as it will also allow users to keep up to date with the latest news and digital content from the HCPC.
133. Statistics: Accident and emergency weekly data: week ending 27 July 2014
01 August 2014 – Gov.uk
The total number of attendances in the week for all A&E types, including Minor Injury Units and Walk-in Centres, and of these, the number discharged, admitted or transferred within four hours of arrival.

Also included are the number of admissions via A&E, and any waits of over four hours for admission following decision to admit.


01 August 2014 – Gov.uk

135. 'See-through' bodies technique developed
01 August 2014 – BBC News
A way to turn an entire body transparent has been developed by scientists studying rodents.

Their report in the journal Cell, describes a technique that keeps tissues intact but allows key body parts and connections to be seen. They say it could help visualise how separate organs interact and pave the way for a new generation of treatments.

The method may also be used to detect the spread of viruses and cancers in human tissues. http://www.bbc.co.uk/news/health-28582452

136. Exclusive: Former judge to probe GMC treatment of whistleblowing doctors
01 August 2014 – HSJ
A former Court of Appeal judge has now been commissioned by the General Medical Council to investigate the way it handles whistleblowing doctors.

Sir Anthony Hooper QC will examine the way the regulator treats medics whose fitness to practice is called into question when they blow the whistle on their employers or colleagues about patient safety.

The senior lawyer will also investigate how the GMC supports doctors who contact the council directly with public interest concerns about where they are working.

His review is expected to make recommendations on how best the GMC could better support doctors who speak out in future. http://m.hsj.co.uk/9073531.article

137. Spinal column
02 August 2014 - The Times, Colour Magazine
Melanie Reid, who broke her neck and back in a riding accident in April 2010, speaks of her efforts to get around the Glasgow Commonwealth Games venues – she reports that they are well designed, with large smooth areas (essential to wheelchair users, bumps, worse a series of bumps are to be avoided as for me and many I know, they set off painful, poorly controlled and painful spasms) but those areas have to be traversed and they are too large to self-propel in a wheelchair. Worse, at the edges of these carefully thought-out venues, where they meet the ‘old world’ routes are ‘blocked’ for lack of a ‘drop kerb’.

138. Eye health
02 August 2014 - The Times
Eight page ‘insert’ raising issues concerning ocular health.

139. Let more elderly die, says top heart doctor
02 August 2014 - Daily Mail
Item reporting that Dr John Beattie, a cardiologist, believes that doctors resuscitate too many older people - as too many people are unwilling to accept mortality.

140. BMJ stands by claims on side effects of statins
02 August 2014 - Daily Mail
An independent panel set up by BMJ after two scientific papers were challenged by Prof. Sir Rory Collins for overstating risks associated with statins had been overstated by a factor of 20 times has said there is no ground for retraction.
141. Parking ticket fat cats
02 August 2014 - Daily Mail
A further two, plus, pages addressing the issue of NHS Hospital parking – you know the form!

142. Paying for GP services
04 July 2014 - Geoff Hodgson
By guest blogger Leon Smith CEO of Nightingale

The Royal College of GPs tells us that “one in nine people trying to see a GP cannot get an appointment, with doctors turning away their patients (at a rate of) more than 40,000,000 a year”.

This is a truly staggering and frightening figure. But there’s one further element not referred to which makes the situation even worse. There are in England 20,000 registered care homes for older people. A very significant proportion of these homes have to pay their local GPs simply to turn up and give medical attention to their residents.

It is a truisim to say that all UK citizens are entitled to free medical care – that’s at the very heart of our National Health Service. Yet the reality is that frail, immobile, vulnerable adults in care homes theoretically would have no medical attention if it were not for the proprietor of those homes paying GPs simply to provide a service which is already theirs by right. The Royal Society figures do not tell the whole story.

What is the alternative? Older people in care homes cannot use either walk-in clinics or telephone help-lines, simply because they are physically unable to do so. The Government needs to recognise this harsh reality. If the 36,000 GPs in England cannot cope with their workload, then surely this must be the responsibility of successive Governments.

What are we doing today to ensure that there are sufficient students going through medical school so that this problem can be addressed? The number of older people is going to increase, not reduce, and this problem is not going to go away. An urgent rethink is needed before this crisis turns into total meltdown.

Ed. Care England, and ECCA before it, undertook some research into the payments made by care home operators to GPs – it also published reports on the topic. They are still available and highly informative.

NHS

143. Sacked NHS bosses get £1.6bn
28 July 2014 - Daily Mail
Report that almost £1.6bn was paid to departing ‘NHS bureaucrats’ over the past four yrs – many of whom have been rehired by the new NHS bodies set up to replace the bodies which were closed.

144. What an insult to my husband’s memory
28 July 2014 - Daily Mail
Widow Joyce Pring, 63, whose husband, Fred, died while he waited for an ambulance – there were 16 ambulances, six were on mandatory rest breaks, eight were queued at A&E and of the remaining two ambulances were dealing with other incidents, drawing criticism from the coroner who investigated the death – says she was disgusted to learn that the ambulance trust concerned held a party for staff to celebrate the “excellence” of the service.

145. Hospitals and schools told: Buy British
28 July 2914 Daily Mail
Headline says it all.

146. Stafford Hospital: Services 'safe but still fragile'
28 July 2013 – BBC News
Inspectors have ruled that services at Stafford Hospital are "currently safe" but are worried that they are still "fragile" due to low staffing levels.

One in four consultant roles and one in 10 nursing posts are vacant at the Mid Staffordshire NHS Foundation Trust.

Trust administrators called in CQC to carry out an inspection because it was struggling to recruit and retain nurses.

http://www.bbc.co.uk/news/uk-england-stoke-staffordshire-28510474

147. Health chief’s £50,000 spree on his NHS credit card
29 July 2014 - Daily Mail
Phil Morely who earned £170,000 as CEO of Hull and East Yorkshire Hospitals NHS Trust and who has stood down has been revealed as having spent almost £50,000 in expenses since joining the Trust in October 2010.

148. In an age when everyone seeks the best price for everything over the internet, surely NHS procurement should provide value for money?
29 July 2014 - Wiredgov
The new online NHS Procurement Atlas of Variation will help hospitals to compare prices and identify where they need to drive down costs so they can invest in more doctors and nurses to care for patients, as well as in frontline care.
Researched Links:

Atlas shows variations in NHS purchasing of everyday items including catheters, gloves and needles
Minister launches radical new procurement strategy to save the NHS £1.5bn
Introduction of bar codes will save NHS millions
NAO: The procurement of consumables by NHS acute & Foundation trusts
NHS Confed: NAO report calls for maximum bang for buck

149. 72 CCGs have no plans to retender community services worth over £2bn
29 July 2014 – Health Investor
Over a third of clinical commissioning groups have admitted they do not plan to retender their community care services.
Read more

150. Halt NHS privatisation, says Labour’s Burnham
29 July 2014 – BBC News
Burnham: Halt private sector deals with NHS
30 July 2014 – Daily Mail
Shadow health secretary Andy Burnham said “privatisation is being forced through at pace and scale” and has called for the NHS in England to stop privatising services until after the General Election in May 2015.

The Government called this “pure political posturing” from a party with a record of privatisation when it was in power.

Labour argues the restructuring of the NHS, which came into force in 2013, led to privatisation by the back door.

This includes plans for the biggest outsourcing deal in NHS history which could see cancer care across Staffordshire privatised as part of a £1.2bn contract.

Mr Burnham says “NHS is based on people, not profits”

"It is indefensible for the character of the country’s most valued institution to be changed in this way without the public being given a say."

A Government spokesperson said Mr Burnham was playing politics and pointed to his record of privatisation while he was health secretary in the last Labour Government.

"Use of the private sector by the NHS doubled in the last four years of Labour, a far bigger increase than under this Government.

“Andy Burnham himself signed off the privatisation of Hinchingbrooke Hospital during Labour’s final year so it is pure political posturing to try to interfere with doctors making the best clinical judgements for patients."

Ed. See this week’s article on page 54.

151. NHS England to cut hundreds of posts in restructure
29 July 2014 – HSJ
NHS England will be cutting hundreds of posts and will most likely to carry out a major restructure of its 27 area teams over the next nine months.

The changes are a response to the organisation’s requirement to reduce its running costs by between 10-15% in 2015-16. All changes need to be carried out by April 2015.

Ed. No doubt there will be significant severance packages for many individuals who will be re-employed in some of the new bodies...more jobs merry-go-round?

152. Jeremy Hunt ticked off over hospital waiting times data
29 July 2014 – BBC News
Health Secretary Jeremy Hunt was ticked off by the UK’s statistics watchdog over claims about A&E waiting times in England.

Sir Andrew Dilnot said Mr Hunt was wrong to claim in the Commons that median waiting times to be seen in A&E departments had halved since 2010 and said the health secretary "may wish to take advice on whether he should correct the parliamentary record".

But a Government spokesperson said it had "simply been a slip of the tongue on Mr Hunt’s part and that the numbers used by him and the Prime Minister were accurate".

http://www.bbc.co.uk/news/health-28547592

153. East Sussex NHS finance head jailed for £2.2m fraud
29 July 2014 – BBC News
A former head of financial accounting at two NHS trusts was jailed for stealing £2.2m of NHS funds to buy 11 properties in Sussex and London.

Trevor Barry Cosson, from Hastings, worked for Hastings and Rother Primary Care Trust (PCT) and East Sussex Downs and Weald PCT when he took the money.
The 38-year-old was sentenced to five years and four months in prison at Blackfriars Crown Court.

He admitted the charges following an investigation by NHS Protect.

http://www.bbc.co.uk/news/uk-england-sussex-28541827

154. Norfolk and Norwich University Hospital car park chaos 'a battle'
29 July 2014 – BBC News
A hospital car park has apparently become a grid-locked "chaos" due to drivers leaving vehicles on double yellow lines and verges.

Health Minister, Norman Lamb, said he would ask Norfolk and Norwich University Hospital chief executive Anna Dugdale for an explanation.

The hospital said it recognised there was a problem but "had no immediate plans" for a "penalty" crackdown.

Healthwatch Norfolk said the issue needed to be addressed.

http://www.bbc.co.uk/news/uk-england-norfolk-28484853

155. Healthier Together 'spent £4m on propaganda'
30 July 2014 - bbc.co.uk/news
A Greater Manchester health initiative has spent over £4m "on propaganda", according to HealthWatch Wigan, a patient group, claimed.

Healthier Together, proposed by the area's Clinical Commissioning Groups, could see up to five specialist hospitals opened in the region. However, HealthWatch, Wigan says the CCGs do not have the right to form a larger body and cannot use public money to push through the proposals.

The plan would see Salford Royal, the Royal Oldham and Manchester Royal Infirmary become specialist centres, along with two from the Royal Bolton, Wigan's Royal Albert Edward Infirmary, Stepping Hill in Stockport and Wythenshawe's University Hospital of South Manchester.

HealthWatch Wigan's Sir Ian McCartney said the commissioning groups had been "meeting in secret" to put together their plans and "not engaging properly with the public".

He said that as a result of a Freedom of Information request, "we found out that they have spent £4.1m of healthcare budget on propaganda and other measures".

"It's totally unacceptable and Parliament hasn't given them permission to do so."

A Healthier Together spokeswoman said the process was legitimate.

156. Welsh ambulance response time target missed in June
30 July 2014 - BBC News
The average response time to Category A calls in June was 10 minutes.

Welsh ambulances have again missed their target of reaching 65% of life-threatening incidents in eight minutes.

The figure for June was 53%, down from 54.1% in May and 62.6% in June 2013.

The Welsh Government said the results were "disappointing" as the health minister wanted month-on-month improvements.

Plaid Cymru said there was "no excuse for this continuing failure" to hit the target while the Welsh Liberal Democrats said it was a "huge concern".

There were 35,570 emergency calls, of which 14,167 were Category A and of these 53% of responses arrived within eight minutes.

Ambulance crews arrived at the scene of Category A calls within 30 minutes in 96.7% of cases.

Welsh Conservatives shadow health minister Darren Millar:

"An immediate medical response to a heart attack, stroke or serious accident can make the difference between life and death."

"The Welsh Government spokeswoman added: "Information we’ve received from the Welsh Ambulance Service for July to date shows there has been a marked improvement in the eight-minute response time performance and an overall reduction in the number of long handover delays at hospitals."

'Ambitious plans'
The Welsh Ambulance Service's director of service delivery, Mike Collins, said the trust board had backed ambitious improvement plans including recruiting more frontline staff, efforts to cut staff sickness absences and a drive to reduce unnecessary calls.

He said:

"We recognise that on occasion we fall short of the eight-minute target but are working, and will continue to work, as hard as we can to get to patients as quickly as possible.

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"We have been working closely with our local health board colleagues to reduce the delays in handing patients over to the care of the hospitals throughout Wales and we have seen real advancement.

"However, we believe there is still room for significant further improvement."

157. NHS staff told to slim down in canteen shake-up
30 July 2014 – Yorkshire Post
Junk food might be off the menu in hospital canteens as overweight doctors and nurses are encouraged to slim down to set a good example to patients.

Burgers and chips are to be swapped for healthier options and staff will be able to take part in weight-loss competitions under plans being considered by NHS England chief executive Simon Stevens, according to reports.


Ed. The junk food may be off the menu, however, all vending machines offering high-sugar and high-salt snacks and drinks will need to be replaced too.

As they should be in all NHS hospitals, schools etc.

158. Bedford Hospital 'could lose' maternity services and in-patient care
30 July 2014 – BBC News
Bedford Hospital could be left with no maternity services or any beds on site as part of an NHS services review as one of five options for the hospital’s future.

The two preferred plans would end all children’s services and one would stop in-patient care.

The £3.2m review is being undertaken by the clinical commissioning groups for both Milton Keynes and Bedfordshire (MKCCG and BCCG).

http://www.bbc.co.uk/news/uk-england-beds-bucks-herts-28558427

159. Evaluation helps hospital inspection development
30 July 2014 – CQC
A report published on 30.07.2014 evaluates the first two waves of our new style hospital inspections.

It covers inspections carried out in 18 hospital trusts between September 2013 and April 2014.

The authors found that the new approach commands strong credibility, in particular through the use of specialists to inform assessments, and the granular detail of ratings within services rather than at provider level, with the report stating:

http://www.cqc.org.uk/content/evaluation-helps-hospital-inspection-development

160. Sharp cuts leave NHS mental health services unable to cope, GPs say
30 July 2014 – Independent
Family doctors are warning of the deteriorating state of mental healthcare in England, after a survey revealed that one in five had seen a patient come to harm because they could not get specialist help.

The survey of 500 GPs was carried out by Pulse magazine, and represents stark new evidence of the strain on England’s mental health services, which have been disproportionately affected by NHS budget squeezes in recent years.


161. Ebola: NHS can deal with threat to UK, says Philip Hammond
30 July 2014 – BBC News
Foreign Secretary, Philip Hammond, has said that the UK’s health services has the experience to deal with the threat posed by the Ebola virus.

Mr Hammond said ministers had discussed what precautionary measures could be taken if any UK nationals in West Africa became infected.

http://www.bbc.co.uk/news/uk-28558783

30 July 2014 – Gov.uk
Indicator reporting mortality at hospital trust level across the NHS.


163. Missed Yeovil District Hospital appointments cost £90,000 a year
30 July 2014 – BBC News
Patients missing appointments is apparently costing Yeovil District Hospital £90,000 a year.

Medical director Tim Scull said the hospital dealt with 20,000 patients a month, including 12,000 outpatients and that the no-show rate is currently between 7% and 10% each month, so up to 1,200 patients.

The hospital plans to send text messages to patients when the appointment is made, and then a reminder three days beforehand.

Patients will not be charged for the service, with the hospital picking up the cost.
http://www.bbc.co.uk/news/uk-england-somerset-26521845

164. Ambulance services: 16 emergency calls to 999 per minute
31 July 2014 - HSCIC

Figures from the Health and Social Care Information Centre (HSCIC) show that ambulance trusts dealt with an average of 16.1 emergency calls per minute (23,216 on average per day) in 2013-14. Today’s Ambulance Services, England: 2013-14 report shows 8.47 million emergency calls were made to 999 in 2013-14 overall, an average of 16.1 calls per minute. This is a 0.8 per cent decrease compared to the previous year (8.54 million). Ambulance Services can also receive emergency calls via the 111 service.

Emergency vehicles responded to 6.33 million calls; 95.1% (6.02 million) were responses to a 999 emergency call and 4.9% (309,260) were in response to a call from the 111 service.

Of all calls that required an emergency vehicle just under half (45.4% or 2.87 million) were Red 1 (serious but less urgent). 28% of Red 1 calls were attended within eight minutes in 75% of cases. In 2013, emergency services arrived within eight minutes for 75.6% of Red 1 calls and 74.8% of Red 2 calls.

East Midlands and East of England Ambulance Trusts failed to meet the targets for both Red 1 and Red 2 calls.

You can find the full report at http://www.hscic.gov.uk/pubs/ambserv1314

165. The barriers facing women in health care
31 July 2014 - The King’s Fund

Vijaya Nath sees much to cheer in the HSJ 'inspirational women in health' list, but some of the old barriers are still there.

Women make up 77% of the NHS workforce but they hold only 37 per cent of board positions, and just over 30% of chief executive roles.


166. Chief Inspector of Hospitals Publishes Report on the Quality of Care Provided by Nottinghamshire Healthcare NHS Trust
31 July 2014 - CQC

England’s Chief Inspector of Hospitals, Professor Sir Mike Richards, has published his first report on the quality of care provided by Nottinghamshire Healthcare NHS Trust.

The Care Quality Commission (CQC) inspection, which took place between 29.04.2014 and 02.05.2014, found staff were caring and compassionate and that, in general, the Trust provided responsive and effective care and was well led.

Patients received good care and treatment, but CQC also highlighted some areas where the Trust must improve. Reports relating to the services inspected are published on CQC’s web site and are available via the following link: http://www.cqc.org.uk/provider/RHA

This was one of CQC’s new-style inspections which include larger teams, made up of specialist nurses and therapists as well as people who use services as well as CQC’s own inspectors, to look at health services provided in the community.

Inspectors looked at a range of mental health and community health services provided by Nottinghamshire Healthcare NHS Trust including, adult psychiatric admission wards, psychiatric intensive care units, forensic services (including the high secure service at Rampton Hospital), child and adolescent mental health services, learning disability services, community mental health services, older people’s mental health, specialist eating disorder services, community health services for adults with long-term conditions and for children and families and end of life care.

CQC found many areas of good practice, including:

• Interactions between staff and service users were positive and respectful in all clinical areas that CQC visited.
• The Involvement Centre, which enables service users and carers to influence the development of services, and the Recovery College, which provides recovery focused educational courses, are both exemplary.
• The trust leadership development programme contributed to a vision and set of values shared throughout the Trust.
• The paediatric liaison service based at the Queens...
Medical Centre was seen to be both innovative and excellent.
• A record of incidents was on display on each ward so people could see how the trust was monitoring and managing the safety of people using its services.
• People aged over 75 received a follow-up appointment from the community health service within 48 hours of discharge from hospital to ensure they had the medication they needed, and so staff could advise on how to prevent their re-admission to hospital.
• A family nurse partnership team provided intensive support to teenage mothers before their child was born and for the following 22 months, meaning they were given support to develop their coping and parenting skills.

CQC also found some areas for improvement at the Trust, including:
• The Trust must improve care planning and the monitoring of physical health of people with a learning disability who are receiving inpatient care.
• Work must be done to improve the safety of some wards. Inspectors found a number of potential ligature points in the longer stay wards at Broomhill House, Newark Community Rehabilitation Unit, Mansfield and Thorneywood Mount - except for Bracken House.
• There was no local policy for medicines management and there were no pharmacy or departmental audits to check medicines had been managed appropriately and administered accurately and safely in the Children's Development Centre at Nottingham City Hospital.
• The Trust must ensure the welfare and safety of patients at the Arnold Lodge medium secure forensic unit by undertaking four hourly medical reviews of patients in seclusion.

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

"On all of our inspections, inspectors ask whether a service is safe, effective, caring, responsive to people's needs, and well-led.

"We found Nottinghamshire Healthcare NHS Trust was effective and responsive and that it was generally safe. We found the trust was well led and that throughout all of the services we visited we met and observed staff who were very caring and compassionate. We were particularly impressed with the Recovery College and the Involvement Centre.

"Over all this is a good trust and, while areas for improvement have been highlighted to the trust, the trust knows what action it now needs to take and it has already made a good start on this."

CQC has asked the Trust to send it a report that says what action they are going to take to make improvements.

167. NHS pays nurse £1,800 a shift
31 July 2014 - Daily Mail
Front page item based upon Freedom of Information requests sent to NHS trust bodies from which it has been deduced that some NHS hospitals are paying £150 per hour for nurses provided by agencies.

168. Calls to end hospital parking fines
31 July 2014 - The Patients Association
The Patients Association has joined other charities in calling for an end to the unscrupulous tactics used by parking enforcement officers to target hospital patients. It has emerged that in some areas parking officials are targeting cancer patients, whose hospital appointments frequently over-run.

Katherine Murphy, Chief Executive of the Patients Association, said,

"We have been concerned about hospital car parking charges and fines for many years. We receive many calls to our Helpline from patients who are outraged that hospitals are using this as an opportunity to bring in funds.

"Going to hospital can be stressful and patients do not need further stress by having to worry about the cost of parking or about any fines that they may incur. Many hospital appointments frequently over-run, particularly those involving specialist treatments such as chemotherapy. It is not fair that these patients should be worried about rushing back to their cars to top-up the meter in such a situation.

"Hospitals should be properly supported by the Government without having to rely on charging and fining patients and visitors to make ends meet. Car parking charges make a mockery of a service supposedly free at the point of need and we urge the Department of Health to scrap this policy, and end this charge on being sick."

169. Staff sickness costs £1.5bn
31 July 2014 - The Patients Association
According to NHS Employers, sickness absence is costing the NHS around £1.5 billion a year. Across the NHS, sickness absence fell by just 0.18% from a high of 4.2% in 2009-10 to 4.1% in 2013-14, data from the Health and Social Care Information Centre revealed. NHS Employers estimated this has saved the health service the equivalent of £7 million.

Among NHS staff groups, doctors had the least time off sick at 1.2%, with senior managers recording an absence rate of 1.6%. 
170. **NHS England to cut hundreds of posts**
31 July 2014 - The Patients Association
NHS England is to cut hundreds of posts and is likely to carry out a major restructure of its 27 area teams over the next nine months. The changes are a response to the organisation’s requirement to reduce its running costs by between 10-15% in 2015-16.

The plans could be controversial if they are seen as a further NHS structural reorganisation, following the completion just last year of the major upheaval which created NHS England and clinical commissioning groups.

171. **CMA and Monitor publish guidance on the competition review of NHS mergers**
31 July 2014 – Gov.uk
The Competition and Markets Authority (CMA) and Monitor have jointly published their new short guide on the competition review of NHS mergers.


172. **Guidance: Review of NHS mergers: CMA29**
31 July 2014 – Gov.uk
Gives guidance on the CMA’s procedure and approach to its assessment when reviewing mergers involving a public provider of the National Health Service (NHS).


173. **Review reveals 89 patients received substandard care**
31 July 2014 – Leicester Mercury
Leicester, Leicestershire and Rutland end of life care 'unacceptable'
31 July 2014 – BBC News
A review has revealed that 89 people received an "unacceptable" level of care in hospital or the community in the days before they died.

The review involved 381 patients, which showed a further 119 people could have had better care.

Doctors wrote to the relatives of the patients involved and have now apologised for the poor quality of the service provided.

Dr Kevin Harris, medical director at University Hospitals of Leicester NHS Trust, and Professor Mayur Lakhani, chairman of West Leicestershire clinical commissioning group, said: "We have let some people down.

"We want to apologise to the families of all 89 patients whom the review found to have received substandard care and assure them we are going to work tirelessly with our colleagues to make substantial and lasting improvements to the health system."


174. **Guidance: Supporting NHS providers considering transactions and mergers**
31 July 2014 – Gov.uk
Guidance documents to help NHS providers navigate their way through a transaction, for example: a merger or acquisition.


175. **Birmingham Children's Hospital plans Edgbaston move**
31 July 2014 – BBC News
Birmingham Children's Hospital might be moving out of the city centre, under plans with Women's Hospital.

The proposals would see the two hospitals merge to form a single organisation on the Women's Hospital site in Edgbaston.

Work will now begin on an outline business case, due to be completed by the end of 2015.


176. **Cornwall's health system labelled 'high risk'**
31 July 2014 – BBC News
Cornwall's health system was labelled "high risk" by a group of bodies which oversee the NHS.

This is because the Royal Cornwall Hospital Trust (RCHT) failed to meet national accident and emergency targets for dealing with patients.

NHS monitors said the RCHT and clinical commissioning group NHS Kernow must improve.


177. **St James's Hospital wrongly told man partner had died**
31 July 2014 – BBC News
A hospital trust has admitted it needed to make improvements after a man was wrongly told his partner had died.

John Harrison, from Pudsey West Yorkshire, went to St James's Hospital in Leeds after his partner Ann Saville, had a cardiac arrest.

Mr Harrison said he "could tell she wasn't dead" when he arrived at the hospital on 22.02.2014.

Leeds Teaching Hospitals NHS Trust said the care was "appropriate" but improvements in procedures were needed.

177. "North Cumbria University Hospitals NHS Trust said that there were too few senior staff to supervise them.

In April, junior doctors were taken off wards at the West Cumberland Hospital in Whitehaven because of the struggle to fill the rota. The trust has been able to fill the rota with locums, although it has been a "fragile situation."

The Trust sought help from neighbouring trusts to fill the August rota.

178. Chief Inspector of Hospitals publishes report on the quality of care provided by Nottinghamshire Healthcare NHS Trust

31 July 2014 – CQC

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The CQC inspection took place between 29.04.2014 and 02.05.2014, found staff were caring and compassionate and that, in general, the trust provided responsive and effective care and was well led.

http://www.cqc.org.uk/content/chief-inspector-hospitals-publishes-report-quality-care-provided-nottinghamshire-healthcare

179. Cumbria hospital care 'increasingly fragile' due to staff shortage

31 July 2014 – BBC News

Health managers have warned that staff shortages are creating an increasingly fragile situation with acute care.

In April, junior doctors were taken off wards at the West Cumberland Hospital in Whitehaven because there were too few senior staff to supervise them.

North Cumbria University Hospitals NHS Trust said although it had been a "struggle", immediate gaps in the rota had been filled with locum support.

The Trust sought help from neighbouring trusts to fill the August rota.

http://www.bbc.co.uk/news/uk-england-cumbria-28588407

180. Shrewsbury and Telford Hospital NHS Trust fears £15m deficit

01 August 2014 – BBC News

A Shropshire hospital trust is facing a £15m deficit unless it takes action.

The Shrewsbury and Telford Hospital NHS Trust was one of 19 unidentified last week by the Audit Commission, as being in severe financial difficulty.

It has already received a £4m bailout from the Government.

http://www.bbc.co.uk/news/uk-england-shropshire-28604451

181. North East Ambulance Service gave patients out-of-date drugs

01 August 2014 – BBC News

The North East Ambulance Service Trust has referred itself to the health care watchdog after it was found that paramedics administered out-of-date drugs to patients.

Officials said a routine audit in April revealed 75 doses of morphine and diazepam, which has passed expiry dates, were given out by 26 paramedics.

The Trust said no patients were put at risk, but the effectiveness of the drugs was likely to have been reduced.

It has informed CQC and NHS regulator Monitor.

http://www.bbc.co.uk/news/uk-england-shropshire-2859071

182. Independent report: Interviews by the Morecambe Bay Investigation

01 August 2014 – Gov.uk

Interview protocol for the Morecambe Bay Investigation, a list of interviewees and brief summaries of interviews that have been completed, up to 28.07.2014.


183. Independent report: Panel Meeting: 10 July 2014

01 August 2014 – Gov.uk

Morecambe Bay Investigation Panel Meeting Agenda and Summary 10.07.2014.


184. CQC to support the NHS in tackling race inequality across the workforce

01 August 2014 – CQC

CQC has welcomed the NHS Equality and Diversity Council’s plans, which aims to make sure that employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and fair treatment across the NHS workplace.

Subject to public consultation, the council, chaired by NHS England’s Chief Executive, Simon Stevens, has pledged its commitment to implement two new measures to improve equality across the NHS, which would start in April 2015.

http://www.cqc.org.uk/content/cqc-support-nhs-tackling-race-inequality-across-workforce

185. CMA and Monitor publish guidance on the competition review of NHS mergers

01 August 2014 - Monitor

The Competition and Markets Authority (CMA) and Monitor have jointly published a short guide on the competition review of NHS mergers.

The guide will help merging providers navigate the review process. It covers the respective roles of the CMA and Monitor, whether and when to notify them about a merger, the stages of review, how the merger review assesses competition and where patient benefits are considered. It is designed as a short introductory guide and is supported by more detailed guidance produced by the two bodies.
It also stresses the importance of early engagement with Monitor when considering a merger or similar strategic option and how both Monitor and the CMA can provide informal advice for providers during the early stages of the process.

Alex Chisholm, CMA Chief Executive, said:

“We understand this is still new territory for NHS providers and so we want to do all that we can to ensure that they understand the process and know what to expect. That way we can help things run as quickly and efficiently as possible. Both of our organisations are focussed on ensuring that patient interests are the deciding factor in planning NHS mergers.”

The CMA has also published longer and more detailed guidance on how it reviews NHS mergers, aimed at legal and financial advisors working for merging parties. A draft version of this document was published in May and the final version incorporates changes made as a result of the responses received. Monitor has also published more detailed guidance on transactions and how it assesses merger benefits.

186. Patients being harmed by drug shortages, doctors warn
01 August 2014 – Telegraph
Doctors are warning that patients are being harmed and put at risk because of national shortages of some prescription drugs.

Medicines currently subject to shortages include Tamoxifen for breast cancer, Naproxen for arthritis and Amlodipine, used to treat heart failure and high blood pressure.

A poll of GPs has revealed that more than nine in 10 family doctors have been forced to write prescriptions for “second choice” medicines because the drug they wished to provide was out of stock.


187. NHS Health Check no more effective than ‘standard care’
01 August 2014 – Nursing Times
Researchers have suggested that illnesses detected during the NHS’s “mid-life MOT” could be “equally well detected” without the check-up.

In 2009 health officials launched the NHS Health Check which assess and treat patients aged 40 to 74 for their risk of developing heart problems, diabetes, high blood pressure and kidney disease.

But the new study has cast doubt on the test after researchers found that the checks may not be different from standard care at increasing the reported numbers of patients with certain conditions.

http://www.nursingtimes.net/nhs-health-check-no-more-effective-than-standard-care/5073529.article

188. Hospital first in world to trial lights which kill superbugs
01 August 2014 – Herald Scotland
The lighting system, which took a decade of research to develop, will be left on all day in a ward at Glasgow Royal Infirmary’s Intensive Care Unit.

The light is powerful enough to kill superbugs while posing no health risk to patients.

Medics believe it will make wards 90% cleaner than is currently achieved using conventional cleaning and handwashing routines.

If the pilot scheme proves successful, it could reduce the toll of deaths caused by superbugs - about 5,000 in Scotland in the past decade.

The technology, developed by researchers at Strathclyde University, Glasgow, has previously been tested in single rooms at the hospital.

Fifteen of the lights have now been installed in a shared ward in ICU and will be switched on in the autumn.

The High Intensity Narrow Spectrum (HINS) light has a wavelength of 405 nanometres - just above UV - and is barely visible as a violet tinge. The light bathes the area with rays powerful enough to “excite” molecules in the bacteria and release chemicals that kill them.


189. Surrey NHS Trust reviews practices after violinist death
01 August 2014 – BBC News
Mental health bosses in Surrey have now put their practices under review after a coroner said they had “failed” a sex abuse victim in Guildford.

Surrey and Borders NHS Trust met for the first time in Autumn.

The 48-year-old was found dead at her Guildford home on 24.01.2013, a week after testifying against ex-choirmaster Michael Brewer.

Surrey and Borders NHS Trust met for the first time since the inquest into Frances Andrade’s death.

The 48-year-old was found dead at her Guildford home on 24.01.2013, a week after testifying against ex-choirmaster Michael Brewer.

The Trust said it was already working to make improvements to its services.

http://www.bbc.co.uk/news/uk-england-surrey-28582590
190. NHS adopts ‘pre-flight checks’ to cut deaths
03 August 2014 - The Mail Sunday
Report that hospital wards are to be provided with checklists, based on the model used in the airline industry, to eradicate fatal mistakes.

Every day three patients die due to blunders by clinical staff.

Ed. I recall writing about this proposal three years or so ago. A lot of lives might have been saved had it not taken so long to become accepted – the argument in favour of using such an approach is overwhelming.

191. NHS to Fund Sperm Bank for Lesbians
03 August 2014 - The Mail Sunday
New generation of fatherless families...paid by YOU

The plan it is said will be to charge patients £300 – said to be half the price of a privately run clinic – and will also benefit heterosexual couples.

192. The NHS is for those who really need it
03 August 2014 - The Mail Sunday, Comment
With resources being so ‘tight’ in the NHS it should be reserved for those who are in real need of it as any decision to fund one treatment will require cuts to another. Against that backdrop there are brief comments about the announcement that the NHS is to fund a sperm bank for single women, lesbians etc.

193. Hospital trust reviews abuse procedures following Saville scandal
03 August 204 – Redditch Advertiser
Worcestershire’s three major hospitals have reviewed its procedures protecting patients from abuse.

Saville is thought never to have visited any hospitals in the county, Worcestershire Acute Hospitals NHS Trust – which runs Redditch’s Alexandra Hospital, Worcestershire Royal Hospital and Kidderminster Hospital – has now reviewed and updated a number of its safeguarding policies.

http://www.redditchadvertiser.co.uk/news/11381577.Hospital_trust_reviews_abuse_procedures_following_Saville_scandal/

194. Is he dead yet?
30 July 2014 - Daily Mail
Complaint by new mother Louise Huart (who had a difficult birth and her baby son had suffered severe loss of blood in the process at Scarborough General Hospital) who was transferred to a hospital in Hull was told that a nurse from Scarborough Hospital had telephoned the Hull hospital and asked about the baby said “Is he dead yet?”.

195. High-intensity exercise 'could work for elderly'
28 July 2014 – Net Doctor
A new study shows that short bursts of high-intensity exercise could be enough to significantly boost the health and wellbeing of elderly people.

Researchers at Abertay University invited a group of old age pensioners into a lab twice a week for six weeks and asked them to pedal an exercise bike at maximum speed for six seconds.


196. One in three Britons would refuse to take in an elderly parent
31 July 2014 - Daily Mail
Headline says it all.

197. Let more elderly die, says top heart doctor: Patients with low quality of life 'should not be saved'
02 August 2014 – Daily Mail
Dr James Beattie, Cardiologist, says that he believes that medics resuscitate too many elderly patients and that society does not see enough death, so people do not accept mortality.

He pointed out that frail pensioners routinely receive hospital medical interventions such as flu jabs which are designed to prolong life, but not necessarily improve it.

The cardiologist said that when it comes to resuscitating the elderly, particularly those with dementia, patients’ quality of life should be given more consideration and more people should be allowed to die.


198. See out your twilight years in style...
02 August 2014 - The Times
Item about top-of-the-range care homes in large country estates.
Parliament

Parliamentary Questions and Debate from the Past Week
Parliament is in recess - see page 2.

When Parliament resumes we will again bring updates from PLMR - Political Lobbying & Media Relations - www.plmr.co.uk

Social Care

199. Guidance issued on how providers can meet new care standards and avoid CQC action
28 July 2014 – Community Care
Guidance on how providers can meet new regulations for delivering social care have now been issued for consultation by the Care Quality Commission.

The regulations are due to come into force in April 2015 for adult social care providers and involve the replacement of the existing essential standards of quality and safety, with 11 ‘fundamental standards’ of care.

200. National Trade Bodies for social care sector welcome appointment of Dame Moira Gibb
29 July 2014
“The National trade bodies for the social care sector are delighted at the appointment of Dame Moira Gibb as the Chair designate on the merged workforce organisation of Skills for Care. We all look forward to building on the work of the National Skills Academy and Skills for Care with her at the helm. Dame Moira’s substantial skills and expertise will be an asset to the future of the fundamental principles of delivering a confident and competent workforce in Social Care.

We would also like to thank Jo Cleary and David Croisdale-Appleby for their individual and exceptional contributions to their respective organisations during their tenure and wish them well in their future appointments which will see them both continue to support the workforce.

National Care Association & Care England”

201. Guidance: Supporting international volunteering in the health and care sector
30 July 2014 – Gov.uk
Engaging in Global Health: information for health sector workers and employers about the opportunities and benefits of volunteering abroad.

Powers of delegation extended to all Local Authorities following successful pilot programme
31 July 2014 – Gov.uk
The Department of Health has introduced a power to delegate statutory functions available to all English local authorities following the end of a national pilot programme.

Workforce

Brunswicks LLP (@BrunswicksLLP)
10:13 AM on Fri, Aug 01, 2014:
Public Acc Ctte rpt on whistleblowing out today
Says source of valuable intelligence
Far too often whistleblowers are victimised
(https://twitter.com/BrunswicksLLP/status/495135230765056000)

Brunswicks LLP (@BrunswicksLLP)
1:47 PM on Fri, Aug 01, 2014:
Gary Walker Spoke on ITV lunchtime News on the issue of whistleblowing following the Report on the issue this morning from Public Accs Ctte
(https://twitter.com/BrunswicksLLP/status/495188995329228800)

202. Whistleblower treatment is often ‘shocking’, say MPs
01 August 2014 – BBC News
The Commons Public Accounts Committee has said that whistleblowers are often been subjected to bullying and harassment.

Its report called for whistleblowers to be offered legal and counselling help and for “swift sanctions” to be imposed on staff who victimised them.

The Government said it was acting to ensure people felt free to speak out.
http://www.bbc.co.uk/news/uk-28596233

Ed. See Public Accounts Committee comments and recommendations at item 122 in ‘Miscellaneous’ ante.
This is no way to run a national health service
29 June 2014 – Labour Party

Four years ago this month, the Government published the Liberating the NHS White Paper. I can still remember the shock I felt sitting in my office and turning through its pages.

Just six weeks earlier, I had stood alongside Andrew Lansley at Election hustings events and heard him say there would be no top-down reorganisation.

We said the biggest reorganisation in its history would drag the NHS down - and so it has proved. The NHS has gone downhill under David Cameron.

Hospital A&Es in England have now gone one whole year since they last met this Government’s A&E target. Patients are being held in the backs of ambulances as they queue outside, unable to hand over patients.

NHS waiting lists have now hit a six-year high and patients are now waiting longer than they were. It has got harder and harder to get a GP appointment too and some practices are on the brink of closure.

But perhaps the most worrying problem of all is the fact that the NHS recently missed the national cancer treatment target for the first time ever.

Under David Cameron, NHS privatisation is proceeding at pace and scale. When did the British public ever give their consent for this? The Prime Minister was not up front about these plans at the last Election and he now needs to be reminded that he has never been given the permission of the public to put the NHS up for sale in this way.

This is no way to run a health service.

Further forced privatisation of services should not proceed until the public has had a proper debate at the 2015 Election and decided what kind of health service it wants in the 21st century.

The next Labour Government will repeal David Cameron’s Health & Social Care Act to restore an NHS based on care over competition, people before profits, and lay the foundations for the service Labour intends to build. By starting to bring social care into the NHS, we will build a health service for the whole person.

If after 2015 the NHS has another five years of the same, England will have a very different health service at the end of it. That’s the make-or-break choice on the NHS that this Election brings.

So my message today is simple: if you still have faith in it, the NHS needs you now to vote for it. Vote for Labour.
--Andy Burnham MP

Health care debate hotting up for general election next year
31 July 2014 - The King’s Fund

Andy Burnham attacked the coalition’s health reforms, calling for a moratorium on NHS services being given to private providers until after the election.

You can read what the main parties are saying about health and social care on our election tracker.

Election Tracker: [http://election.kingsfund.org.uk/?utm_medium=email&utm_source=The+King%27s+Fund+newsletters&utm_campaign=4804572_The+Weekly+Update%3a+31+July+2014&utm_content=electionbutton&dm_i=21A8,2OJR0,FLXC9D,9SPPL,1](http://election.kingsfund.org.uk/?utm_medium=email&utm_source=The+King%27s+Fund+newsletters&utm_campaign=4804572_The+Weekly+Update%3a+31+July+2014&utm_content=electionbutton&dm_i=21A8,2OJR0,FLXC9D,9SPPL,1)
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