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| **Week Commencing:** | 28th January 2019 |
| **Produced By:** | Dawn Fourniss |

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| **Date** | **Location** | **Subject** | **Link** |
| 28JAN19 | National | **The NHS long-term plan explained**   * On 7 January, the NHS long-term plan (formerly known as the 10-year plan) was published setting out key ambitions for the service over the next 10 years | <https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained> |
| 28JAN19 | National | More 'social prescribers' to ease pressure on GPs  * The number of workers trained to prescribe social activities, like exercise groups and art classes, to GP patients who don't need pills, is set to rise, under NHS England plans * The aim is that "link workers" will support GPs and reduce their workload * A link worker's role is to help patients find suitable community activities to improve their health and wellbeing * The NHS says more than 1,000 will be recruited by 2020-21 * In the long term, it wants link workers to handle around 900,000 patient appointments a year * It is thought that a significant number of appointments at GP surgeries are not directly related to medical conditions * Instead, many patients are anxious or lonely or need support with managing a long-term condition * Some just need encouragement to join an exercise group and lose weight | <https://www.bbc.co.uk/news/health-46999922> |

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| 29JAN19 | Ireland | Urgent care centres for children  * Part of the package of the planned new children’s hospital is two urgent care centres. As a GP with a large paediatric practice in a high-demand area, the logic for such centres is not clear to me * If I have a child who needs urgent care, such as suspected meningitis or severe asthma, I send them to my nearest large centre, which for my practice is Our Lady’s Hospital, Crumlin. Much of the rest I manage myself like most of my colleagues in the area * In my practice area we now have a purpose-built out-of-hours GP centre that sees many sick children, and if they are seriously ill they are also referred to Crumlin. Unless anyone tells me differently, I will send such patients to the new children’s hospital and certainly not to an urgent care centre. I expect the urgent care centres will be doing the same thing * What we badly need in modern GP paediatrics are services for the increasing behavioural, psychological and social needs of our young patients. These services are currently underfunded and have difficulty attracting and retaining staff. They place huge stress on families, schools and communities urgent care centres will not be of much help to such patients. Such centres will need capital and ongoing finance to staff them with general paediatricians, who are thin on the ground these days * They will reinforce the behaviour of patients who bypass their GP and go to the hospital, which is often unnecessary. Access to such a service medicalises patients in a completely casual manner * Additionally they will take investment away from general practice that already provides much of the care that urgent care centres will ultimately be providing * The funding fiasco in the main children’s hospital will only extend to the urgent care centres which are poorly costed, not thought out and are not responding to the current needs of children in my practice area. They are a line-item tucked into the overall accounts which should be scrapped until they have a clear purpose and respond to the needs of families | <https://www.irishtimes.com/opinion/letters/urgent-care-centres-for-children-1.3773604> |
| 29JAN19 | Brighton and Hove | NHS warning as temperature drops in Brighton and Hove  * Brighton and Hove’s NHS warned that colder weather brings a range of illnesses and ailments such as flu, coughs and colds, which can also cause great pressure on health services * Dr David Supple, clinical chair for NHS Brighton and Hove Clinical Commissioning Group (CCG), said: “It’s important to look after yourself, especially during the winter as cold weather can be seriously bad for your health. “As the cold weather sweeps in, it’s important we do what we can for ourselves and our family to help us all stay well throughout the colder months. There are a number of steps people could take to make themselves more resilient to the cold weather – simple things such as adding extra layers and wearing shoes with good grip can make such a difference when it’s icy outside” * “It’s particularly important to check on elderly relatives and neighbours during winter months, and popping in for chat can make the world of difference.” To help people stay well this winter, and to avoid adding extra pressures on local health services and emergency departments, the NHS is urging residents to: - Keep warm – Keeping warm over winter helps prevent colds, flu and even more serious health conditions | <https://www.brightonandhoveindependent.co.uk/news/health/nhs-warning-as-temperature-drops-in-brighton-and-hove-1-8786606> |
| 29JAN19 | National | Is pharma prepared for future NHS commissioning?  * The NHS has had commissioning since 1991 but it has definitely failed to thrive and, as clinical commissioning groups (CCGs) prepare to wither away, it is still reasonable to wonder what commissioning actually is * So, let’s imagine a world where NHS organisations across a recognised area work together to plan long-term achievement of a strategy based upon national priorities and specific needs of local people. They do that collaborating with obvious partners like local authorities (councils) and bodies like MIND and Macmillan. This might be across a recognised system patch of two to five million people * This plan is then delivered by NHS organisations with expertise on acute care, mental health, ambulance, and so on, working as a virtual team. Some people then sit slightly apart from the focus on daily delivery to plan longer term, check progress and ensure consistent quality of service * The delivering bodies have one, united, agreement with those doing the planning and checking that sets out the funding and KPI achievement. That agreement is managed in partnership across maybe three or four areas within the larger integrated system * Then GPs, community nurses and social care staff might work together as a formal team at 30-50,000 population level on smaller-scale local projects that apply to a town, group of villages or large city estate. They could plan and deliver together with useful amounts of flexible funding * What we have above is the vision; a Sustainability and Transformation Partnership (STP) becoming an Integrated Care System with organisations moving towards being an Integrated Care Partnership (ICP). One Team NHS to work with social care via new aligned incentive contracts that replace Payment by Results (PbR). Then Primary Care Networks emerging from GP federations to supply local creativity and bring primary care properly into the NHS and away from independent contractor separation * Sounds good doesn’t it? Well, that’s been the Plan A for three years now since STPs were set up; but the problem is that it is a concept not a plan. There is no real road map for getting there and how can the NHS manage the massive cultural and system change required whilst handling intense daily operational pressure in the here and now? * So, what we’re seeing is extreme variation in the progress of health economies in moving forward. One key factor is the ability of local NHS leaders to work together as future teams whilst still being performance managed in the current system. That tends to correlate to areas in relative financial strength and KPI achievement. But, those further ahead are also first to find the bear traps of tricky transition, which is why tangible progress on integration seems so rare * Let’s focus on what is certain. NHS England and NHS Improvement are merging and setting up seven regional management teams. In no way is this, apparently, a return to Strategic Health Authorities or Regional Offices! * The NHS internal market is going already, to be replaced by integration and consolidation. That means an end to PbR, competition between NHS providers and adversarial contracting relationships. It means new types of NHS contracts and increased teamwork with local authorities * CCGs will continue to consolidate through shared management teams to resemble the primary care trust clusters we used to have. Such super-CCGs will then be ready to morph into the ICPs once there is some kind of local agreement about how on earth they will work * Primary care is set for major change in 2019. Practices are set to be incentivised to form primary care networks that will eventually be the base unit of the integrated local NHS architecture. These networks will follow the primary care home idea and the aim is to reproduce the energy of practice-based commissioning and GP fundholding while connecting practices into the mainstream NHS structure * Therefore, what we’ll see in 2019 is the continuation of longer-term trends that I described in an equivalent article last Christmas and all that has really changed is the lexicon and some detail of the architecture. None of this should be a surprise, but pharma seems to be ill-prepared despite the opportunities presented by integrated patient pathways and the demise of PbR to product value propositions * Pharma faces aggressive de-prescribing plans because the NHS perceives medicine as a simple source of cost-saving, rather than a vital component of treatment. This is linked to the work directed through NHS clinical commissioners that has prepared the public for self-pay, co-pay and limits to the scope of NHS service. IVF and vasectomies have joined a set of surgical procedures and medicines that are now semi-detached from the NHS menu * I frequently hear the frustrations of account managers prevented by company stricture from seeing people who are key to their product but deemed not to be healthcare professionals. I also see the inability of sales and marketing strategies to cope with changes like the move from PbR or social prescribing increasingly acting as a competitor * Pharma is struggling to get ahead of change and to even engage in the argument. The response has to start with a united campaign to champion medicines aimed at NHS staff who do not have a clinical background | <https://pharmafield.co.uk/in_depth/pharma-prepared-future-nhs-commissioning/> |
| 29JAN19 | Horsham and Mid Sussex | **Horsham NHS shake-up will provide ‘better GP access and care’**   * A shake-up in health services aims to improve access to GPs in Horsham and improve care to people needing urgent treatment. Health bosses say they are currently developing plans to improve services at Horsham Hospital’s minor injuries unit and at urgent treatment centres. Last week a report revealed that Horsham and Mid Sussex is the second worst area in the country for GP access. Analysis by the BBC showed that the area has 2,997 patients per GP, more than double the best area - Rushcliffe. The Royal College of GPs called the findings ‘shocking’ * Horsham MP Jeremy Quin said that the report highlighted a real concern. He said that Horsham and Mid Sussex Clinical Commissioning Group - which monitors and pays for local health services - was looking at ways to bolster its service. He said: “As part of this plan the CCG are looking at the potential for Horsham Hospital to become a vibrant local integrated primary and community hub: offering treatment for minor injuries and minor illness across seven days a week and later into the evenings” * A clinical commissioning group spokesman said: “NHS Horsham and Mid Sussex CCG is working closely with local health and care organisations to develop plans to improve the access to and quality of urgent care and GP services. This includes the recently launched evening and weekend GP appointments, as well as plans to create a consistent service for minor injuries and urgent care needs across Sussex and East Surrey * “When a patient needs urgent treatment or care and A&E isn’t the right choice they can be confused by the range of places to go – Urgent Treatment Centres (UTCs), Minor Injury Units (MIUs) and others all with differing levels of care. “We are in the early stages of redesigning these services and ways people can access care, so that there is one easy-to-navigate system for people when they need NHS help urgently. “We want to see the best use of our community hubs such as Horsham Hospital and know there is much we can do to improve the use of this facility for the benefit of local people. “We are reviewing the use of MIU/UTCs to understand why patients attend the services where they do * This information will help inform the type of service and opening times that may be needed in the future for the local population. | https://www.wscountytimes.co.uk/news/horsham-nhs-shake-up-will-provide-better-gp-access-and-care-1-8787073 |
| 30JAN19 | National | One in 10 'part-time' GPs work more than a full-time week  * One in 10 part-time GPs work more than 37.5 hours per week - the standard NHS definition of a full-time worker - according to a GPonline poll that highlights soaring workload in general practice | <https://www.gponline.com/one-10-part-time-gps-work-full-time-week/article/1524145> |
| 30JAN19 | National | 'Help us help you': NHS launches advert urging people to use 111 website or phone line instead of going to A&E to relieve winter pressure on doctors and hospitals  * **People can use the NHS 111 website or phone line to work out what to do** * **Last winter people made 3,500,310 calls to NHS 111 phone line** * **Health officials urge people to use it before going to hospital unless critically ill** * The [NHS](https://www.dailymail.co.uk/news/nhs/index.html) has launched a TV advert encouraging people to phone 111 or visit the website if they feel unwell instead of going straight to a doctor or hospital * Its entertaining 'Help Us Help You' commercial shows a man with stomach pain being given conflicting advice by different medical staff in his imagination * Health officials hope the new online service will direct people to the right type of medical care instead of people going straight to A&E unnecessarily * The advert comes as cold weather has arrived in Britain and the NHS faces extra pressures over the winter | <https://www.dailymail.co.uk/health/article-6640963/Help-help-NHS-launches-advert-urging-people-use-111-website-phone-line.html> |
| 30JAN19 | National | NHS England unveils plans to recruit army of social prescribers  * NHS England is planning to recruit and ‘army’ of 1,000 social prescribing ‘link workers’ to help alleviate the growing pressure on family doctors * Explaining the premise for the move, the organisation noted that around half of GP appointments are not directly related to medical conditions, and it said evidence indicates that referrals to community services - such as exercise or art classes, history groups and even ballroom dancing - can boost health and wellbeing “more than dishing out pills or other treatments” * Under a drive to ramp up social prescribing, link workers will be able to give people time to talk about issues, offer support, and find suitable activities that are a better alternative to medication, marking “a step change in the provision of personalised care”, NHS England said * The blueprint for Universal Personalised Care - which, it is hoped, will enable GPs to deal with patients in most need of GP services - is due to be approved by the NHS England Board later this week * The NHS Long Term Plan envisages that GPs surgeries will work to support each other in around 1,400 Primary Care Networks covering the country, with each network having access to a social prescriber link worker and NHS England agreeing to fund their salaries in full * By 2023/24, social prescribers will be handling around 900,000 patient appointments a year, NHS England noted * “As part of the NHS Long Term Plan, social prescribing will become an indispensable tool for GPs, who will be supported by a new army of workers,” said health and social care secretary Matt Hancock. “This is prevention in action and will help to combat some of the scourges of modern life, from loneliness to mental health, or over-medicalisation” * Also supporting the move, Dr Richard Vautrey, British Medical Association (BMA) GP committee chair, noted: “GPs and their teams are under a huge amount of pressure to deliver high quality care to a rising population with increasingly complex needs, and therefore it is vital, now more than ever, that patients are able to see the right healthcare or support professional for them within a reasonable timeframe * “The BMA has long-backed social prescribers supporting the general practice team, and this commitment to roll them out across the country is very welcome” * The move was also applauded by the Royal College of GPs. Its chair, Professor Helen Stokes-Lampard, said: “Often the underlying reason a patient visits their GP is not medical, yet it can have a considerable impact on their health and wellbeing. Ensuring that GPs and our teams have good, easy access to people who can link patients with classes or groups in the community and other non-NHS services, that could potentially be of far more benefit than any medicine, is something the College has long called-for, so the focus on this is incredibly welcome” * However, writing in blog published by The King’s Fund late last year, Beccy Baird voiced concerns about whether the “great potential” of social prescribing can be realised | <http://www.pharmatimes.com/news/nhs_england_unveils_plans_to_recruit_army_of_social_prescribers_1276707> |
| 30JAN19 | National | NHS England to encourage patients to visit their pharmacist through 'Pharmacy Advice' campaign  * NHS England is set to launch a campaign to build the public’s trust and confidence in community pharmacists and the pharmacy team * The ‘Pharmacy Advice’ campaign forms part of NHS England’s overarching [‘Help Us Help You’ initiative](https://campaignresources.phe.gov.uk/resources/campaigns/81-help-us-help-you/Webinar), which is being launched on 4 February 2019 to position pharmacy as the first place to go for minor illnesses, such as coughs, colds, stomach aches, and other aches and pains * As part of the campaign, NHS England will be sending resource packs to all community pharmacies in England during the week commencing 28 January 2019 * The packs will contain display materials and information cards designed to remind pharmacy customers to visit their pharmacy the next time they need clinical advice about a minor health concern * Additional free resources for publicising the campaign on social media are also available to order or download via the [Public Health England Campaign Resource Centre](https://campaignresources.phe.gov.uk/resources/campaigns/73/resources/4332) * The campaign is part of the [Community Pharmacy Contractual Framework](https://psnc.org.uk/contract-it/the-pharmacy-contract/), in which pharmacies are required to participate in up to [six public health campaigns each year](https://psnc.org.uk/our-news/public-health-essential-service-campaign-topics-set-for-2019-20/) at the request of NHS England * Pharmacy minister Steve Brine announced in November 2018 that [almost 14,000 fewer people attended hospital emergency departments as a result of the ‘Stay Well Pharmacy’ campaign](https://www.pharmaceutical-journal.com/news-and-analysis/news-in-brief/thousands-of-patients-kept-out-of-hospital-by-community-pharmacy-minister-reveals/20205695.article), which [ran for three months from February 2018](https://www.pharmaceutical-journal.com/opinion/blogs/introducing-the-stay-well-pharmacy-campaign/20204602.blog) | <https://www.pharmaceutical-journal.com/news-and-analysis/news-in-brief/nhs-england-to-encourage-patients-to-visit-their-pharmacist-through-pharmacy-advice-campaign/20206064.article?firstPass=false> |
| 31JAN19 | National | **All the headlines from the 2019/20 GP contract at a glance**   * This has been called the most significant contract since 2004, and with good reason. There have been a number of huge announcements, with several new pots of funding, and more details to be announced imminently   The main headlines include:   * [Billions to be invested in practice funding through five-year GP contract](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/billions-to-be-invested-in-practice-funding-through-five-year-gp-contract/20038180.article) * [Guaranteed increase in global sum this year](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/guaranteed-increase-to-global-sum-next-year-says-bma/20038186.article). This year, £109m will be invested into the ‘core practice contract’. It’s not clear how much will go direct into the global sum, but it is an increase. In following years, the amount put into the core practice contract will increase significantly. This year’s comparatively low increase reflects the money put into the state indemnity scheme * [NHS to fund all staff indemnity on top of global sum increase](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/nhs-to-fund-all-staff-indemnity-on-top-of-global-sum-increase/20038178.article). There had been hints that the global sum would be decreased to fund the indemnity scheme. But, under the scheme, the NHS will cover indemnity costs for all GPs and practice staff. This will be on top of the global sum increases every year for the next five years * [Practices given £2 per patient to join networks under new DES](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/practices-given-2-per-patient-to-join-networks-under-new-des/20038176.article). The new DES is ‘voluntary’, but NHS England and the BMA expect 100% take up. To qualify for the funding from July 2019, practices will simply need to join networks and appoint a clinical lead. Following that, they will have to work towards seven ‘service specifications’ based on the aims of the NHS long-term plan * [NHS England to fund 22,000 practice staff to support GPs](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/-nhs-england-to-fund-22000-practice-staff-to-support-gps/20038177.article). Under the new contract, networks will receive 70% of the funding to employ a pharmacist, a paramedic, a physio, a physician associate and 100% of the funding for a social prescriber * [GPs should be ‘better off’ under new contract, according to medical accountants.](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/gps-should-be-better-off-under-new-contract-say-medical-accountants/20038191.article) However, reassurance is needed that the new primary care networks - which practices will be mandated to join - will have a goodlegal structure and will not incur any hidden tax bills * [QOF will be reformed to remove ‘unnecessary indicators’ under new GP contract](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/qof-will-be-reformed-to-remove-unnecessary-indicators-under-new-gp-contract/20038179.article). The framework is to be reformed, to bring in ‘clinically-proven improvements’ for the management of prevalent conditions such as diabetes and blood pressure control and improvements to the management of heart failure, asthma, COPD, and mental health * [GPs on more than £150k a year of NHS funding to be named](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/gps-on-more-than-150k-a-year-to-be-named/20038175.article). Under a new ‘transparency drive’, a new mechanism will be introduced to identify and name GPs on more than £150k per year from NHS sources from 2020. This will apply to all managers too * [GPs will not have to pay for rising employer pension contributions.](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/gps-will-not-have-to-pay-for-rising-employer-pension-contributions/20038187.article)  The agreement states: ’General practice will not have to bear any additional costs’ of the increase in employer contributions’. It’s not clear how NHS England intends to ensure this * In order to avoid the problems of pensions taxation, all parties are exploring the potential for GPs to choose to halve the rate at which their pension builds up, and in return pay half rate contributions. * [NHS 111 direct booking into practice appointments at a rate of one appointment per 3,000 patients available per day](http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/practices-will-be-funded-to-provide-direct-appointment-bookings-through-nhs-111/20038182.article) * Increased digital access for patients, meaning practices will be able to make 25% of appointments bookable online * £20m annual funding for practices to deal with subject access requests following the removal of the ability to cover costs under GDPR legislation. Practices will also have access to a data protection officer through their CCG to provide support on GDPR issues. This will form part of the global sum | <http://www.pulsetoday.co.uk/news/hot-topics/gp-contract-2019/20/all-the-headlines-from-the-2019/20-gp-contract-at-a-glance/20038181.article> |
| 31JAN19 | National | Health Education England: clarifying the cuts to preregistration funding  * The Pharmaceutical Journal’s editorial ‘[Cuts to pharmacy preregistration training are reckless — they must be reversed](https://www.pharmaceutical-journal.com/opinion/editorial/cuts-to-pharmacy-preregistration-training-are-reckless-they-must-be-reversed/20206019.article)’ (21 January 2019) included a number of assertions and inaccuracies that Health Education England (HEE) would like to respond to. HEE has been reviewing the country-wide variation of salary support contributions for a number of professions, as part of a wider education funding reform programme * HEE concluded that it will implement changes to ensure a consistent national approach, with rates that more accurately reflect the proportion of time spent training for each affected profession. No changes will be made until 2020–2021 to allow HEE sufficient time to work with employers, trainees and the affected professions to implement these changes * This is not an exercise in cutting costs and funds will be retained for training. HEE is committed to working with all stakeholders to look at how the funds can be invested to help address NHS staffing priorities set out in the ‘[NHS Long Term Plan](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf)’; HEE will be inviting stakeholders to take part in the discussion through a series of events in early summer 2019 | <https://www.pharmaceutical-journal.com/opinion/correspondence/health-education-england-clarifying-the-cuts-to-preregistration-funding/20206052.article?firstPass=false> |
| 01FEB19 | National | Every primary care network to get £38,000 to fund new clinical pharmacist role in 2019  * Funding for a clinical pharmacist in each primary care network, set to begin in July 2019, will cover 70% of the employment cost, with networks expected to pay the remaining 30% * GP practices will receive £1.8bn over the next five years to set up primary care networks, including one clinical pharmacist for each network * Every primary care network (PCN) in England is to receive £38,000 in recurrent funding to hire a “clinical pharmacist” from July 2019 * Under a new five-year GP contract, agreed by the British Medical Association (BMA) and NHS England and announced on 31 January 2019, GP practices will be incentivised through a primary care network “directed enhanced services” contract, to form PCNs covering 30,000–50,000 patients | <https://www.pharmaceutical-journal.com/news-and-analysis/news/every-primary-care-network-to-get-38000-to-fund-new-clinical-pharmacist-role-in-2019/20206082.article?firstPass=false> |
| 01FEB19 | National | NHS England to ban GPs from advertising private services  * [GPs](https://www.theguardian.com/society/gps) are being banned from advertising private healthcare services in their surgeries and from allowing for-profit family doctor firms to offer care there, amid growing concern that it is prompting patients to pay for treatments that they could receive for free * The move by NHS England is intended to stop the divide between NHS-funded and privately paid-for GP care becoming ever more “blurred”. It will stop GP practices from charging patients to see a doctor more quickly or for other services that under the [NHS](https://www.theguardian.com/society/nhs) should be free. But it will allow them to keep seeking fees for signing passports, providing medical reports for insurance or other purposes, or for physiotherapy * The [new GP contract in England](https://www.theguardian.com/society/2019/jan/31/nhs-england-plans-20000-new-staff-to-free-up-gps-schedules) makes clear that “from 2019 it will no longer be possible for any GP provider either directly or via proxy to advertise or host private, paid-for GP services that fall within the the scope of NHS-funded primary medical services” | <https://www.theguardian.com/society/2019/jan/31/nhs-england-ban-gps-advertising-private-services> |
| 02FEB19 | National | Stroke sufferers are missing out on a “game-changing” treatment because the NHS is struggling with a lack of specialists to perform the procedure, experts are warning. | <https://www.theguardian.com/society/2019/feb/03/scandal-of-stroke-patients-left-disabled-by-lack-of-specialists> |
| 03FEB19 | National | NHS 'missed opportunities' to save boy with green vomit. Inquest finding on both NHS 111 and GP in Plymouth in 2015 | <https://www.bbc.co.uk/news/uk-england-devon-47094631> |
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