

# Horizon Scanning: 111 / GP Out of Hours / CCG's / NHS England



The NHS  
non-emergency  
number

Week Commencing:	10th June 2019
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Date	Location	Subject	Link
10JUN19	Scotland	<p><b>Local GPs should manage Vale out-of-hours service, says Baillie</b></p> <ul style="list-style-type: none"> <li>Patients in the area have expressed concerns that the service has been closed on more than 40 occasions already this year, following more than 80 closures in 2018, making the Vale of Leven Out-of-Hours service the most closed service in the Greater Glasgow and Clyde area.</li> <li>Ms Baillie, the Dumbarton constituency MSP, praised the staff at the Vale for coping with the numbers of patients referred from all parts of the city, but pointed out that the facility was closed more than any other in Greater Glasgow and Clyde.</li> <li>A spokesperson for NHS Greater Glasgow and Clyde said patients needing GP out-of-hours care should contact NHS 24 in the first instance.</li> <li>She added: "Access to the GP out-of-hours service via NHS 24 will ensure patients receive safe and high quality patient care by the right service at the right time.</li> <li>"The majority of shifts at all our GP out-of-hours centres are filled but when we don't fill all our shifts we need to allocate staff to ensure adequate geographical cover is provided and that demand is met.</li> </ul>	<a href="https://thelochsidepress.com/2019/06/10/local-gps-should-manage-vale-out-of-hours-service-says-baillie/">https://thelochsidepress.com/2019/06/10/local-gps-should-manage-vale-out-of-hours-service-says-baillie/</a>
10JUN19	National	<p><b>Understanding clinical commissioning: policies, systems and legislation</b></p> <ul style="list-style-type: none"> <li>For anyone involved with the NHS in England, 2019 started with New Year's Resolutions and a Long Term Plan. This set out some new priorities, restated old ones and provided some clarity for clinical commissioners.</li> <li>Moving towards a more collaborative way of working – with 'systems' bringing together providers and commissioners – had been a theme of health policy since the advent of Sustainability and Transformation Partnerships in 2015. Through various iterations (and acronyms), it's now clear that this approach is here to stay, as the NHS Long Term Plan set out that all of England will be covered by Integrated Care Systems (ICSs) by April 2021.</li> <li>Now we're halfway through the year, further publications have emerged which steer clinical commissioners further along the integration journey. NHS England and NHS Improvement, now a</li> </ul>	<a href="https://pharmafield.co.uk/healthcare/understanding-clinical-commissioning/">https://pharmafield.co.uk/healthcare/understanding-clinical-commissioning/</a>



On behalf of the seven Sussex CCGs:

NHS Brighton and Hove, NHS Coastal West Sussex, NHS Crawley, NHS Eastbourne Hailsham & Seaford, NHS Hastings and Rother, NHS High Weald Lewes Havens, NHS Horsham & Mid Sussex



		<p>single organisation, published their proposals for legislative changes in the spring. These aim to overcome barriers to integrated working which CCGs and their provider counterparts might experience – amending the Health and Social Care Act to try to reduce the burden of procurement, share responsibility for health outcomes with other partners in a system, reform payment approaches and create joint decision-making committees, amongst other things.</p> <ul style="list-style-type: none"> <li>▪ Clinical commissioners are generally supportive of these changes as many of them reflect the issues they raised with us as the barriers to integrating. But changing legislation takes time and has no guarantees so efforts must continue to support CCGs to work collaboratively – which NHS England and Improvement (NHSE/I) have been doing through publications such as ‘Mechanisms for Collaboration’.</li> <li>▪ The recommendation for ‘typically’ one CCG per ICS still leaves some room for interpretation. But some CCGs are already taking steps to work at a larger scale – with many adopting joint working arrangements (as many share accountable officers) and discussing merging. NHS England published new guidance in April for CCGs thinking about a formal merger. Any CCGs wishing to merge at the start of the next financial year would need their application to be approved by the national bodies in September.</li> <li>▪ But as they get bigger, CCGs are conscious that they need to retain their local relationships and understanding. Keeping in touch with their constituent ‘places’ or ‘localities’ is an important consideration for them and their local government partners, who often operate at this geographical level. Becoming the same size as an ICS might not be the best option for some CCGs so this recommendation must allow some flexibility.</li> </ul>	
10JUN19	National	<p><b>The dementia care system is neither healthy nor caring</b></p> <ul style="list-style-type: none"> <li>▪ America’s healthcare system was “neither healthy, caring, nor a system”, Walter Cronkite, the US broadcaster, once famously noted. The same could be said for Britain’s health and social-care system which is meant to be looking after, among others, those with dementia and similarly debilitating conditions.</li> <li>▪ Local authorities and NHS clinical commissioning groups (CCGs) — the organisations overseeing this “system” and deciding if patients qualify for their care to be funded — are nominally in charge but too often are not providing a robust, fair and equitable service for all. While there is legislation and department of health guidance laying out rules to adhere to, clinicians at the coal face do not on the whole understand such regulation or see the need to abide by it.</li> </ul>	<p><a href="https://www.thetimes.co.uk/article/dementia-care-system-is-neither-healthy-nor-caring-rzgv2ztw2">https://www.thetimes.co.uk/article/dementia-care-system-is-neither-healthy-nor-caring-rzgv2ztw2</a></p>

10JUN19	National	<p><b>Prostate cancer screening scan hope</b></p> <ul style="list-style-type: none"> <li>▪ Hundreds of UK men are trying out a new screening test for prostate cancer to see if it should eventually be offered routinely on the NHS.</li> <li>▪ The test is a non-invasive MRI scan that takes images of the inside of the body to check for any abnormal growths.</li> <li>▪ Scientists running the trial say it will take a few years to know if MRI will be better than available blood tests and biopsies at spotting cancers. NHS England said it would review this "potentially exciting" development.</li> <li>▪ The UK currently doesn't offer routine screening because there is no reliable test. A blood test, called PSA, can check for high levels of a protein that can sometimes indicate that the person might have prostate cancer, but it is not always accurate.</li> <li>▪ Karen Stalbow, from Prostate Cancer UK, said: "This trial could provide an exciting step towards our ambition for a national screening programme that enables men to get the early prostate cancer diagnosis that can save more lives.</li> <li>▪ "If the results are positive, then MRI scanning could offer a non-invasive first stage of prostate cancer diagnosis in the future. Anything that offers men an easy and more effective way to be checked for prostate cancer is a good thing and we await the results with interest."</li> </ul>	<a href="https://www.bbc.co.uk/news/health-48580037">https://www.bbc.co.uk/news/health-48580037</a>
10JUN19	National	<p><b>Digital platform to tackle type 2 diabetes implemented by NHS England</b></p> <ul style="list-style-type: none"> <li>▪ Healthtech firm Changing Health has unveiled a platform designed to tackle type 2 diabetes in the UK that has been implemented by NHS England. The platform consists of a number of evidence-based programmes, placing an emphasis on behaviour change.</li> <li>▪ Professor Jonathan Valabhji, national clinical director for diabetes and obesity for NHS England, said: "Living with Type 2 diabetes is a daily challenge for millions, as well as a growing issue for our NHS, which is why the Long Term Plan for the health service sets out ambitious, innovative and evidence backed measures to prevent and manage the condition. We are living in an increasingly digital age with people managing most aspects of their lives online, the rollout of this programme will give people the opportunity to get support for their Type 2 diabetes online too."</li> <li>▪ The partnership will allow the NHS to offer its patients personalised support to make positive lifestyle changes and sustain them over the long term.</li> <li>▪ Once a person has been referred to the programme by their primary care team, they are given access to information and tracking tools online, on their mobile, tablet or PC.</li> </ul>	<a href="http://digitalhealthage.com/digital-platform-to-tackle-type-2-diabetes-implemented-by-nhs-england/">http://digitalhealthage.com/digital-platform-to-tackle-type-2-diabetes-implemented-by-nhs-england/</a>

10JUN19	Cambridgeshire (East of England)	<p><b>Struggling trust's chair stands down</b></p> <ul style="list-style-type: none"> <li>▪ East of England Ambulance Service Trust chair Sarah Boulton will step down later this month after five years in the role, the trust has announced.</li> <li>▪ Ms Boulton's early departure will leave the hugely challenged provider with both an interim chair and chief executive, following the resignation of chief Robert Morton last September.</li> <li>▪ Her term as chair was not due to finish until March 2022. She said in a statement issued by the trust today: "The trust is about to begin the process of recruiting a permanent chief executive [and] I felt it was the right time to hand over to a new chair so that they can be fully involved in that process."</li> <li>▪ <i>HSJ</i> understands the trust is also awaiting the results of a recent inspection from the Care Quality Commission. Inspectors rated the trust "<a href="#">requires improvement</a>" last July. But they returned swiftly after raising concerns about a "lack of leadership", "low staff morale" and an "unsustainable" strategy in key areas.</li> <li>▪ Dorothy Hosein <a href="#">replaced Mr Morton</a> as chief executive following the inspection but she only took on the role on an interim basis. The trust also has an acting chief operating officer following the departure of Kevin Brown earlier this year after nearly three years in post. Marcus Bailey was appointed as interim in February.</li> <li>▪ The trust has struggled significantly against quality and performance standards for a number of years. But it has been under intense pressure since January 2018 when <a href="#">a senior whistleblower made accusations that significant ambulance delays</a> had led to patient harm and deaths, and that the trust suffered from a lack of senior leadership.</li> </ul>	<a href="https://www.hsj.co.uk/east-of-england-ambulance-service-nhs-trust/struggling-trusts-chair-stands-down/7025271.article?">https://www.hsj.co.uk/east-of-england-ambulance-service-nhs-trust/struggling-trusts-chair-stands-down/7025271.article?</a>
10JUN19	National	<p><b>Government backs pension flexibility to stop taxes undermining NHS workforce</b></p> <ul style="list-style-type: none"> <li>▪ Doctors will be able to halve the rate at which their pensions grow under interim government plans to stop punitive taxes forcing doctors to reduce their working hours or quit the NHS.</li> <li>▪ The DHSC and the Cabinet Office said on Monday that the government will consult on plans for a 50:50 pension option - a mechanism mooted in the 5 year GP contract agreement earlier this year.</li> <li>▪ The 'partial pension' option, which already operates in the local government pension scheme, allows scheme members to halve their contributions - and therefore the rate at which their pensions grow.</li> <li>▪ Plans to introduce the 50:50 option follow BMA warnings that punitive pension taxes are threatening to leave the NHS facing a 'massive loss of capacity'.</li> <li>▪ GPonline reported last month that one in three GPs had been forced to cut back on work or refuse shifts to avoid taxes that can mean they lose money for working more. The BMA has warned that even GPs in their 30s have been advised by accountants to reduce their working hours to avoid incurring annual allowance tax charges.</li> </ul>	<a href="https://www.gponline.com/government-backs-pension-flexibility-stop-taxes-undermining-nhs-workforce/article/1586261?">https://www.gponline.com/government-backs-pension-flexibility-stop-taxes-undermining-nhs-workforce/article/1586261?</a>

10JUN19	National	<p><b>Workforce plan pledges incentive schemes to boost GP workforce</b></p> <ul style="list-style-type: none"> <li>▪ An interim NHS workforce plan has promised a two-year primary care fellowship programme and return to practice initiatives to boost GP numbers, calling family doctors 'now more important than ever'.</li> <li>▪ The plan - dubbed the 'NHS People Plan' - re-commits the government to delivering an extra 5,000 full-time equivalent GPs 'as soon as possible'. It pledges work to build on programmes such as the GP Retention Scheme, GP Career Plus, the Local GP Retention Fund, and the GP Health Service.</li> <li>▪ It promises 'further immediate action' to expand the GP workforce, including 'return to practice initiatives to attract experienced GPs back into the NHS' and 'a new two-year primary care fellowship programme that offers newly qualified GPs – and nurses entering primary care – a secure contract of employment, working in a role tailored both to their career aspirations and interests and to the needs of local health services'.</li> <li>▪ The plan - developed by organisations from across the NHS - also pledges to make general practice a 'a better place to work' by 'providing more opportunities for mentoring and coaching, widening the availability of portfolio roles,' and 'addressing burnout through the Practitioner Health Service'.</li> <li>▪ Steps are also being taken to ensure 'greater flexibilities for GPs and other primary care clinicians at all stages of their careers', the report says.</li> </ul>	<p><a href="https://www.gponline.com/workforce-plan-pledges-incentive-schemes-boost-gp-workforce/article/1586258?">https://www.gponline.com/workforce-plan-pledges-incentive-schemes-boost-gp-workforce/article/1586258?</a></p>
10JUN19	National	<p><b>Coffee 'Not Linked to Cardiovascular Problems'</b></p> <ul style="list-style-type: none"> <li>▪ The study led by Queen Mary University of London applied to individuals drinking up to 25 cups of coffee each day. Scientists concluded there was no evidence to show that coffee can lead to arterial stiffness.</li> <li>▪ The research, presented at the British Cardiovascular Society (BCS) Conference in Manchester, evaluated the association between coffee consumption and arterial stiffness using two forms of stiffness measures: aortic distensibility (AoD), and arterial stiffness index (ASI) – which are both shown to predict cardiovascular events.</li> <li>▪ The population cohort consisted of 17,932 participants in the UK Biobank Imaging Study who underwent cardiovascular magnetic resonance (CMR) imaging and pulse waveform measurements via finger probes. Participants with a diagnosis of cardiovascular disease were excluded, as were individuals who reported drinking more than 25 cups of coffee a day.</li> </ul>	<p><a href="https://www.medscape.com/viewarticle/913865?nlid=130073_5144&amp;src=WNL_ukmdpls_190605_ms_cpedit_gen&amp;uac=322579FY&amp;implID=1984527&amp;faf=1">https://www.medscape.com/viewarticle/913865?nlid=130073_5144&amp;src=WNL_ukmdpls_190605_ms_cpedit_gen&amp;uac=322579FY&amp;implID=1984527&amp;faf=1</a></p> <p><a href="https://heart.bmj.com/content/105/Suppl_6/A8.2.abstract">https://heart.bmj.com/content/105/Suppl_6/A8.2.abstract</a></p>

11JUN19	London	<p><b>Andy Slaughter MP: "Companies like Babylon need to be servant rather than master"</b></p> <ul style="list-style-type: none"> <li>▪ Writing for The Parliamentary Review, Andy Slaughter MP argues that Babylon's GP at Hand service is a large risk to the sustainability of Hammersmith and Fulham CCG.</li> <li>▪ GP at Hand is different. It seeks to dominate the GP market from a single point using a model that lacks sufficient testing and evaluation, captures a particular segment of patients – younger with fewer co-morbidities – and causes huge financial risks to the host CCG. It is far from clear if and how the almost £35 million they have cost my local CCG Hammersmith and Fulham will be refunded.</li> <li>▪ GP at Hand has been given the benefit of the doubt over patient selection, poaching, lack of transparency and now expansion beyond London. Its too close association with the health secretary, who is a subscriber and cheerleader, is credited with enabling this</li> <li>▪ If, as a recent evaluation found, it is the worried who are being fast-tracked through the service, will that distort the application of limited NHS funds? And if Babylon, an international operation registered in Jersey, is the beneficiary of this transfer of funds, will that mean monies lost not just to the NHS but to the health economy?</li> <li>▪ I don't know anyone who wants the NHS to live in the analogue age, but companies like Babylon need to be servant rather than master. This is not the first time the NHS risks tripping up on the technology path. They should pause and plan.</li> </ul>	<a href="https://www.theparliamentaryreview.co.uk/news/babylon-poses-risks-for-hammersmith-andy-slaughter">https://www.theparliamentaryreview.co.uk/news/babylon-poses-risks-for-hammersmith-andy-slaughter</a>
11JUN19	National	<p><b>'Working at scale' – What do primary care networks mean for rural communities?</b></p> <ul style="list-style-type: none"> <li>▪ From a patient perspective, people should experience more joined up services, access to a wider range of professionals and diagnostics in the community, different ways of getting advice and treatment (e.g. digital and face-to-face services), shorter waiting times and greater involvement in decisions about their care within a PCN. Within local communities, PCNs are intended to increase the focus on prevention and helping people to take charge of their own health.</li> <li>▪ From a general practice perspective, clinicians should experience more efficient use of resource leading to greater resilience (staff, buildings); a more sustainable work-life balance; a more satisfying workload; greater influence on decisions made elsewhere in the health system; and the ability to provide better and more timely treatment to patients.</li> <li>▪ Firstly, the term 'working at scale across practices' which can be traced back to the General Practice Forward View, takes on renewed significance with PCNs as NHS England is committed to 100% geographical coverage of the Network Contract DES by 1 July 2019. It is NHS England's intention is for practices to work together 'around natural local communities that geographically make sense, to provide coordinated care through integrated teams.'</li> </ul>	<a href="https://rsnonline.org.uk/working-at-scale-what-do-primary-care-networks-mean-for-rural-communities">https://rsnonline.org.uk/working-at-scale-what-do-primary-care-networks-mean-for-rural-communities</a>

		<ul style="list-style-type: none"> <li>▪ Secondly, will PCNs lead to better recruitment and retention of the health and care workforce in rural places? All PCNs must have a named clinical director – but how that post is filled is determined by each PCN. Their role is to provide appropriate leadership to establish and develop a successful network. The DES provides workforce reimbursement for the network covering a number of specified health professions; is designed to allow a PCN to build up an expanded primary care team.</li> <li>▪ Thirdly, will PCNs provide a better means for ensuring the voices of rural communities and clinicians are heard and acted upon at a system level? NHS England wants patients and the public to be involved in the work of PCNs in a meaningful way. It’s guidance on patient and public engagement sets out web based resources and best practice for both greater shared decision making between patients and clinicians and for engaging the public in a discussion about services. Healthy Conversation 2019, for example, precedes PCNs and is a discussion across Lincolnshire about what (and how) we need to change to ensure that our health, and health services are fit for the future. PCNs are expected to engage with STPs and ICSs to shape their strategic direction and align population care on a wider scale.</li> </ul>	
11JUN19	National	<p><b>NHS England gets commercial</b></p> <ul style="list-style-type: none"> <li>▪ NHS England is no longer the new kid on the block, taking up its role in 2013. In 2019, NHS England is a commercially savvy organisation when it comes to all things to do with medicines. Much anticipated but not yet out is a new NHS England Commercial Framework, touted as part of the Voluntary Scheme for Pricing and Access to Branded Medicines (VPAS).</li> <li>▪ When it comes to medicines, NHS England has been expanding its influence. While the agency is still relatively new – being only six years old compared to the impressive twenty years of the National Institute for Health and Care Excellence (NICE) – NHS England has arguably been punching above its weight when it comes to the use – or not – of medicines.</li> <li>▪ In primary care, NHS England has played a role in setting out which items should not be routinely prescribed in primary care and hence no longer to be paid for by the Clinical Commissioning Groups (CCGs), responsible for commissioning primary care. That’s a bold move; it’s hard to get people to give up what they already have.</li> </ul>	<p><a href="https://pharmaphorum.com/digital/nhs-england-gets-commercial/">https://pharmaphorum.com/digital/nhs-england-gets-commercial/</a></p> <p><a href="https://deep-dive.pharmaphorum.com/magazine/access-and-commercialisation/nhs-england-commercial-framework-vpas/">https://deep-dive.pharmaphorum.com/magazine/access-and-commercialisation/nhs-england-commercial-framework-vpas/</a></p>
11JUN19	National	<p><b>Behavioural coaching app to target Type 2 diabetes in the UK</b></p> <ul style="list-style-type: none"> <li>▪ NHS England has appointed behavioural change organisation Changing Health to use digital technology to tackle issues around Type 2 diabetes in the UK.</li> <li>▪ Changing Health has built a digital platform designed to encourage large-scale behaviour change in people diagnosed with Type 2 diabetes to help them manage their condition.</li> </ul>	<p><a href="https://www.medicaldevice-network.com/news/diabetes-behaviour-change-changing-health-nhs/">https://www.medicaldevice-network.com/news/diabetes-behaviour-change-changing-health-nhs/</a></p>

		<ul style="list-style-type: none"> <li>▪ Type 2 diabetes currently costs the NHS around £8.8bn a year, with 3.4m people in the UK currently living with the disease and a further 200,000 diagnosed each year.</li> <li>▪ Changing Health uses artificial intelligence (AI) to provide users with highly personal and relevant evidence and guidance about their health, based in education and lifestyle coaching. The company claims that this can help users make positive lifestyle changes and sustain them over the long term.</li> <li>▪ Its Type 2 diabetes programme is known as Management. It teaches patients about what a healthier lifestyle could look like for them, and introduces them to a personal lifestyle coach who they can work with to set achievable diet and exercise goals.</li> </ul>	
11JUN19	Isle of Wight	<p><b>Crochet Cafe set up by Local Area Coordinator wins NHS England Alliance Award</b></p> <ul style="list-style-type: none"> <li>▪ An award-winning Crochet Cafe was set up by a Local Area Coordinator, and despite the blow of IW Council scrapping LACs, the Cafe has gone from strength to strength, with community members stepping forward to help run the initiative.</li> <li>▪ Fantastic news for The Crochet Cafe, which has been recognised for the impact it’s having on women across the Isle of Wight, picking up an NHS England Alliance Excellence in Health Creation award of Community Assemblers.</li> <li>▪ Back in October 2017, when Sally Evans was a Local Area Coordinator, she set up The Crochet Cafe IOW. Sally explains: “We teach for free, making the cafe accessible to everybody, and use community venues such as churches and local shops to host the weekly meets.</li> <li>▪ “Hats, scarves and blankets for the homeless community, bonding squares for neonatal units, and pet blankets for local rescue centres are all causes we have contributed to; our aim being to focus on helping those in need on the Island first and foremost.”</li> </ul>	<a href="https://onthewight.com/crochet-cafe-set-up-by-local-area-coordinator-wins-nhs-england-alliance-award/">https://onthewight.com/crochet-cafe-set-up-by-local-area-coordinator-wins-nhs-england-alliance-award/</a>
11JUN19	London	<p><b>London Eye: Quartering the capital</b></p> <ul style="list-style-type: none"> <li>▪ The capital organised its commissioning structures into five areas back in the primary care trust era: South-East London, South-West, North-West, North-East and North central.</li> <li>▪ PCT clusters on these lines - merged up from about 30 PCTs in the capital - were an attempt to save on running costs by having an overarching management structure in these five areas, and centralise control. In terms of actually moving shared management, it worked better in some areas than others.</li> <li>▪ Everyone is supposed to be part of an integrated care system by April 2021, with the hope centrally that most will be covered by only one CCG. But London is seeking to push ahead with merging all its 32 CCGs into five, with a target of April 2020. This will be a challenge.</li> <li>▪ There has been talk of having just four areas in the capital rather than five. This would mean</li> </ul>	

		effectively losing north central London as a designation. This has some implications for what ends up where, financially.	
11JUN19	National	<p><b>Theresa May urged to intervene as BMA warns NHS 'on cusp of major workforce crisis'</b></p> <ul style="list-style-type: none"> <li>▪ Punitive taxes on pensions have left the NHS 'on the cusp of a major workforce crisis', the BMA has warned in a letter urging Theresa May to intervene in her final days as prime minister.</li> <li>▪ The NHS is at risk of losing 'large swathes of expertise from the NHS's most experienced doctors at a time when the overstretched service needs it most', a letter from BMA chair Dr Chaand Nagpaul to the Prime Minister warns.</li> <li>▪ GPonline reported previously that one in three GPs had been forced to cut back on work or refuse shifts to avoid taxes that can mean they lose money for working more. The BMA has warned that even GPs in their 30s have been advised by accountants to reduce their working hours to avoid incurring annual allowance tax charges.</li> <li>▪ London GP Dr Nagpaul warns that the government has taken too long to acknowledge the impact of pension taxes on the NHS workforce - and calls on Mrs May to put pressure on chancellor Philip Hammond to meet with the BMA immediately. He writes: 'Every delay brings forward the likelihood of a crippling workforce crisis and patient care suffering.'</li> <li>▪ The letter comes just days after the government backed plans to introduce a 'partial pension' option - a mechanism mooted in the five-year GP contract agreement earlier this year that would allow NHS scheme members to halve the rate at which their pensions grow by halving their contributions. However, Dr Nagpaul's letter reiterates the BMA stance that this 50:50 pension proposal 'will categorically not solve the problem'.</li> </ul>	<a href="https://www.gponline.com/theresa-may-urged-intervene-bma-warns-nhs-on-cusp-major-workforce-crisis/article/1586982?">https://www.gponline.com/theresa-may-urged-intervene-bma-warns-nhs-on-cusp-major-workforce-crisis/article/1586982?</a>
12JUN19	Lincolnshire	<p><b>Energy saving opportunities for GP practices</b></p> <ul style="list-style-type: none"> <li>▪ There are many energy-saving opportunities available to GP surgeries that will cut costs without compromising the comfort of patients and staff. Identifying these opportunities is not especially difficult and many can be implemented at low, or even no, cost.</li> <li>▪ Regular monitoring of energy use will enable the surgery to observe and understand energy consumption throughout the building, and enable staff to better understand the impact that they can have in helping to improve energy efficiency. Monitoring on a daily, weekly, monthly and yearly basis will enable the surgery to better understand its energy use profile – when peak energy use is occurring – and to identify any unexpected anomalies, such as out of hours energy use.</li> <li>▪ An awareness campaign is a key activity to ensure ongoing energy savings by focusing on any behavioural changes that can be made to reduce consumption. An effective campaign can result in a</li> </ul>	<a href="https://practicebusiness.co.uk/energy-saving-opportunities-for-gp-practices/">https://practicebusiness.co.uk/energy-saving-opportunities-for-gp-practices/</a>

		<p>5% reduction in energy consumption and will target specific behaviours such as switching off lights and office equipment or using heating controls correctly.</p> <ul style="list-style-type: none"> <li>▪ A regular maintenance programme is key to ensuring that your building is as efficient as possible. Repairing gaps or holes in windows, walls and doors will provide quick savings. Upgrading windows to double or even triple glazing will improve energy efficiency, but can be costly to install. Making good use of curtains and blinds to reduce draughts in the winter and prevent thermal gains in the summer will also deliver small cost savings.</li> <li>▪ Modern LED lighting can offer energy savings of up to 80% when compared to ‘standard’ fluorescent tubes – and the more natural light they provide often makes for an improved working environment as well. Ideally, where finances allow, a complete refit to LED lighting will offer the best cost-savings in the shortest timeframe. Otherwise, changing out bulbs as they fail, or during routine maintenance work, is advised. A specialist lighting survey is recommended to fully understand the energy and cost-saving opportunities this might present.</li> <li>▪ As well as significant advances in the technology itself, photovoltaics have become much more affordable in the last 5 years or so. Installing a solar PV system on the roof of your building offers the opportunity to generate a good portion, if not all, of your electricity needs, with the added benefit that surplus energy can be sold back into the grid. However, careful consideration is needed as to the appropriateness of installing solar PV on your building and a specialist survey would be required to ensure the investment is viable.</li> </ul>	
12JUN19	Hampshire	<p><b>Portsmouth 'Left Without Any New NHS Dentist Places' After Chain Shuts Three Surgeries</b></p> <ul style="list-style-type: none"> <li>▪ 9,000 patients could be affected by the closures. The move means thousands of people will be left without an NHS dentist, which an MP has said will most affect poorer members of the community.</li> <li>▪ Colosseum Dental’s decision to close three practices in the Hampshire city means there are now no places available for new patients in Portsmouth, according to data from the NHS Digital website, with the nearest spaces available a ferry ride away in Gosport or a half-hour drive away in Havant.</li> <li>▪ One patient, who did not wish to be named, said: “I received a letter saying that I would be provided ongoing care at another surgery but when I contacted them I was told all they could do was put me on a waiting list and 20,000 patients were affected by the closures.</li> <li>▪ “They said Colosseum had made a ‘business decision’ to shut the three surgeries and the staff had been made redundant.”</li> <li>▪ Colosseum Dental gained responsibility for the three Portsmouth surgeries it is now closing when it took over the Southern Dental group in 2017.</li> <li>▪ The NHS Digital website does not provide live information on dental places in the area.</li> </ul>	<p><a href="https://www.huffingtonpost.co.uk/entry/portsmouth-left-without-any-new-nhs-dentist-places-after-chain-shuts-three-surgeries_uk_5cff6b0ee4b0b02180867a81?">https://www.huffingtonpost.co.uk/entry/portsmouth-left-without-any-new-nhs-dentist-places-after-chain-shuts-three-surgeries_uk_5cff6b0ee4b0b02180867a81?</a></p> <p><a href="https://www.express.co.uk/news/uk/1139479/nhs-dentist-crisis-portsmouth-colosseum-dental-chain-closures">https://www.express.co.uk/news/uk/1139479/nhs-dentist-crisis-portsmouth-colosseum-dental-chain-closures</a></p>

12JUN19	National	<p><b>GP 'ghost patients' to be investigated by NHS fraud squad</b></p> <ul style="list-style-type: none"> <li>▪ The NHS fraud squad is investigating GPs in England amid suspicions they are claiming for non-existent patients.</li> <li>▪ Doctors get an average of £150 a year for each patient on their list, but records show there were 3.6 million more patients in the system last year than there were people in England.</li> <li>▪ The discrepancy prompted NHS England to employ a company to start chasing up these so-called ghost patients. The NHS Counter Fraud Authority is now launching its own investigation.</li> <li>▪ Doctors' leaders have always insisted the issue of ghost patients most often has an innocent explanation, such as instances where patients died or moved without the knowledge of their GP.</li> <li>▪ It is understood the list-cleaning exercise, being carried out for NHS England by the business services company Capita has started to see a reduction in the numbers being claimed for.</li> <li>▪ It has focused on patients who have not visited their doctor for five years.</li> </ul>	<p><a href="https://www.bbc.co.uk/news/health-48600923">https://www.bbc.co.uk/news/health-48600923</a></p>
12JUN19	National	<p><b>Cancer patients wait 'unacceptably' long time at three-fifths of NHS trusts, MPs say</b></p> <ul style="list-style-type: none"> <li>▪ Patients facing 'agonising' waits to start treatment amid a troubling lack of interest from ministers</li> <li>▪ Cancer patients in three-fifths of NHS trusts in England are waiting too long for treatment and the devastating effects of delays are being "ignored" by ministers and health service chiefs, MPs said.</li> <li>▪ A damning report by the Commons Public Accounts Committee (PAC) said the government and NHS England must regain control over "unacceptable" waiting lists.</li> <li>▪ It also criticised the "troubling" lack of interest in those left for months without treatment.</li> <li>▪ Only 38 per cent of NHS trusts and foundation trusts are delivering on the waiting time commitment set in the health service's mandate to start cancer treatment within 62 days of a GP referral.</li> <li>▪ Fewer than half are currently meeting the target of carrying out elective care within 18-weeks of a referral – meaning thousands of patients waiting on hip replacements or cataract surgery are being left in pain and at higher risk of falls.</li> <li>▪ "It is unacceptable that the proportion of patients being treated within NHS waiting times standards is continuing to spiral downwards," said PAC chair Meg Hillier MP.</li> <li>▪ A Department of Health and Social Care spokesperson said: "Over a million NHS patients start planned treatment with a consultant every month, with the majority seen and treated within 18 weeks, and last year 71,000 more people began their cancer treatment than in 2010.</li> <li>▪ "We're providing an extra £33.9bn a year by 2023/24 through the NHS Long Term Plan, which will see the health service grow the amount of planned surgery year-on-year and reduce the waiting list."</li> </ul>	<p><a href="https://www.independent.co.uk/news/health/cancer-waiting-time-nhs-aetreatment-government-health-a8953751.html">https://www.independent.co.uk/news/health/cancer-waiting-time-nhs-aetreatment-government-health-a8953751.html</a></p> <p><a href="https://www.bmj.com/content/365/bmj.l4184">https://www.bmj.com/content/365/bmj.l4184</a></p>

12JUN19	National	<p><b>Orkambi row: government now considering Crown Use licensing</b></p> <ul style="list-style-type: none"> <li>▪ Vertex is under renewed pressure to reach agreement with NHS England on its cystic fibrosis drug Orkambi, with a government minister yesterday warning that it will consider ‘other options’ if no deal is agreed soon.</li> <li>▪ The row over access to the drug, which is potentially life-saving for some patients, has been going on for three years, with both sides still claiming that the other is making unreasonable demands.</li> <li>▪ Yesterday saw MPs in the House of Commons take part in a special debate on Orkambi, after it was triggered by 100,000 people signing an online petition urging members of Parliament to address the issue.</li> <li>▪ Last week it emerged that desperate parents have formed an Orkambi Buyers’ Club, which is circumventing Vertex’s UK patent on the drug, and paying privately to import supplies of a generic versions of Orkambi from Argentina.</li> <li>▪ Vertex stated that in the absence of an access agreement, it will continue to provide free medicines to patients who are the most seriously ill, based on objective clinical criteria, through its compassionate use programme. Vertex says the programme has supported more than 800 of the sickest CF patients in England and over 1,000 patients across the UK.</li> <li>▪ Despite these measures, cystic fibrosis families and campaigners say they are appalled by the lack of progress, and the damage being done to the health of young CF sufferers, and have pledged to keep fighting for access.</li> </ul>	<a href="https://www.pmlive.com/pharma_news/orkambi_row_government_says_now_considering_crown_licensing_1290525">https://www.pmlive.com/pharma_news/orkambi_row_government_says_now_considering_crown_licensing_1290525</a>
12JUN19	National	<p><b>Wellbeing for GPs: Advice for newly-qualified GPs</b></p> <ul style="list-style-type: none"> <li>▪ Making the transition from a GP trainee to an independent practitioner can be daunting. The day after completion of training, all of a sudden new GPs are let free into the working world and have lost that support of their GP trainer and program directors from their vocational training scheme.</li> <li>▪ Simple steps to maintain and improve daily lifestyle choices should not be forgotten (just like we advise our patients). Specifics such as eating healthily, exercising, having a good routine in the evening and sleeping on time are a few examples.</li> <li>▪ Allowing time within a day to reflect on personal feelings and behaviours are important. Thinking about Dr Roger Neighbour’s ‘housekeeping’ reminds us to look after ourselves. We need to be in good physical, mental and emotional shape in order to give patients the best care possible but also to give our loved ones our best.</li> <li>▪ Having one or several hobbies allows a change of environment away from work, whether it is sport, playing music or spending more time outdoors. This encourages interaction with others or concentration and immersion on something other than medicine.</li> </ul>	<a href="https://www.gponline.com/wellbeing-gps-advice-newly-qualified-gps/article/1587355?">https://www.gponline.com/wellbeing-gps-advice-newly-qualified-gps/article/1587355?</a>

		<ul style="list-style-type: none"> <li>▪ Due to the pressures and stress of general practice, it is also important to find some way to rest the mind and body. There are different ways of achieving this like yoga and meditation classes or by using phone apps that promote mindfulness, some popular apps are ‘Headspace’ or ‘Calm’.</li> <li>▪ Due to the increasing pressures on general practice and the often overwhelming transition period from GP training to qualified GP, ensuring continual GP wellbeing and maintaining a good work-life balance is paramount.</li> </ul>	
13JUN19	National	<p><b>Pharmacies to receive patient referrals direct from GPs this month</b></p> <ul style="list-style-type: none"> <li>▪ GPs will be able to refer patients directly to pharmacies in the next stage of NHS England’s Digital Minor Illness Referral Service (DMIRS) pilot, due to go live this month.</li> <li>▪ The “pharmacy connection scheme” referred to in NHS England’s long-term plan published in January, will see GPs refer patients with low acuity conditions – such as rashes, constipation, and vaginal discharge – directly to community pharmacies via online triage systems.</li> <li>▪ The first pilot sites are “likely” to go live this month, in the Cheshire, Merseyside, Lancashire, Cumbria and Greater Manchester areas, England’s chief pharmaceutical officer Dr Keith Ridge told the Clinical Pharmacy Congress in London last Friday (June 7).</li> <li>▪ It is estimated that 6% of all GP consultations – 20.4 million appointments per year – could be safely transferred to a community pharmacist, Dr Ridge claimed in his presentation.</li> <li>▪ The pilot follows the success of pharmacy referrals from NHS 111, which uses PharmOutcomes or NHSmail to direct patients with “a range of low acuity conditions” to a pharmacy for a consultation. NHS England first trialled the scheme as the Community Pharmacy Referral Service in Durham, Darlington, Tees, Northumberland, and Tyne and Wear in 2017, and it went on to win a C+D Award the following year.</li> <li>▪ Four areas – covering 1,966 pharmacies – are currently piloting the NHS 111 referral service, in the north east, East Midlands, London and Devon. The pilot will run until September 30, but NHSE plans to roll the NHS 111 referrals out “to scale, subject to contract negotiations”, Dr Ridge said.</li> </ul>	<a href="https://www.chemistanddruggist.co.uk/news/pharmacies-receive-patient-referrals-direct-gps-month">https://www.chemistanddruggist.co.uk/news/pharmacies-receive-patient-referrals-direct-gps-month</a>
13JUN19	National	<p><b>MPs seek action to tackle worsening waiting times</b></p> <ul style="list-style-type: none"> <li>▪ Urgent action is needed by government, the NHS and clinical commissioning groups to address the worsening problem of meeting waiting time targets that is putting patients at risk, according to MPs.</li> <li>▪ In a report* published today by the influential parliamentary public accounts committee (PAC), MPs said the NHS was treating growing numbers of people each year and patients had a right to expect to receive treatment within the timescales set out by the NHS Constitution.</li> <li>▪ However, MPs on the committee which held an inquiry into the subject, said they had found that</li> </ul>	<a href="http://www.onmedica.com/newsArticle.aspx?id=2dd0f2ef-cd85-47f7-8d63-eaf14a908af4">http://www.onmedica.com/newsArticle.aspx?id=2dd0f2ef-cd85-47f7-8d63-eaf14a908af4</a>

		<p>the percentage of patients treated within waiting times standards was continuing to worsen for both elective and cancer treatment.</p> <ul style="list-style-type: none"> <li>▪ It was unacceptable, they said, that less than half of NHS trusts and foundation trusts met the 18-week waiting times standard for elective treatment, and only 38% met the 62-day standard from referral by a GP to treatment for cancer patients.</li> <li>▪ The number of patients referred for elective care has increased by 17% since 2013-14 and the number of patients referred for suspected cancer has almost doubled since 2010-11.</li> <li>▪ However, the NHS had not met the 18-week waiting times standard for elective care since Feb. 2016 and in Nov. of last year, only 44% of NHS trusts and NHS foundation trusts met this standard.</li> <li>▪ The waiting list for elective care had grown by 1.5million since Mar. 2013 to 4.2million in Nov. 2018.</li> <li>▪ There were wide variations in performance against waiting times standards across local areas and hospitals, said MPs.</li> </ul>	
13JUN19	National	<p><b>Three things from NHS England’s interim workforce plan</b></p> <ul style="list-style-type: none"> <li>▪ Earlier this month, NHS England released their ‘Interim NHS People’s Plan’ detailing what measures will be implemented in and ahead of their full workforce proposal. The much-anticipated Long Term Plan was met with calls by patient organisations and healthcare professionals to publish a comprehensive workforce strategy alongside the Plan to effectively fulfil the commitments set out:</li> <li>▪ Nursing workforce - A large section of the plan was suitably devoted to nurses, outlining proposals to plug major gaps in this vital workforce. There are around 40,000 reported vacancies in substantive nursing posts (with 80% of these shifts currently covered by bank and agency staff) and the full workforce plan will enable the NHS to grow nursing workforce by over 40,000 by 2024, ultimately reducing vacancy levels to 5%.</li> <li>▪ GP workforce - Another key area in the interim People’s Plan, highlighting the need to increase the supply as well as improving GPs experience and workload. NHS England have committed to increasing the number of doctors working in primary care by 5,000 and will implement a new two-year Primary Care Fellowship Programme that offers new qualified GPs – and nurses entering primary care – a secure contract of employment. They have also committed to fund a package of measures to tackle workload pressures and improve the retention of GPs and other clinical staff.</li> <li>▪ Larger focus on multidisciplinary teams - The Long Term Plan announced a £4.5bn of new investment to fund expanded community multidisciplinary teams aligned with new primary care networks. By 2023/24, these primary care networks will receive investment rising up to £891, to grow the primary care workforce, deliver new and expanded services for local communities. We know how effective multidisciplinary working is in improving outcomes for those with a brain tumour.</li> </ul>	<p><a href="https://www.thebraintumourcharity.org/media-centre/news/policy-news/three-things-nhs-englands-interim-workforce-plan/">https://www.thebraintumourcharity.org/media-centre/news/policy-news/three-things-nhs-englands-interim-workforce-plan/</a></p>

13JUN19	National	<p><b>GPs prompted more than 5 million times to encourage self-care rather than write a prescription</b></p> <ul style="list-style-type: none"> <li>▪ A national analysis of how practices in two thirds of England’s CCGs use a prescribing decision support technology called OptimiseRx found that thousands of professionals had been acting on the alerts, helping prescribers to comply with self-care prescribing guidelines from NHS England. Published in April 2018, the guidance recommends that practices should promote self-care when appropriate to reduce costs, discouraging prescriptions for medications such as vitamin and mineral supplements, antifungal treatments, and laxatives for minor illnesses.</li> <li>▪ The news follows the finding last year that GPs across the country had saved at least £100m by responding to alerts to prescribe alternative and lower cost medicines for patients.</li> <li>▪ The technology works in practice by enabling the presentation of NHS prescribing guidance and alerting GPs, at the point of prescribing, in their existing clinical IT system when over counter medicines should not be routinely prescribed, and where self-care is more appropriate.</li> <li>▪ Analysis conducted between April 2018 to the end of March 2019 showed that 5 million such alerts were sent to prescribers, resulting in avoided costs to the NHS of over £10 million. This is helping to achieve NHS Long Term Plan ambitions of reducing prescribing costs by more than £200m a year and is helping to tackle wider national priorities such as over-prescribing.</li> </ul>	<p><a href="https://www.news-medical.net/news/20190612/GPs-prompted-more-than-5-million-times-to-encourage-self-care-rather-than-write-a-prescription.aspx">https://www.news-medical.net/news/20190612/GPs-prompted-more-than-5-million-times-to-encourage-self-care-rather-than-write-a-prescription.aspx</a></p>
13JUN19	National	<p><b>Doctors urged to prescribe woodland walks for mental health problems</b></p> <ul style="list-style-type: none"> <li>▪ The Woodland Trust says the Japanese practice of “forest bathing” should be prescribed on the NHS to tackle stress and other mental health problems. According to the charity, hugging trees, listening to bird song and kicking through leaves are all activities that can boost mental health.</li> <li>▪ Head of innovation at the Woodland Trust, Stuart Dainton, say all family doctors should have the knowledge to point patients towards the nearest suitable woodland where they can absorb nature, informally or as part of a structured program. He is appealing to GPs to make use of the more than 1,000 sites covered by the Trust in the UK.</li> <li>▪ Stemming from the Japanese art Shinrin-yoku, the practice was devised 40 years ago by the Japanese Ministry of Agriculture, Forestry, and Fisheries as part of an initiative to tackle stress among men. The activity involves breathing deeply and absorbing the atmosphere of the forest as a way of yielding calming, rejuvenating and restorative effects.</li> <li>▪ Participants are encouraged to immerse themselves in the environment and take in the sights, sounds, touch and smells of the forest.</li> <li>▪ Forest bathing is now practiced by more than five million Japanese people and has quietly been gaining popularity in the UK. The therapy, which has become a cornerstone of preventative health care in Japanese medicine, has prompted a number of scientific studies that seem to prove its</li> </ul>	<p><a href="https://www.news-medical.net/news/20190610/Doctors-urged-to-prescribe-woodland-walks-for-mental-health-problems.aspx">https://www.news-medical.net/news/20190610/Doctors-urged-to-prescribe-woodland-walks-for-mental-health-problems.aspx</a></p> <p><a href="https://www.nationaltrust.org.uk/lists/a-beginners-guide-to-forest-bathing">https://www.nationaltrust.org.uk/lists/a-beginners-guide-to-forest-bathing</a></p>

		<p>beneficial effects.</p> <ul style="list-style-type: none"> <li>Research mainly conducted in Japan and South Korea, has shown that two hours of time spent mindfully exploring a forest can lower blood pressure, reduce the stress hormone cortisol and improve memory and concentration. Studies have also found that trees release substances called phytoncides, which have anti-microbial properties and can boost the immune system.</li> </ul>	
13JUN19	National	<p><b>Trust deficit shrinks but NHSI reports large underlying shortfall</b></p> <ul style="list-style-type: none"> <li>One-off benefits helped the NHS provider sector report an improved financial deficit for 2018-19 – but the underlying position worsened by £700m.</li> <li>NHS Improvement’s year-end performance report showed trusts reported a combined deficit of £571m for the year, compared to a £966m deficit at the end of 2017-18.</li> <li>However, the year-end position included a beneficial accounting adjustment of £256m after two private finance initiative hospitals were brought on to the government’s books following the collapse of Carillion.</li> <li>It was also boosted by around £1bn of non-recurrent savings (up from £842m the previous year), which do not improve the underlying position.</li> <li>The report said the underlying trust sector deficit, which discounts non-recurrent income and savings, has grown to £5bn, up from £4.3bn at the end of 2017-18.</li> <li>If “provider sustainability funding” is counted recurrently, as is eventually expected, the underlying deficit would reduce to £2.55bn, compared to £1.85bn.</li> <li>The report said: “It is evident that more needs to be done to move to a sustainable position. The gap between tariff and cost means that deficits have become the norm across much of the sector in the last few years.</li> </ul>	<p><a href="https://www.hsj.co.uk/finance-and-efficiency/trust-deficit-shrinks-but-nhsi-reports-large-underlying-shortfall/7025306.article?">https://www.hsj.co.uk/finance-and-efficiency/trust-deficit-shrinks-but-nhsi-reports-large-underlying-shortfall/7025306.article?</a></p>
14JUN19	Surrey	<p><b>Walk-in clinics could face closure as Surrey reviews changes</b></p> <ul style="list-style-type: none"> <li>Walk-In clinics could face closure or moving as health leaders in Surrey review changes to how patients access urgent appointments needed the same day.</li> <li>The review of urgent care provision – such as people needing to see a doctor or nurse on the day but not needing A&amp;E – will also look at how technology is used for patients to get help.</li> <li>Doctors say this is a chance to “make a change for the better” as they look at different ways for residents to access health care.</li> <li>The changes could free up time for doctors who say they cannot fit in any more appointments.</li> <li>But there is a challenge around recruiting more GPs and nurses as many near retirement and Brexit is having an impact on staff from abroad, councillors were warned.</li> </ul>	<p><a href="http://www.edenbridge-chronicle.co.uk/article.cfm?id=131127">http://www.edenbridge-chronicle.co.uk/article.cfm?id=131127</a></p>

		<ul style="list-style-type: none"> <li>▪ The review of urgent care – led by changes implemented by NHS England to free up frontline services such as hospital A&amp;E departments – was presented to members of Surrey County Council Adults and Health Select Committee on Thursday.</li> <li>▪ Representatives from Clinical Commissioning Groups (CCGs), Surrey Heartlands and GP surgeries laid out the possible changes being considered.</li> </ul>	
14JUN19	National	<p><b>Dementia diagnoses reach 'record high' in England</b></p> <ul style="list-style-type: none"> <li>▪ New data published this week has revealed that in the past year alone, the number of recorded cases of dementia has increased by more than 15,000.</li> <li>▪ The latest figures show a “record high” of 453, 881 dementia diagnoses in May – an increase of around 30,000 monthly diagnoses since June 2016, noted NHS England.</li> <li>▪ In addition, the data shows that the number of older people diagnosed with dementia has increased by 7% in the past three years. NHS leading dementia expert, Alistair Burns, has described the figures as “good news”, saying it meant that more people would be getting the treatment they needed as a result of being diagnosed.</li> <li>▪ Mr Burns, who is the NHS national clinical director for dementia and older people’s mental health, said: “Spotting dementia in a timely way means people get the care they need, when they need it, so it’s good news that more people are having their condition identified and treatment delivered.</li> <li>▪ “As the population ages, the NHS is having to run to keep up as dementia becomes a challenge for more and more families, which is why the NHS Long Term Plan sets out a blueprint for older people’s care and makes early diagnosis and treatment for major health problems a top priority,” he added.</li> </ul>	<a href="https://www.nursingtimes.net/news/older-people/dementia-diagnoses-reach-record-high-in-england/7029334.article">https://www.nursingtimes.net/news/older-people/dementia-diagnoses-reach-record-high-in-england/7029334.article</a>
15JUN19	County Durham	<p><b>What changes to out of hours GP care means for patients needing a doctor</b></p> <ul style="list-style-type: none"> <li>▪ Health chiefs say patients in East Durham will still be able to access GP services close to home at nights and weekends despite a planned reduction in centres.</li> <li>▪ Durham Dales, Easington and Sedgfield Clinical Commissioning Group (CCG) put forward a number of proposals to change seven-day access to primary care services.</li> <li>▪ It focussed on the use of nine GP ‘hubs’ that provided additional evening and weekend primary care appointments.</li> <li>▪ The CCG said feedback from the public and clinicians highlighted that the hubs were valued but some were significantly underused with too many staff for too few patients, difficulty recruiting and keeping staff, and provided poor value for money.</li> <li>▪ Dr Stewart Findlay, Chief Officer of the CCG, said: “The changes will ensure that we continue to</li> </ul>	<a href="https://www.hartlepoolmail.co.uk/health/what-changes-to-out-of-hours-gp-care-means-for-patients-needing-a-doctor-1-9821990">https://www.hartlepoolmail.co.uk/health/what-changes-to-out-of-hours-gp-care-means-for-patients-needing-a-doctor-1-9821990</a>

		provide high quality prompt treatment or advice.” He added the CCG is looking at enhancing the patient transport service and bringing more outreach services into the most vulnerable patients’ homes.	
15JUN19	Kent	<p><b>West Kent, Medway, Swale and Dartford, Gravesham and Swanley CCGs issue latest on IVF discussions</b></p> <ul style="list-style-type: none"> <li>▪ Discussions to halve the number of funded IVF cycles for couples in north and west Kent have been put on hold. Last year four groups in Kent and Medway begun discussions about only providing one cycle per couple in a bid to save cash.</li> <li>▪ But at a recent meeting of Dartford, Gravesham and Swanley CCG, it emerged the group, plus West Kent, Medway and Swale would continue providing two rounds of the treatment. But they haven't ruled out the issue of cutting these resources being revisited in the future.</li> <li>▪ A cycle is where one or two embryos are placed into the womb, with any remaining good-quality ones frozen. When these frozen embryos are used, it's still considered to be part of the same cycle.</li> <li>▪ Certain medical tests need to be carried out to determine whether people are suitable to receive NHS-funded treatment. If not it can cost upwards of £5,000 each time.</li> <li>▪ Before making the decision, some of the CCGs asked the public for their opinion about fertility services and while most understood the need to cut costs, the majority did not agree with cutting the number of cycles available. Out of 369 people answering a survey 62% disagreed with cutting IVF cycles from two to one. Respondents were also asked a range of questions about general statements such as reviewing NHS services for value for money.</li> <li>▪ Talks around merging all the CCGs in Kent are to start and any decision on this is unlikely before April. It is thought proposals to reduce IVF cycles could be revisited following the merger.</li> </ul>	<a href="https://www.kentonline.co.uk/maidstone/news/ivf-cutbacks-on-hold-206621/">https://www.kentonline.co.uk/maidstone/news/ivf-cutbacks-on-hold-206621/</a>
15JUN19	National	<p><b>Medical schools will need to expand further, says NHS England chief</b></p> <ul style="list-style-type: none"> <li>▪ More medical school places will be needed as the NHS expands and more doctors seek opportunities to work flexibly, NHS England’s chief executive has told The BMJ.</li> <li>▪ In 2018 the number of medical school places available increased from 6000 a year to 7500. Speaking to The BMJ at the Health Foundation’s annual event last month, Simon Stevens said that a further expansion would be needed to meet future service demands.</li> <li>▪ “A 25% expansion in medical undergraduate intake is only the first stage,” he said. “It is unlikely to be enough.”</li> </ul>	<a href="https://www.bmj.com/content/365/bmj.l4240">https://www.bmj.com/content/365/bmj.l4240</a>

15JUN19	National	<p><b>Hospital sandwich death toll rises to five as two more fatal cases of listeria poisoning confirmed</b></p> <ul style="list-style-type: none"> <li>▪ Two more NHS hospital patients have died as a result of eating sandwiches contaminated with listeria, health officials have confirmed.</li> <li>▪ It takes the death toll to five, Public Health England (PHE) has said – after linking a further three cases to the latest food poisoning outbreak.</li> <li>▪ Matt Hancock, the health secretary, has ordered a review into hospital food.</li> <li>▪ The watchdog announced in June that three patients had died from listeria and six were seriously ill after eating products supplied to NHS hospitals by The Good Food Chain.</li> <li>▪ In an update, PHE confirmed that one of the six seriously ill patients has died. While one of the patients not initially linked to hospital outbreak had died before it was discovered.</li> </ul>	<a href="https://www.independent.co.uk/news/health/listeria-outbreak-hospital-sandwich-deaths-nhs-public-health-england-a8959016.html">https://www.independent.co.uk/news/health/listeria-outbreak-hospital-sandwich-deaths-nhs-public-health-england-a8959016.html</a>
16JUN19	National	<p><b>Shock report: Doctors in the UK are giving DNRs for learning disabilities</b></p> <ul style="list-style-type: none"> <li>▪ For most patients, a DNR — or a “do not resuscitate” order — is an advanced directive, letting medical professionals know not to give any extraordinary measures to keep them alive, with no CPR performed if the patient’s heart stops or intubation if they stop breathing. This prevents aggressive techniques which can sometimes save a patient’s life, but can also be painful and cause problems with a patient’s quality of life; it’s not uncommon, for example, for CPR to result in broken ribs, airway complications, ruptured spleens, brain injuries, and more, especially when the patient is elderly or frail. It’s an acceptable choice for someone to make, to say that when their heart stops, they want to be allowed to die.</li> <li>▪ In the United Kingdom, a shocking report exposed a terrible practice: doctors were putting DNRs on a patient’s chart, simply because they had learning disabilities. The Sunday Times received an advance copy of the annual report from the Learning Disabilities Mortality Review (LeDeR), which found that at least 19 patients were given DNRs, and later died, because they had “learning disabilities” or “Down syndrome.” The true number may be much higher, however, as 4,302 deaths were reported to LeDeR, and only a quarter of them have been investigated so far.</li> </ul>	<a href="https://www.liveaction.org/news/doctors-uk-giving-dnr-learning-disabilities/">https://www.liveaction.org/news/doctors-uk-giving-dnr-learning-disabilities/</a>