Dear everyone

On Thursday, the Health Select Committee published their report into the public health system post 2013. Their inquiry looked at whether the reforms have achieved their aims, and whether, in their view, further improvements are necessary. There is much to consider here for Government, local government, the NHS and PHE and a response will be made over the coming weeks. They are clear that responsibility for the local public health system is in the right place with local government and much good progress has been made. Equally, they raise concerns about how unwarranted variation is addressed and the inequalities in outcomes that persist and on reducing levels of funding. There are also recommendations on improving data sharing and in making sure that local health protection readiness is consistent across the country. The summary particularly is well worth a read.

On Wednesday, The Lancet Oncology published a new paper co-authored by PHE and Cancer Research UK on 30-day mortality following chemotherapy for patients with breast and lung cancer. This was the first major report to use our world-leading systemic anti-cancer treatment (SACT) data in which we have been able to show how important the careful selection of patients and high quality data is to monitoring early mortality following chemotherapy. We also published a companion report that named outlying hospitals where a risk-adjusted analysis of their cases showed 30-day mortality was outside the expected range. PHE’s National Cancer Registration Service collects SACT data on all patients given chemotherapy in England – in 2014 alone, the dataset included over 2 million records for over 160,000 different patients. Using real-world data provides new insights into how genuine patients in the NHS, not specially selected in clinical trials, respond to these complex treatments. We now plan to continue to monitor the quality of chemotherapy treatment given to all patients across the NHS, helping to help improve cancer care and ensuring all patients get the best treatments.

In July 2013, along with the Department of Health and NHS England, we introduced a new vaccine for infants against rotavirus, one of the common causes of gastroenteritis among children. In infants and toddlers, the infection had been responsible for around 140,000 GP visits and 14,000 hospitalisations every year. The vaccination programme, carried out by nurses based in general practice, has reached over 90% of babies by the age of six months and significantly reduced cases of rotavirus by more than 80% for the third consecutive year since the programme was introduced. This is a great success story, again proving that screening and vaccination programmes are second only to clean water in protecting health. Congratulations to everyone involved.

And finally, a reminder that our annual conference takes place on 13 and 14 September at Warwick University. It is still possible to register if you haven’t already and I look forward to seeing many of you there.

With best wishes

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