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Clinical influence at the heart of NHS strategy

The NHS Commissioning Board is now in operation as a special health authority. Sir David Nicholson is the Chief Executive and Professor Malcolm Grant, President and Provost of UCL, has recently been ratified by the Health Select Committee as the Chair. Having a Chair in place opens the door to the appointment of other members of the board. Both David Nicholson and Malcolm Grant are clear that they plan to signal a strong clinical element to the board as the early appointments progress. To this end, I have asked Dr Kathy McLean, previously SHA Medical Director of the East Midlands, to work full time in the DH designing the medical hub of the Commissioning Board. I believe the current changes offer the best opportunity any of us will have seen for bringing clinical influence right to the heart of NHS strategic thinking. Positioning this correctly in the new system is important, so Kathy will be seeking advice from many of you on these issues.

The new Summary Hospital-level Mortality Indicator has been recently published in response to concerns from the service that the existing Hospital Standardised Mortality Rate was imperfect, too dominant and not sufficiently transparent. The main differences are: the inclusion of all hospital diagnoses, out of hospital deaths within 30 days and the elimination of palliative care as a consideration in the model. You will notice that the SHMI is described as experimental and the statistical methodology is freely available for academic scrutiny. I would encourage you to please think about how the model might be improved and feed your thoughts back to the NHS Information Centre. In the meantime, I envisage a number of similar aggregate measures popping up: University Hospital Birmingham has a couple, Dr Foster has an HSMR90 and others are surfacing. On the one hand this might seem utterly confusing, but on the other it may be quite helpful. It is ludicrous to think that any one aggregate measure can accurately reflect the complexity and quality of care provided by a hospital. More measures will prevent knee-jerk responses and encourage debate. Ultimately, as all providers develop measures of quality for each service line, the utility of aggregate measures will wane.

Bruce Keogh
NHS Medical Director

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NHS Commissioning Board Authority goes live

The NHS Commissioning Board Authority, a special health authority, and the shadow form of the NHS Commissioning Board (the Board) is now in operation.

Subject to the successful passage of the Health and Social Care Bill 2011 through Parliament, over the next 12 months, the Board Authority will focus on designing an innovative business model for the Board, which puts patients and clinical leadership at its heart.

It will also work in partnership with clinical commissioning group leaders, GPs and the Department of Health to agree the method for establishing, authorising and running clinical commissioning groups (CCGs).

In addition, the Board Authority will create the infrastructure and organise the resources to allow the NHS Commissioning Board to operate successfully as an independent body from October 2012 (subject to the successful passage of the Health and Social Care Bill 2011 through Parliament).

Sir David Nicholson, NHS Chief Executive said: "Building this new system over the next two years, while delivering for our patients, increasing productivity and improving the quality of care, is a major challenge. But I firmly believe that what we are trying to achieve – a stronger, more innovative and more coherent commissioning system – will be critical to sustaining the NHS in years to come."

The central role of the new Board will be to improve patient outcomes, by supporting, developing and performance managing an effective system of clinical commissioning groups. The Board will also take responsibility for commissioning services that can only be provided efficiently and effectively at a national or a regional level. Sir David Nicholson summarised this purpose as: "Using the £80-billion commissioning budget to secure the best possible outcomes for NHS patients."

He continued: "Putting patients at the heart of all we do means we must be obsessed with improving quality outcomes, obsessed with involving patients at every stage of organisation and service development and obsessed with the availability of clear and accessible information. Only then can we create a system that offers real choice and control to patients."

Subject to successful passage of the Health and Social Care Bill 2011 through Parliament, it is anticipated the NHS Commissioning Board will become fully operational on 1 April 2013, when it takes on its complete legal responsibilities for managing the NHS Commissioning system.

Links & info

- **Read more on the website**

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New Summary Hospital Mortality Indicator published

The NHS Information Centre has published a new Summary Hospital-level Mortality indicator (SHMI). The indicator is for non-specialist acute trusts, and covers all deaths of patients admitted to hospital and those that occur up to 30 days after discharge from hospital. The indicator has also been published on the NHS Choices website.

The SHMI will be published quarterly as an official statistic, but to reflect the fact that more work needs to be carried out to refine the methodology, the indicator is being initially labelled as 'experimental', and it will take time for trusts to interpret exactly what the new SHMI means.

The indicator has been developed in collaboration with a range of national stakeholders following a review commissioned in 2010 by Sir Bruce Keogh, on behalf of the National Quality Board. The new indicator can provide contextual information in support of the commissioning process, and inform commissioners' dialogue with hospitals about their corporate approach to quality and clinical governance.

Links & info

- **Visit the NHS Information Centre website**

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Ensuring quality and safety during the transition

PCT clusters have submitted legacy documents to SHAs capturing the organisational memory of quality and safety. These documents will underpin discussions between old and new organisations and management teams during the handover.

In March 2011, following a commission from David Nicholson, the National Quality Board (NQB) published Maintaining quality during the transition: safety, effectiveness, experience, looking at how best to mitigate the risks that organisational change can have on quality of NHS services. The report highlighted the need for robust handover arrangements in which an organisation's achievements and issues, in relation to quality and safety, are captured and transferred to the new management team.

SHAs will have received a legacy document from every PCT cluster in their patch. These documents will underpin a range of activity around handover. Based on the legacy documents, SHAs will hold face-to-face discussions between old organisations and new management teams, engage the Care Quality Commission and Monitor on their content and use the legacy work to inform the quality and safety section of a broader SHA handover document.

Ian Cumming, National Director for Quality during the transition, said: "Drawing on the lessons of change in the NHS and other organisations, we are implementing a more rigorous and robust process to reduce any risks to quality as we go through the transition. Whilst the legacy documents are important, the most valuable part of this process will be the face-to-face conversations between accountable officers, and maintaining this knowledge as we move forward."

David Nicholson has asked Bruce Keogh and Ian Cumming to visit each of the four SHA clusters this autumn to ensure the legacy handover process is under way. They will also gain further understanding on the key quality and safety issues arising for the clusters and what action needs to be taken to address them.

Links & info

- **Read the NQB report**

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Winners of innovation in NHS competition are announced

Health Secretary Andrew Lansley has announced the winners of the Innovation in NHS Outcomes competition.

The aim of the competition was to identify ways of measuring two key outcomes – included in the NHS Outcomes Framework – for improving people's recovery from stroke and for improving children and young people's experience of healthcare.

The key challenges in creating the framework were defining the outcomes that matter most to patients and working out how the NHS would actually measure those outcomes – by developing the right indicators.

While a number of outcomes in the framework were identified as important, it was not clear how these would be measured. Two outcomes in particular, improving people's recovery from stroke and improving children and young people's experience of healthcare, formed a key part of the competition.

Announcing the winners Andrew Lansley said: "A focus on delivering improved outcomes for all patients is at the heart of this Government's modernisation plans. But we can only do this by working collaboratively and fostering a culture which supports innovation to improve quality and productivity.

"The winners of this competition will drive vital improvements in the NHS – helping to put patients first and developing outcomes that are consistently among the best in the world."

The winner of the stroke outcome element of the competition was a collaborative effort between several organisations, including the British Association of Stroke Physicians, the Stroke Improvement Programme and the Intercollegiate Stroke Working party.

They proposed that the Modified Rankin Scale (mRS) should be developed as an indicator. The mRS assesses a patient's recovery from stroke after six months and is an established measure of disability.

It is already part of routine data collection in older people, not just in those with stroke, and is used nationally and internationally. The indicator will become part of the routine data collection after stroke.

The second winning proposal focused on the vital need to capture children and young people's experience of healthcare. Historically, this area has been particularly difficult to measure. The winner for this element was submitted by the Picker Institute Europe, and uses the Children's

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Outpatient Experience Indicator to measure the recent hospital outpatient experience of children aged 8 to 17 years.

The Picker Institute Europe has developed a self-completion survey (with the option for parental or carer help) to gather specific and actionable information about the experience of young patients. The questionnaire examines the aspects of experience that matter most to children and young people.

Both the stroke and the children and young people entries will undergo further technical work to ensure they can be included in the national NHS Outcomes Framework.

Public consultation launched on independent prescribing

The Department of Health, in conjunction with the Medicines and Healthcare products Regulatory Agency (MHRA), launched two public consultations in September on proposals for independent prescribing: one for physiotherapists and one for podiatrists.

The development of independent prescribing by podiatrists and physiotherapists is part of a drive to make better use of the skills of allied health professionals (AHPs) and to make it easier for patients to access the medicines they need. Independent prescribing can also improve quality of services by developing new roles and new ways of working to deliver safe, effective services focused on the patient experience.

An engagement exercise took place in autumn 2010, which gathered information from a range of stakeholders on the key issues around independent prescribing by podiatrists and physiotherapists.

Professional bodies, royal colleges, individual practitioners and members of the public, who participated in the engagement exercise, welcomed the proposals. They suggested that a public consultation would be an opportunity to clarify some queries, particularly about the content of the education programmes and the governance frameworks across regulatory, professional and prescribing bodies.

The public, patients and patient representative groups, carers, voluntary organisations, healthcare providers, commissioners, doctors, pharmacists, AHPs, nurses, regulators, non-medical prescribers, the royal colleges and other representative bodies are all encouraged

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to respond to these consultations, which closes on 8 December 2011.

The Commission on Human Medicines (CHM) will then be asked to consider the proposals together with a summary of comments received during the consultation process. The CHM will then advise ministers of its recommendations.

Links & info

- **Read the consultation documents and various reply methods for**
  - **Physiotherapists and**
  - **Podiatrists**

  to become independent prescribers of medicines
- **Information on the consultations can be posted by contacting a member of the AHP medicines project team by telephone 0113 254 5846, by email or by sending a request to: AHP Medicines Project, Room 5E47, Department of Health, Quarry House, Leeds LS2 7UE**

NHS Future Forum ramps up engagement to find good practice

The second phase of the NHS Future Forum continues to listen and engage with a wide range of patients, public, NHS staff and partners.

This phase is looking at four distinct areas of policy: information, integration, education and training and the NHS's role in the public's health. The recommendations from each workstream will help inform policy development in the Department of Health.

The independent Forum is made up of around 50 members who are grouped into the four workstreams. Forum members are attending listening events and engagement opportunities around the country to understand how specific issues affect patients and staff. They will base their recommendations on what they hear.

Forum members are keen to study successful models of delivering care, particularly where that care is integrated across the health and social care systems.

Forum chair Professor Steve Field says: "This phase has been really rewarding because we are able to focus in detail on what is proven to work and from that unpick what leads to the best outcomes for patients. I'm interested in the art of the possible now and I want the Forum's work to help NHS staff to adopt best practice in their day-to-day activities."

The Forum has engaged and listened to more than 3,400 people during the second phase and Forum members have attended more than 140 meetings around the country. These have included nine events, specifically designed by Regional Voices, to hear from patients and their carers and voluntary sector leaders in all regions.

Links & info

- **Download the slide pack**
- **Read more about the key issues**
- **Read more about the future amends**

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Improving hospital bed capacity

A partnership between clinicians and financial staff at West Middlesex University Hospital to review the flow of patients through hospital wards, has led to a smarter and more innovative system of bed management.

Clinical and finance professionals across a number of hospital wards worked together to find ways of reducing bed inefficiencies, while ensuring that quality standards were maintained and, where possible, improved.

The first step was a root cause analysis led by the finance team to evaluate the efficiency of the current bed system. Armed with this information, frontline clinical staff were able to explore how their processes for the management of patient flow affected costs and outcomes for patients.

As a result, the teams on the wards have adopted smarter, innovative technology to develop their bed management system. This has enabled the closure of two wards without impacting on patient care.

Throughout the review, finance and clinical professionals supported each other to understand the implications from each of their perspectives. This led to a solution that both professional groups agreed was the best way forward.

The team has also developed a much more efficient process for patient discharge, working in collaboration with community services, to ensure a seamless, quality service.

"One of the key issues for any hospital is ensuring patients are discharged as soon as is safely possible," says Dr Stella Barnass, Acting Medical Director. "Most patients would like to know in advance when they are going to be discharged, and do not want to stay any longer than they need to.

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"Evidence shows that the longer a patient remains in hospital, the more likely they are to need additional ongoing support when they leave. They are also more at risk of acquiring an infection, and frailer patients are at risk of losing their independence."

Department of Health National QIPP Advisor Mahmood Adil adds: "During my visits to the wards, I saw how engaged frontline staff were with the quality and efficiency agenda. They have several other innovative ideas which they plan to explore further and a real desire, as you would expect, to keep excelling and make services better for patients."

Links & info

- **To find out more about this QIPP initiative, email the West Middlesex team via anne.gibbs@wmuh.nhs.uk**
- **Follow Dr Mahmood Adil's blog**

Call to action on obesity

'Healthy Lives, Healthy People: A call to action on obesity in England' sets out new national ambitions for a downward trend in excess weight by 2020.

These are to be achieved through a new approach based on:

- local leadership to coordinate joint strategies tailored to local circumstances and their unique knowledge of local populations (primarily through health and wellbeing boards)
- work to support health professionals in raising the issue of overweight and obesity with their patients and the public, acknowledging the difficulty of this but also the key role it can play in starting people on the path to a healthier weight
- a continuing key role for central Government to support and complement local leadership, for example building the evidence base, leading the Public Health Responsibility Deal and national campaigns through Change4Life.

The health and economic consequences of obesity and the consequent burden on the health and care system mean that action now is paramount. In addition, the approach outlined in many ways anticipates the new public health system, so is a good test bed for emerging arrangements.

Links & info

- **Read the document**

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NEWS IN BRIEF

Launch of seasonal flu campaign

Essential information about seasonal flu, including who is at risk and who should be vaccinated, is now available in the updated seasonal flu leaflet on the Department of Health website.

- **Download the leaflet**

Publication of final Quality Standard for breast cancer

The quality standard on breast cancer has 13 statements to help improve care for women undergoing treatment for breast cancer. These include ensuring that people presenting with symptoms that suggest breast cancer, are referred to a unit that performs diagnostic procedures in accordance with NHS Breast Screening Programme guidance. It also states that patients with breast cancer considered suitable for breast conservation are offered surgical techniques that combine adequate removal of the disease with a good aesthetic outcome. Patients with early invasive breast cancer, irrespective of age, should be offered surgery and appropriate systemic therapy, unless other significant conditions preclude it.

- **Read more on the NICE website**

Treating non-UK residents

New regulations and guidance on charging overseas visitors for NHS hospital treatment are now in force. They include some new exemptions from charge categories, an extended disregarded absence period for UK residents and revised guidance on when to provide treatment to those not entitled to it free. Healthcare professionals should follow the guidance when any person requiring treatment is not 'ordinarily resident' in the UK. It is important to note this is not guaranteed by nationality, holding a British passport, being registered with a GP, having an NHS number or owning property in the country.

- **Read the guidance**

Change to a blood donor selection criterion

The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) has recommended to UK health ministers that the current lifetime exclusion of men who have had sex with men should be changed to a 12-month deferral. This follows a review of the blood donor selection criteria relating to sexual behaviour, and SaBTO has published the evidence it considered in reaching this conclusion. The recommendation has been accepted in England, Scotland and Wales, but not in Northern Ireland. The change will be implemented in blood donor sessions in England, Scotland and Wales from 7 November 2011.

- **Read more on the DH website**

Hepatitis C and contaminated blood: new discretionary payments

Discretionary payments will soon be available for people who were infected with hepatitis C before September 1991, as a result of NHS treatment by blood transfusions or blood products and who may need financial assistance. These new payments, which are in addition to any non-discretionary payments received from the Skipton

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Fund, will be made by the Caxton Foundation, an organisation specifically established for this purpose. Healthcare professionals who know of patients who were infected with hepatitis C by NHS-supplied blood or blood products before September 1991, are asked to bring this improved support to their attention or, in the case of deceased patients, to their families.

- **Visit the Caxton Foundation website for further information**

Duty of candour consultation

The Government has launched a consultation on implementing a duty of candour. This would be a contractual requirement, imposed through the NHS standard contract, on NHS acute, ambulance, community and mental health care providers, to be open with patients when things go wrong with their healthcare and give them information about any investigations that have taken place, or any lessons learned. The duty of candour, which forms part of the Government's plans to modernise the NHS by making it more accountable and transparent, is intended to be an enforceable duty on providers. The consultation asks a number of questions, including how primary care providers can help to support their patients in such circumstances and whether this approach should be extended to primary care providers in the future.

- **Access the consultation**

NHS to get 111 urgent care number

A national telephone number 111 is being introduced to improve the public's access to NHS urgent healthcare services. The new NHS 111 service, which will replace the NHS Direct 0845 service, will be free to use and available 24 hours a day to assess callers' symptoms and direct them to the service best placed to help them. For example that could be an out of hours doctor, the nearest A&E department or walk-in centre, a community nurse or pharmacist, or an emergency ambulance, which the NHS 111 service will be able to despatch immediately if a caller is assessed as needing one. The service will also provide health advice and information. NHS 111 will be staffed by fully trained call advisers, who will be supported by experienced nurses. It is expected to be available across the country by April 2013.

- **Find out more**

Better Training Better Care: call for NHS pilot sites

Better Training Better Care (BTBC) aims to improve the quality of training for the benefit of patient care by enabling the delivery of key recommendations from the Time for Training and Foundation for Excellence reports. Medical Education England is taking forward recommendations from its reports: Time for Training and Foundation for Excellence. It is seeking around 10 pilot NHS Trusts to identify how aspects of those reports might be delivered to achieve benefits to patients, trainees and consultants.

- **Find out more and register for an expressions of interest event**

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Cancer awareness campaigns announced

Several regional and national cancer awareness campaigns are to be launched by the Department of Health to achieve earlier diagnosis and improve cancer survival rates across the country. The first began this month in the Midlands, with the aim of educating people about lung cancer, while local pilot schemes will cover oesophagogastric cancers, breast cancer in women over 70 and cancers with the symptoms of blood in urine. A national campaign on bowel cancer awareness will also begin in January 2012.

- **Find out more**

European Antibiotic Awareness Day

In the lead up to European Antibiotic Awareness Day on 18 November, the Department of Health has published several resources for healthcare professionals to help promote responsible prescribing and use of antibiotics.

- **Read more about European Antibiotic Awareness Day and access the resources**

Self Care Week 2011

During this week, from 14-20 November, 2011, clinicians are encouraged to raise awareness of the services they provide to help people take care of themselves and manage any health conditions they may have. A range of resources is available to help get this message across.

- **Find out more and download the resources**

Launch of adult social care engagement exercise

On 15 September 2011, the Government launched 'Caring for our future: shared ambitions for care and support' – an engagement exercise with people who use care and support services, including carers, local councils, care providers and the voluntary sector, about the priorities for improving care and support. The discussion will inform a Government White Paper on social care reform and a progress report on funding reform that will be published in spring 2012.

- **Find out more**

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