DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 116 September 2011

Gateway number: 16681

Sections

Ensuring quality and safety in the transition

There have been two sets of good news in the last month. Data for July 2011, published in September, showed that the number of reported MRSA bloodstream infections fell to 92. This represents a record low since monthly MRSA mandatory surveillance started.

Previously, in June 2011, MRSA bloodstream infections fell from 134 to 98, which was the first time since mandatory surveillance was introduced that the monthly figure fell below 100. Secondly, VTE assessment is up from around 30 percent in July 2010 to 84 percent in July 2011. Both of these are major achievements of which the NHS can be proud.

Against this background there are threats to quality and safety as the NHS restructures and PCTs and SHAs are clustered prior to the new commissioning system taking shape. Excellent communication at handover is important for safe continuity of clinical care, so all PCTs have been asked to prepare a legacy document that will record their achievements in the areas of safety and quality and any known risks and issues.

These living documents will be the bedrock of the work carried out locally by the new PCT clusters. I ask all medical directors to pay attention to their legacy documents and to have a special regard for safety issues as the new clusters come into being.

To ensure that we do not lose focus on quality during this transition period, Ian Cumming, formally Chief Executive of NHS West Midlands, is joining the Department of Health during the transition, as Managing Director for Quality. Ian will help make sure we do not lose any of the hard-won quality gains we have made in recent years.

As you may know, the Prime Minister has launched a massive drive to improve the transparency of public data, including data from the NHS.

I have a more practical interest, in the first instance, in how we ensure the 600 pieces of comparative data on NHS Choices accurately reflects the actual clinical activity behind it, rather than just what is stored on hospital information systems.

Bruce Keogh
NHS Medical Director

DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 116 September 2011

Sections

Developing clinical senates and networks

The role of clinical networks and the new clinical senates is being developed in a review led by Dr Kathy McLean (left), who chaired the NHS Future Forum workstream on clinical advice and leadership.

While the Government was clear that it is committed to retaining and strengthening existing clinical networks, it also acknowledged that further work is needed to define the role of clinical networks and review their range, function and effectiveness. Bruce Keogh has asked Kathy, who is also Medical Director at NHS East Midlands, to lead a group to carry out this work.

In a letter to medical directors, she explains the next steps for developing clinical senates and networks. The letter also explains how medical directors can get involved in the networks.

- **Read the letter**

Next steps for the NHS Future Forum

The Prime Minister has launched the next phase of the independent NHS Future Forum in which a refreshed and expanded membership will look at four new areas of health policy.

The first listening exercise held between April and May 2011 gave NHS staff, patients and the public the chance to understand, provide feedback and influence the policy-making process.

In its response to the NHS Future Forum's report, the Government made a commitment to continue to listen and engage on the detail of its proposals for modernising the NHS.

The four new workstreams are:

- **Education and training**: how to make sure there are the right incentives and accountabilities for developing the NHS workforce to deliver world-class healthcare
- **Information**: how information can be made to improve health, care and wellbeing
- **Integrated care**: how to take advantage of the health and care modernisation programme to ensure services are better integrated around people's needs
- **The NHS's contribution to improving the public's health**: how to ensure that improving the public's health stays at the heart of the NHS.

Continued on page 3

DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 116 September 2011

Sections

Continued from page 2

Professor Steve Field will continue to chair the NHS Future Forum and leads have been appointed to each workstream. The listening part of the NHS Future Forum's work will last between eight and 10 weeks, depending on the workstream.

The NHS Future Forum has developed a slide pack to help organisations run their own listening events and feed back the results to staff.

Links & info

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

Doctors: lead, follow or get out of the way!

Peter Lees, Founding Director of the Faculty of Medical Leadership and Management (left), asks whether doctors can rise to the challenge of meeting the latest NHS reform programme in the current financial climate.

Is meeting the financial challenge an insurmountable task? Or could this be another opportunity for the medical profession to use its considerable intellectual firepower to make a good health service great and, as a by-product, preserve its essence for generations to come?

I say 'another' because there have been a number of attempts since the 1983 Griffiths Report, which exhorted doctors to play a significant strategic leadership role in the NHS. However, in a recent survey of over 2,000 doctors by the fledgling Faculty of Medical Leadership and Management, the sense that medical leadership and management are not widely respected by the profession, yet again, arose as a significant theme.

The financial challenge leaves no room for stereotypic behaviours. I believe that the overwhelming majority of us hold dear the founding principles of the NHS. I hope that we are all under no illusion that if we do not defeat the legacy left to us by the amoral banking sector, those fundamental principles will be threatened. I am sure you know that, but how many of our frontline colleagues really believe it to be true? Can we pull it off without them understanding and then engaging in a way they have never done before? I think not!

This time the 'ask' could not be more explicit. The tempering of GP commissioning to clinical commissioning does nothing to

Continued on page 4

DH Department of Health

NHS

Medical Directors' Bulletin. Issue 116 September 2011

Sections

Continued from page 3

reduce the leadership expectations placed upon general practitioners. As they grapple with this huge challenge and a learning curve approaching the vertical, they have been unhelpfully quiet in setting out their leadership vision. This has allowed counter-lobbying, fear and suspicion and, above all, a lack of clarity about how the future could be better.

Personally, I think GPs are well placed and more than able to lead commissioning, but it is high time the silent majority set out its stall rather than leaving it to the 'usual suspects'. Putting general practice centre stage opens up many more opportunities for integrating care, upping quality, driving out variability and delivering the Quality, Innovation, Productivity and Prevention (QIPP) challenge.

The silence of medical leadership in secondary care is equally unhelpful and, arguably less excusable. No sane person is arguing that GPs can do this alone; there will be an unhelpfully small majority who will adopt an autocratic leadership style, but the evidence shows that this will not serve their communities well. The majority of those I meet welcome the opportunity to work with secondary care colleagues, and I sense it does not matter who asks whom to tango first!

Finally, a word about the new UK Faculty of Medical Leadership and Management, which aspires to be the professional home for medical leaders and also medical leadership. This would be staggeringly difficult to achieve if it were not endorsed by all the UK colleges and faculties.

The Faculty does not aim to be a stand-alone college, but rather an organisation that delivers with and through the colleges, building on the work they are already doing. That requires a new type of organisation which champions the inextricable link between excellence in clinical outcomes and leadership, management and teamwork. Simplistically, that requires outstanding 'positional leaders', but also excellent leadership throughout the system, the grades, and the professions. Many colleges are already active in this field and the Medical Leadership Competencies Framework has been accepted across under- and post-graduate education – we are not starting from scratch.

The organisational form is the subject of healthy debate – you all pay plenty in membership fees so the Faculty will have to be lean to be affordable. This brings with it the advantage that to survive you are going to have to own it, guide it, contribute to it and help grow it to become self-sustaining quickly.

In five years' time I want the Faculty to be a powerful inter-collegiate body that adds value to college opinion and development activity, with a vibrant student and trainee membership. I want us to be recognised and respected and to be a unifying force across the many professions. I would love us to be seen to have played a critical role in overcoming the financial challenges which engulf us today.

- **Find out more about the Faculty**

DH Department of Health

NHS

Medical Directors' Bulletin. Issue 116 September 2011

Sections

VTE Global Prevention Forum

Venous Thromboembolism (VTE) Prevention is becoming a priority patient safety issue around the world.

This summer, 30 leading decision-makers and clinicians from the UK, Japan, New Zealand, Australia, Germany, USA and Canada gathered for the inaugural meeting of the Global VTE Prevention Forum in Kyoto, Japan.

The meeting was made possible by a joint initiative led by the National VTE Prevention Programme in England and the National Patient Safety Campaign in Japan. It provided a platform for policy decision-makers, clinicians and multidisciplinary teams to exchange learning, best practice, views and information.

At the event, members shared the progress they are making towards improving VTE prevention in their home countries, outlining their successes and the ongoing challenges they face.

Tim Brown represented the NHS VTE Prevention Programme in England and outlined the systematic approach that has been taken to reduce avoidable death and long-term disability from VTE. "Since June 2010, every provider of NHS acute services in England has been required to provide monthly census data on the percentage of patients receiving a VTE risk assessment on admission, using national clinical criteria. This data is published by the Department of Health quarterly.

"If a hospital risk-assesses 90 per cent or more of patients for VTE on admission, they can access a financial award (CQUIN). This, and a range of other system levers has proved effective in improving VTE Prevention performance across the NHS, with national VTE risk assessment rates increasing from 45 per cent to over 80 per cent in less than a year."

The meeting ended with an open discussion, which focused on the key issues that the Forum must address. This resulted in a consensus statement that establishes seven goals for implementation across national health systems for the effective treatment and prevention of VTE. The goals are to:

- raise the levels of public awareness and information around the risks of VTE
- improve professional education about VTE prevention
- develop a systematic approach to VTE prevention for hospitalised patients
- ensure that every hospital develops a formal strategy, in the form of a written institution-wide VTE prevention policy
- develop a system for monitoring compliance with VTE best practice
- improve VTE metrics in national and international data collections
- make VTE prevention a priority for health policy makers.

Continued on page 6

DH Department of Health

NHS

Medical Directors' Bulletin. Issue 116 September 2011

Sections

Continued from page 5

All members agreed that the Global VTE Prevention Forum must meet annually and that they would encourage other country representatives to join the Forum.

Links & info

- **Read the Global VTE Prevention Forum press release**
- **Read the Global VTE Prevention Forum consensus**
- **Read the closed session report**
- **Find out more about the Global VTE Prevention Forum**

Offender health: national network announced

A national network of 101 local liaison and diversion services at police stations and courts was set up in June.

Members of the National Liaison and Diversion Development Network assess people with mental health or substance misuse problems who come into contact with the criminal justice system and help them into treatment where appropriate.

The network was established following the Government's commitment in the 2010 Spending Review to make liaison and diversion services for adult and young offenders available on a national basis by 2014, subject to business case approval.

Some network members will help the Government understand and evaluate the best model for commissioning these services and implementing them across the country in the future. It follows an announcement in March to invest £5 million in these services in the current financial year.

Links & info

- **See a list of the members of the National Liaison and Diversion Development Network**
- **Find out about the Prison Reform Trust's 'Care not Custody' campaign and listen to Andrew Lansley's speech from March 2011**
- **Find out more about Youth Justice Liaison and Diversion on the Chimat website**

DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 116 September 2011

Sections

Evaluating Quality Accounts

Most NHS healthcare service providers in England have submitted an annual report to NHS Choices about the quality of their services since June 2010.

Now in the second year of statutory reporting, these Quality Accounts include reports from community service providers.

The Department of Health (DH) is currently looking at this year's publications with a view to making recommendations for further process improvements later in the year. Anyone who wishes to get involved in the evaluation, or who has feedback or suggestions, should get in touch with the policy team:

- **Neil Townley, Quality Framework Programme, Tel: 020 7972 5209 neil.townley@dh.gsi.gov.uk**

- **Download Quality Accounts direct from the provider or the NHS Choices website**

NEWS IN BRIEF

Seasonal Flu Immunisation Programme 2011/12

David Behan, Director General, Social Care at the DH has urged frontline healthcare staff to support the seasonal flu vaccination programme this winter. Behan said that risk groups who should be offered the seasonal flu vaccine this winter include those who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill. He also said employers of frontline social care workers in all sectors should consider making the vaccination available to their staff.

- **Read the letter**

Implications of seasonal influenza on organ donation

The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) has published advice on the implications of seasonal influenza for the donation of organs for transplantation. In general, organs from any potential donor should be offered, and the implanting surgeon will decide on their use. Seasonal influenza may make certain organs unsuitable in some cases. The advice provides guidance on a range of scenarios, including when a potential donor has suspected influenza, or has had contact with someone who has influenza; on immunisation in relation to donors and healthcare workers; and testing of donors for influenza.

- **Download the advice**

Flu vaccine uptake among healthcare workers

The latest seasonal flu vaccine uptake report from the DH shows that 37 percent of doctors, excluding GPs, protected themselves against flu last winter. The data details healthcare workers by occupation for the first time, revealing who accepted scientific advice to take the vaccine. The uptake among health workers was as follows:

- 42.5 percent of GP practice nurses
- 38.2 percent of GPs
- 30 percent of nurses, including

Continued on page 8

DH Department of Health

NHS

Medical Directors' Bulletin. Issue 116 September 2011

Sections

Continued from page 7

hospital nurses and midwives Healthcare workers taking the vaccine increased from 26.4 percent over the 2009/10 winter to 34.7 percent over the 2010/11 winter.

- **Read about flu vaccine information**

Treating non-UK residents

New regulations and guidance on charging overseas visitors for NHS hospital treatment came into force on 1 August 2011. These include some new categories, which are exempt from charge, an extended disregarded absence period for UK residents and revised guidance on when to provide treatment to those not entitled to it free.

- **Read the regulations and guidance**

Medical information on an app

The iTunes store now has medical apps available for download, many of them for free. A new app on thrombosis guidelines, produced by Cranworth Medical Ltd, for Guy's and St Thomas' NHS Foundation Trust provides information on how to prevent and treat thrombosis quickly and effectively.

- **Download the app**

Disease control in prisons and places of detention

The DH's Offender Health Division and the Health Protection Agency (HPA) have a new online resource to provide advice and guidance on infection and communicable disease control in prisons. The e-manual advises on specific infections, dealing with outbreaks, key points on immunisation, and guidance on infection prevention and control within custodial settings. It should be used in conjunction with any relevant evidence-based guidance from the DH, HPA, Prison Service Orders and other relevant sources or departments.

- **Download the guidance**

Update to Clinical Guidelines for Immunoglobulin Use, Second Edition

DH has issued an update to the Clinical Guidelines for Immunoglobulin Use, Second Edition. The update should be used in conjunction with the Second Edition Guidelines, which remain in place. The Clinical Guidelines for Immunoglobulin Use, implemented in 2008, ensure best practice in the use of immunoglobulin across all indications. They support the Demand Management Plan for immunoglobulin use, introduced to provide guidance on appropriate use, manage demand and ensure supply for patients for whom immunoglobulin is life-saving. This update fulfils the commitment made in the Second Edition to undertake a biennial review from 2009.

- **Download the Clinical Guidelines for Immunoglobulin Use, Second Edition**

Continued on page 9

DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 116 September 2011

Sections

Review of Good Medical Practice

The General Medical Council is reviewing 'Good Medical Practice' (GMP), its core guidance for doctors. Medical directors and other healthcare professionals are invited to submit their opinions on what should be included in GMP before a formal consultation takes place in October.

- **Visit the website**
- **Read opinion pieces and vote on your priorities for the revised edition of GMP**
- **Sign up for monthly updates to stay in touch with the review**
- **Join discussions about the review on Facebook or on Twitter @gooddoctoruk**

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