DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 113 May 2011

Gateway number: 16138

Sections

Reviewing and strengthening engagement

I would like to extend my thanks to everyone who has taken part in the listening exercise around the Health and Social Care Bill.

The considered comments on, and concerns about, the proposed changes to the NHS that have been offered during this intense exercise will help shape the Bill so that the NHS operates on sound clinical consensus, derived from a combination of opinion and evidence, where available.

Two things strike me about the input from clinical colleagues into this process. First: it was organised, professional and based on a genuine desire to be heard and contribute to the process. My second realisation is that this engagement and input should not stop just because the listening exercise has concluded.

We know the NHS Future Forum will continue in an advisory capacity and, once again, I am grateful that so many clinicians are keen to continue their work in this regard. The East Midlands Medical Director Kathy McLean has made a vital contribution to the Forum and will continue to do so.

We are now entering a new phase as we wait for the Forum's report and the Government's response to it. But, in any event, we have learnt a number of lessons about how to improve the NHS, which we can start or continue to implement.

As you will have read in the latest transition letter, David Nicholson has asked me to work with the national clinical directors and other interested colleagues to strengthen our multi-professional clinical networks, which he sees as central to the new system. But maximising their potential will require further engagement.

There is a central role for networks in the new system, as the place where clinicians from different sectors come together to improve the quality of care across integrated pathways. That is why I want to put these networks at the heart of our efforts to renew and strengthen engagement.

Bruce Keogh,
NHS Medical Director

DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 113 May 2011

Sections

Update on NHS listening exercise

It is not too late for medical directors to contribute their views to the NHS Future Forum, as part of the Government's efforts to listen to the NHS and other stakeholders in order to improve the Health and Social Care Bill.

The formal deadline for responses is 31 May, and Professor Steve Field, Chair of the NHS Future Forum, is urging organisations and people throughout health and social care to get involved with the listening exercise.

In a letter to stakeholders, Professor Field says the Forum is aware of the need to listen to frontline staff, patients and the public and has worked with the NHS at local and regional levels, and with patient organisations such as Regional Voices and the Patients Association to do so.

Over the course of the listening exercise, members of the NHS Future Forum have attended over 200 separate listening and discussion events. These include meetings with:

- members of the British Medical Association
- senior NHS managers at the NHS Confederation
- the Academy of Medical Royal Colleges
- frontline NHS staff across the country, in Sheffield, Cambridgeshire, London and Nottinghamshire
- women leaders in the NHS
- senior doctors at the Royal College of Physicians
- charities and the voluntary sector

Medical directors can submit their responses to the listening exercise online, up until 31 May 2011.

Links & info

- **Find out more about the NHS Future Forum and take part in the listening exercise**
- **Read Professor Steve Field's letter**

DH Department of Health

NHS

Medical Directors' Bulletin. Issue 113 May 2011

Sections

Cohesion of clinical and financial leadership crucial in modern NHS

Dr Mahmood Adil has joined the central DH QIPP team as a National QIPP Adviser.

Drawing on his professional experience as well as his recent experience on the cost and quality relationship at the NHS Institute, Mahmood's particular focus will be to scope and develop approaches for building clinical and financial managerial engagement in achieving the QIPP outcomes at all levels in the system.

As the listening exercise continues to engage with, and learn from, experts, patients and frontline staff within the NHS and beyond, we know that, whatever changes to the Bill the pause may bring, the QIPP challenge remains – that is, to deliver annual efficiency savings of up to £20 billion by 2014/15.

The role of staff is, of course, critical and we need to think creatively about how to harness their expertise – especially those of clinical and finance directors – to maintain and improve quality throughout this period of organisational change and financial constraint.

With over 20 years of clinical, public health, management and senior civil service experience in the NHS and the DH, Mahmood has a track record of local, national and international accomplishments. He has also recently finished his fellowship secondment at the NHS Institute for Innovation & Improvement.

Mahmood has worked on linking policy with service transformation and championing ways to engage clinicians and finance managers on the QIPP agenda within NHS organisations. Both the *Health Service Journal* and the Healthcare Finance Management Association have commended his work.

Mahmood will be linking with providers, commissioners and other stakeholder bodies and professionals to identify priorities, barriers and tools for clinicians and finance managers to work together to improve quality and decrease cost through their joined-up efforts. He welcomes medical directors' ideas, suggestions and existing examples of good practice of clinical and finance engagement in the NHS.

Links & info

- **Email Mahmood with your ideas and feedback**

DH Department of Health

NHS

Medical Directors' Bulletin. Issue 113 May 2011

Sections

Ready with a QIPP

The beginning of this financial year marked the official start of QIPP delivery. In other words, this is the start of the four-year period in which the NHS will deliver its quality, innovation, productivity and prevention priorities through QIPP.

The programme, which has been in development since July 2009, aims to deliver up to £20 billion in efficiency savings and improve quality of care by reinvesting cost savings. At a local level, the NHS has already successfully implemented elements of the plan, cutting waste and improving efficiency.

Commissioning milestones

GP Sir John Oldham is leading a workstream looking at the treatment of patients with long-term conditions. Each SHA has introduced at least one pilot pathway team, and over half of all health economies are actively engaged with the workstream, which aims to reduce unnecessary hospital admissions. Through coaching led by Sir John, NHS teams have redeveloped the care pathways for patients with long-term conditions.

Meanwhile, the Right care national workstream is working to support the NHS to involve patients in decisions about their own care. From the patient's perspective, this provides them with a greater understanding of what's happening to them and why, as well as making sure they have more realistic expectations of the outcome of their treatment.

When patients understand a treatment's limitations, and the alternatives available, they will often

Continued on page 5

DH Department of Health

NHS

Medical Directors' Bulletin. Issue 113 May 2011

Sections

Continued from page 4

choose the less invasive, less risky option, which is also likely to be less expensive. Led by Dr Steve Laitner of the East of England SHA, the workstream is developing tools to help GPs introduce shared decision making for a range of common procedures. NHS Direct is also preparing to launch online decision aids to help patients consider their treatment options for prostate cancer and rheumatoid arthritis.

A revised Atlas of Variation is set to replace the original version published in November 2010, and will include the evidence that tackling unwarranted variation in healthcare provision will achieve best value from the money spent on commissioning.

The second edition of the Atlas will cover more clinical areas and be aligned with the five domains of the NHS Outcomes Framework. Its launch will provide the opportunity to discuss how variation can best be tackled and how to achieve the best value from services.

The introduction of accountable, integrated clinical models will provide opportunities to discuss the role of commissioners. It will also help focus discussions around improving local populations' and health and social care services' understanding of, and role in, developing bespoke commissioned services.

Dr Anne Talbot, GP and Associate Medical Director at NHS Bolton and National Clinical Lead for Urgent Care Clinical Dashboard, is running a pilot programme to demonstrate a newly developed dashboard tool, designed to give GPs daily updates on their patients who have accessed urgent care. The Bolton-based pilot has reduced urgent admissions and enabled GPs to treat more patients in primary care.

Prescribing habits are another area where there is significant variation between GPs, suggesting that waste can be reduced. The National Prescribing Centre is preparing to release further guidance on specific medicines which it considers should be prescribed less, or not at all, based on cost and quality benefits.

Dying Matters will host a campaign on behalf of the End of Life Care workstream, asking GPs to identify the estimated one per cent of their patients who are in their final year of life, and discuss care options with them to improve outcomes. From 22 June, GPs will start to receive materials via email to help them consider their end of life care services. Reducing unplanned hospital admissions for people in the last year of their lives could enable a good death for thousands more people.

Provider milestones

In hospitals, QIPP is helping to improve safety and the patient experience, while contributing to efficiency savings. Back-office functions can be particularly variable, and a report published jointly with the Foundation Trust Network last year will help acute providers to compare costs and identify best practice opportunities, to maximise the budget available for frontline care.

Meanwhile the Productive series supports ward leaders and nursing

Continued on page 6

DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 113 May 2011

Sections

Continued from page 5

teams through structured methods designed to improve the ward environment, systems and processes.

Procurement is also coming under scrutiny in the new QIPP era, and a diagnostic tool developed by the Foundation Trust Network allows organisations to identify their procurement strengths and weaknesses, and find out where savings are possible.

Avoidable incidents such as falls, catheter-acquired infections and pressure ulcers cause harm to patients and create unnecessary cost. The Safe Care workstream has, therefore, developed a safety thermometer, designed to measure safety within hospitals and promote harm-free care.

Links & info

- **Read more about the national QIPP workstreams on the DH website**

World first for heart health

The world's first heart check-up booth is being trialled at Southampton General Hospital.

People fitted with pacemakers can access the walk-in cubicle for an instant check-up at a time that suits them – without the need for a nurse, doctor or appointment – which will help cut waiting times and missed appointments.

Once inside the booth, two loud bleeps and a bulls-eye signal confirm the patient's data has been transferred successfully from their pacemaker. Staff can then access and review the information through a secure server.

'This innovation is the sort of development in healthcare that we need,' said Professor John Morgan, a consultant cardiologist at the hospital.

'We can free up patients who don't need to see medical staff from having to attend clinics, while focusing staff time on the minority of patients who actually need to see a doctor – an example of how the health service can improve the use of NHS resources.'

Links & info

- **Read more on the Southampton University Hospitals NHS Trust website**

DH Department of Health

NHS

Medical Directors' Bulletin.

Issue 113 May 2011

Sections

NEWS IN BRIEF

Heatwave Plan 2011

The DH will reissue the Heatwave Plan for England on 26 May 2011 to raise professional and public awareness and enhance resilience in the event of a heatwave. It is an important component of overall emergency planning and will become increasingly relevant in adapting to the impact of climate change. A copy of the plan, the accompanying fact sheets for staff and a public information leaflet will be available on the DH website.

- **Download the resources**

Safeguarding responsibilities

The Coalition Government has published its Vetting and Barring Scheme Review, but until new legislation to implement the changes is introduced, the current safeguarding responsibilities remain. This includes the legal duty to inform the Independent Safeguarding Authority (ISA) if your organisation dismisses or removes a member of staff/volunteer from working with children and/or vulnerable adults – in what is legally defined as regulated activity – because they have harmed a child or vulnerable adult.

- **Read the Government's policy on safeguarding vulnerable adults**
- **Find out more on the ISA website**

Help shape the Faculty of Medical Leadership and Management (FMLM)

Doctors from different specialties, and at different stages of their career journeys, are invited to share their views on and expectations of the new FMLM. Findings will be used to inform and guide the development of the new professional body, which has been set up to promote the advancement of medical leadership, management and quality improvement at all stages of the medical career, for the benefit of patients. The Faculty has commissioned independent research agency, Ashridge Communications, to conduct the consultations in complete confidence. The survey will run from 16 June to 7 July, and if you – or any of your colleagues – would like to take part, please email Ian Phillips at ip1@ashridgecommunications.com with your name, job title, email address and telephone number, by 30 June at the latest.

- **Contact FMLM Project Manager Kirsten Armit for more information, please phone on 0203 075 1241, or by Kirsten.Armit@aomrc.org.uk**

National clinical IT system for prison healthcare

The system has now been adopted by all 136 prisons in England and is an important element in the wider drive to reduce health inequalities and improve healthcare for, and the rehabilitation of, offenders. It allows doctors working in prisons to share records between prisons electronically, instead of having to wait for paper records to arrive – for example, when a prisoner is transferred – and provides immediate, round-the-clock access to this information. The system also means that, prisons should be able to provide better quality health

Continued on page 8

Department of Health

NHS

Medical Directors' Bulletin. Issue 113 May 2011

Sections

Continued from page 7

information to local health services when a prisoner is released.

- **Read more on the DH website**
- **Access full details of the system on the NHS Connecting for Health website**

Lead the charge in patient safety innovation

The Health Foundation's Safer Clinical Systems programme is now open for applications. The programme is designed to test and demonstrate how improving healthcare systems or processes can systematically improve patient safety. Rather than waiting to respond to problems once they have occurred, the programme helps healthcare teams proactively identify potential safety breaches, enabling them to build better, safer healthcare systems. The Health Foundation is looking for eight provider organisations to take part in the programme, which involves testing ground-breaking strategies that could make a real difference to improving patient safety in their organisation and the wider healthcare arena. A full package of support will be made available to each successful team for two years. This includes funding of up to £150,000 and a tailored learning and development package. The work will begin in October 2011 and continue until September 2013. The deadline for applications is 30 June 2011.

- **Find out more on the Health Foundation's website**

New diabetes guidance published

NICE has published new public health guidance on the prevention of diabetes, to coincide with its annual conference in May. *Preventing type 2 diabetes: population and community-level interventions in high-risk groups and the general population* addresses both the prevention of raised or impaired glucose levels, and the prevention of diabetes in individuals whose glucose levels are already affected. People of South Asian, African-Caribbean, black African and Chinese descent are at a greater risk of developing type 2 diabetes, as are people from a lower socio-economic background.

- **Download the guidance**

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