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### Voicepiece – Bruce Keogh

The British Medical Journal (BMJ) recently ran a survey asking if providing hospital services seven days a week is worth the extra cost. The response of 77 percent saying yes, is heartening because moving to a seven-day service needs sustained clinical support and clinical leadership.

Patient centred care means different things to different people. In my view, it is the desire to serve patients in an effective and compassionate way. It is the reason we went to medical school and what drives all clinical professionals on a daily basis, whether this be in a consulting room, clinic or operating theatre. Beyond these private encounters, a truly patient centred organisation embraces a more rounded approach to customer focus in general. We work in a highly complex healthcare system, which should respond to wider changes in society. One of these changes has been around the concept of the weekend.

For much of the 20<sup>th</sup> century the Monday to Friday working week structured society with a clear definition between working days and the weekend. But in the last 20 years, this division has been broken down. Now shops open seven days a week, some for 24 hours a day. More people than ever before choose to work on the weekend and have time off in the week. These changes have not had such an impact on the NHS because we have offered weekend emergency services and maternity cover since inception of the service in 1948. Societal and economic pressures have driven manufacturing, retail, recreation and travel industries to move to routine seven-day working. The NHS, however, has remained insulated from

these demands by the security of offering basic emergency service provision. The growing body of evidence that this has a significant and detrimental impact on the outcomes for our patients means that insulation is wearing thin.

My question is whether the status quo is sustainable or good enough in an increasingly consumer based society? A cynic could argue that a culture of convenience for healthcare staff rather than the patient has prevailed. So I believe it is time to move ahead on routine seven day working in the NHS – and I believe that this should be led by the profession.

There will be difficult issues to tackle, not least around the economics. But these are arguments around outcomes, efficiency, economy and compassion that are compelling.

Currently expensive diagnostic machines lie dormant, pathology labs, operating theatres and clinics are empty for almost a third of the week. Greater utilisation of these facilities could improve access, diagnostic response times for in-patients and outpatients and increase activity. If there were a greater consultant presence at the weekend, we would see complications reduced and shorter hospital stays for patients. So there is a strong clinical quality argument in favour of tackling this issue.

Seven-day working would be contingent on resolving complex relationships between primary care, hospitals and social care, as well as addressing some difficult workforce issues and we need to be careful not to dilute the efficiencies of the standard working week. But I believe it is right to try because it would enable us to be truly patient-centred for the whole of the week, rather than for two thirds of it.

There are many good examples of hospital services that have moved to routine evening and weekend working. However, the vision and effort of the clinicians and managers involved is often frustrated by an inability to liaise with primary care or secure simple diagnostics, transport or social care support at the weekend. So there are a number of interconnected issues, which cross the boundaries of primary and secondary care, health and social care and professional interests. They all invite questions about whether the NHS has responded quickly enough to changes in society and the reasonable expectations of citizens.

We have the opportunity to deliver a paradigm shift in the way we deliver care. Not to respond this would be a missed opportunity, not only to demonstrate clear and decisive clinical leadership in the NHS but also to secure potential benefits for our patients, our society and our NHS. In short, the provision of six or seven-day clinical services is about compassion and convenience for our patients.

**Bruce Keogh**  
**NHS Medical Director**

**This article expresses a personal opinion and does not reflect Department of Health policy.**

This is an abridged version of an article published in BMJ 13 February 2012

## **Medical Director profile – Mike Durkin**

In June 2011 Mike Durkin, Medical Director for NHS South West, took over from Anita Thomas as National Clinical Director for venous thromboembolism (VTE). He currently supports NHS Medical Director Bruce Keogh with medical leadership across the 110 organisations his SHA covers and in his new role will be working to improve the awareness, treatment and prevention of VTE – one of the most common forms of avoidable death in our country today.

Two very different, but equally demanding roles – but Mike is not one to compartmentalise his time.

“My brief as Medical Director is quality improvement and patient safety,” explains Mike.

“VTE is an essential element of this – where there is good management of VTE in a hospital it’s a great indicator of good performance across the board. Whatever I am doing and wherever I am doing it, all my questions relate to patient safety, whether it’s VTE or any other condition.”

Mike was keen to take the role of National Clinical Director after working with Anita to establish how to deliver visible improvements in recognition and prevention of the condition. Mike saw the opportunity within his own SHA to enable change and began a peer review assessment of how VTE is recorded across all the inpatient facilities in the south west. Now in his new role he is able to work on the vision of a programme that delivers change across the country.

“I have three key objectives in this role,” Mike says. “First to focus on the work of the VTE Board: ensuring that hospitals deliver risk assessments for VTE in 90 percent of patient interactions and work towards a future goal for universal adoption of audits and root cause analyses for patients who have been diagnosed with the condition.”

“Secondly, as we move towards the commissioning world I am committed to delivering a coherent and comprehensive set of guidance and tools on VTE for commissioners. And finally I am supporting the education and increased awareness of the condition amongst the public and our patients.”

For Mike one of the crucial instruments to achieving his aims is the Outcomes Framework. He sees it as a tool that not only gives the public the indicators they need to determine the quality of their local services but also for professionals and clinical leaders who need to be more active in their quality improvement.

“VTE is very much part of the safety domain of the Outcomes Framework and is used to demonstrate improved outcomes – the question is how we use this information,”

Tried and tested is the introduction of a CQUIN – a commissioning tool for quality and innovation – giving hospitals incentive payments if they can demonstrate consistent risk assessments in over 90 percent of patients. Mike is now looking to introduce a CQUIN for administering preventative treatment in over 90 percent of cases, whether it is through medication or other methods.

He is also supporting the use of the Safety Thermometer, a tool to empower clinicians and nurses at the bedside by improving safety techniques when they are dealing with VTE, pressure ulcers, falls and catheter associated infections.

Mike is very clear about the challenges involved with improving the prevention or early treatment of VTE.

“A key issue is establishing an outcome indicator for VTE that reflects what we have learnt so far and is a useful measure for the success of the system – currently it is very difficult to assess how many people suffer from the condition,” says Mike.

To tackle this he is encouraging more effective note taking in patient records of VTE – essential information that he hopes will eventually form a national VTE registry that will provide the data they need to assess the success of prevention on a wider scale.

Translating this into different healthcare settings is also high on the agenda. The effective transfer of learning from risk assessments happening in the acute sector to mental health, community hospitals and care homes means that more patients will benefit and increase their chances of avoiding VTE.

## Improving health care for children and young people

An independent group of experts is working to develop a new strategy for improving care for children and young people.

The Children's and Young People's outcomes strategy will focus the health service on improving health results for children, including those needing primary, hospital and urgent care, and children with long-term conditions.

It will identify health issues that matter most to children and young people and the ways a modern NHS will meet their needs.

To inform the strategy, a group of independent experts from local government, the NHS and charities will hear views from children, parents, carers and wider families, as well as health professionals.

The Forum will be jointly chaired by Professor Ian Lewis, Medical Director at Alder Hey Children's NHS Foundation Trust and Christine Lenehan, Director at the Council for Disabled Children.

The Forum, which is designed on the NHS Future Forum model, will carry out a three-month period of engagement with appropriate stakeholders before submitting its recommendations to the Government later in the year.

### Links & info

- [More information about the 'Children's and Young People's outcomes strategy'](#)

## The National Laboratory Medicine Catalogue Open peer review

The National Laboratory Medicine Catalogue (NLMC) provides the first comprehensive standard for pathology test requests and results reporting. It has been jointly developed by the Royal College of Pathologists, the Department of Health and NHS Connecting for Health.

Up until now, there has been no way of reporting pathology test results in a uniform, standardised way across the country meaning that different names in different settings could mean the same or different things.

The NLMC enables pathology test requests and results to be standardised in common and consistent formats, meaning health professionals can be certain they are requesting the right test every time and can safely interpret the results of pathology investigations even when they come from more than one source.

The next release of the Catalogue is now available for wider peer review by anyone with an interest or expertise in pathology services.

A full launch will follow in July 2012 after which the Catalogue will continue to be updated on a regular basis - starting quarterly and then reducing in frequency as its content becomes more comprehensive.

### Links & info

- [Access the National Laboratory Medicine Catalogue and the comms pack](#)

## New guidance from GMC says doctors must raise concerns about patient safety

New guidance from the General Medical Council (GMC) advises doctors against entering into contracts or agreements that seek to stop them raising concerns about poor quality care.

Raising and acting on concerns about patient safety, explains that doctors have a duty to act when they believe patient safety is at risk, or when a patient's care or dignity is being compromised. The guidance explains when doctors need to raise concerns and advises on the help and support available to them, including how to tackle any barriers that they may face.

Doctors also have responsibility for the safety and wellbeing of patients when performing non-clinical duties – including when they are working as a manager. Additional new guidance - Leadership and management for all doctors - aims to help doctors understand their responsibilities in relation to employment issues, teaching and training, as well as planning, using and managing resources.

The two documents will be sent to all 240,000 doctors on the medical register and the new guidance comes into effect on 12 March 2012.

The GMC's new Liaison Service will use the guidance and work with medical directors, doctors and patient groups to help foster openness and a willingness to speak out across the health service.

### Links & info

- [Access Raising and acting on concerns about patient safety](#)
- [Access Leadership and management for all doctors](#)

## Access for clinicians to the Lancet online

As part of the drive to provide open access to high quality evidence, the National Institute for Health and Clinical Excellence (NICE) has signed an agreement with Elsevier to fund a national subscription to the online version of The Lancet via NHS Evidence.

The agreement, which came into effect in January 2012, gives every member of staff who is eligible for an NHS Athens password access to the latest online edition of The Lancet, as well as back copies from the last four years via NHS Evidence, the online service provided by NICE. This removes the need for NHS organisations - including GP practices and individual GPs - to subscribe to access The Lancet online - a move which saves time and money and provides NHS-wide access to this valued resource.

GPs and clinicians who do not already have a NHS Athens account may [register online](#).

For additional support with online journals and other electronic information resources, please contact your [local library service](#).

### Links & info

- [Find out more about accessing The Lancet and how to register for a NHS Athens password](#)

## Improving the quality of medical training

The General Medical Council (GMC) is consulting on new proposals for the recognition and approval of medical trainers to improve the quality and consistency of medical training across the UK.

The new plans will help to clarify the roles and responsibilities of those who deliver training, as well as the parts played by the GMC, postgraduate deaneries and medical schools.

Local education providers such as NHS trusts would use a structure of seven areas (from the Academy of Medical Educators) to show how they identify, train and appraise trainers. Postgraduate deaneries and medical schools would be responsible for holding the names of all recognised non-GP trainers and will be responsible for maintaining standards of training.

The GMC wants to hear from medical training organisations, healthcare providers and medical trainers. The consultation runs from 6 January to 30 March 2012.

#### Links & info

- [Respond to the consultation](#)

## NEWS IN BRIEF

### NHS pensions proposals: the facts

The Government set out the key terms of an improved pension offer for NHS staff on 20 December 2011. Since then, the Department of Health has held constructive talks with NHS Employers and the NHS trades unions to consider the details.

A new pension fact sheet and an online calculator are available on the Department of Health website. The calculator relates to proposals for a new NHS pension scheme from 2015 and has been developed by an independent pension specialist working with NHS trades unions, the Department of Health and NHS Employers.

**Link:** [www.dh.gov.uk/health/2012/02/pension-factsheets/](http://www.dh.gov.uk/health/2012/02/pension-factsheets/)

**Calculator:** [www.dh.gov.uk/health/2012/02/pension-calculators](http://www.dh.gov.uk/health/2012/02/pension-calculators)

### Short guide for providers to the Health and Social Care Bill

The Department has published a short guide to parts 3 & 4 of the Health and Social Care Bill for providers of NHS-funded services. The guide outlines the different components of the proposed sector regulation regime, how it will protect and promote patient's interests and how it will work for different types of providers. It also outlines further legislative proposals to increase foundation trusts' autonomy and strengthen their accountability.

#### Links & info

- [Read the short guide](#)

## CAS Emergency Alerts

All trusts are reminded of their responsibility to make sure they have adequate local processes in place to deal with CMO messages, MHRA drug alerts and Dear Doctor letters (emergency alerts) issued via the Department's Central Alerting System (CAS) and addressed to medical directors and directors of public health for action.

Occasionally these types of alerts are issued outside normal office hours and require immediate onward cascade. Therefore, it is important that local procedures also reflect this out-of-hours requirement and can facilitate the dissemination of urgent alerts within the timescales required.

During transition, trusts may wish to consider setting up a generic mailbox for receipt of these alerts, from which an auto cascade system can forward to relevant staff. Please contact the CAS Helpdesk - [safetyalerts@dh.gsi.gov.uk](mailto:safetyalerts@dh.gsi.gov.uk) for further information and advice.

## First estimates of funding for new commissioning structures

Clinical commissioning groups (CCGs) could be responsible for almost £65 billion of NHS funding, with the NHS Commissioning Board (NHS CB) responsible for around £21 billion of commissioning expenditure and around £5.2 billion spent on public health services.

These estimated figures have been developed by mapping PCT spending in 2010/11 to the proposed responsibilities of CCGs, the NHS CB and local authorities and uplifting them to 2012/13 levels.

Understanding baseline spend is the first step in establishing future budgets. Further analysis will build on this work.

- For more information please visit the [Department of Health website](#)

## National Directors appointed

The NHS Commissioning Board Authority announced on 3 February 2012 the appointment of the five National Directors:

- Chief Operating Officer - Ian Dalton (currently Cluster Chief Executive, NHS North of England)
- Chief of Staff - Jo-Anne Wass (currently NHS Chief of Staff)
- National Director: Commissioning Development – Dame Barbara Hakin (currently National Managing Director of Commissioning Development)
- National Director: Improvement and Transformation – Jim Easton (currently National Director for Improvement and Efficiency)
- National Director: Policy, Corporate Development and Partnership – Bill McCarthy (currently Managing Director, NHS Commissioning Board Authority)

The three remaining posts of Chief Nursing Officer, National Director of Finance and National Director of Patient and Public Engagement, Insight and Informatics will be recruited to in the coming months.

Subject to passage of the Health and Social Care Bill, these posts are expected to transfer to the NHS Commissioning Board once it is established as an Executive Non Departmental Public Body later in 2012.

## 3 million lives campaign

The 3millionlives campaign aims to enhance the lives of three million people over the next five years by accelerating the roll out of telehealth and telecare in the NHS and social care.

Minister for Care Services Paul Burstow has reaffirmed his commitment to 3millionlives following a parliamentary reception event in January, where he confirmed the approach to delivery of telehealth and telecare and launched a Concordat between the Department of Health and the telehealth and telecare industry.

By working together the government, NHS and the industry have the expertise to overcome the existing barriers to develop these services for the benefit of millions of people.

### Links & info

- [Find out more on the 3millionlives website](#)

## Organs for transplantation from donors with primary brain tumours – report published

### Transplantation of organs from donors with primary brain tumours

The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) has reviewed the use in transplants of organs from donors with primary brain tumours. Implementation of its recommendations could make some additional organs available.

Currently people with malignant disease do not usually become organ donors, because of the risk of transmitting the malignancy. Primary brain tumours, however, have a very low risk of metastasising to organs used in transplantation and being transmitted to the recipient.

SaBTO reviewed the UK experience of transplanting organs from donors with primary brain tumours. They considered the risks of a tumour being passed to a transplant recipient, the comparative risk of not having a transplant, and whether the outcome of a transplant with such an organ was different from others. Based on their analysis of the evidence SaBTO concluded that, except in certain circumstances, organs from donors with a primary brain tumour would be suitable for use and drew up recommendations to help clinicians make the decision in each individual case.

SaBTO has published a report setting out the evidence, methodology, conclusions and recommendations.

#### Links & info

- [Read the Report](#)

## Supporting mental wellbeing in the workplace

The Chartered Institute of Personnel and Development and mental health charity Mind have launched a guide to help more employers manage and support mental health at work.

The guide will help employers manage people in ways that support their mental wellbeing and resilience, and encourage employees to talk about any mental health issues they may be facing at an early stage.

#### Links & info

- [Read the guide on the Mind website](#)

## The Campaign Resource Centre

The Campaign Resource Centre (CRC) is the new home for all public health campaign resources on the DH website. The Centre provides campaign summaries and all the accompanying resources for working with the public. If you want to start conversations with families and adults about healthier lifestyles, stopping smoking, the signs and symptoms of cancer or stroke, or you need trustworthy advice about the issues that affect young people, the CRC is can help.

#### Links & info

- [Visit the Campaign Resource Centre to find out more or to subscribe to receive regular updates](#)



## Be Clear on Bowel Cancer – launch and resources for campaign

The first national NHS campaign to raise awareness of the signs and symptoms of bowel cancer has been launched by DH.

Bowel cancer is England's second most common cancer, with around 33,000 new cases each year. It is estimated that 1700 additional lives could be saved each year if England's bowel cancer survival rates matched the best in Europe.

Public awareness of the signs and symptoms of bowel cancer is low. The campaign advertising alerts people to the key symptoms and encourages them to see their GP if necessary.

Running until the end of March, the campaign includes TV, radio, press, bus and online advertising, as well as a series of events across the country.

### Links & info

- Visit the [website](#) for further information about bowel cancer
- Visit the [Campaign Resource Centre \(CRC\)](#) for public health information and resources
- DH publications including leaflets and posters can be ordered free of charge from the DH [orderline](#) or by calling 0300 123 1002

## Stop alcohol sneaking up on you

Change4Life has launched a new alcohol campaign, which aims to raise awareness about the health harms of regularly drinking more alcohol than the recommended guidelines. It provides hints, tips and tools to encourage people to reduce the amount they drink.

More than 9 million drinkers in England are potentially putting their health at risk by regularly drinking above the lower-risk guidelines – that men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units a day.

The new campaign aims to support those who are unaware that regularly drinking over the recommended guidelines can lead to serious health problems, from liver damage to a greater risk of getting cancer or having a heart attack.

The campaign includes a 60-second TV advert, a new Change4Life leaflet, poster and a new online drinks checker to help people quickly assess their drinking, find out the risk and get tips to help them cut down. Read more about drink swaps [here](#).

### Links & info

- Visit the [Campaign Resource Centre](#) for all the latest campaign news, leaflets posters and toolkits
- Visit the [alcohol self assessment tool](#) on the Change4Life website

## EVENTS

### Service Line Management: The need to move towards a different model of service delivery

The Healthcare Financial Management Association (HFMA) and Monitor will be holding a Service Line Management (SLM) conference in central London on Tuesday 20 March 2012. The conference will cover key SLM topic areas and will highlight the importance and benefit for organisations in adopting an SLM approach. Speakers will be drawn from a variety of organisations and will include chief executives, medical directors and directors of finance. Professor Chris Ham, Chief Executive, The Kings Fund will chair the conference.

## **Links & info**

- [Download the full SLM conference agenda](#)
- For more information please contact Lay In on 0117 938 8988 or [lay.in@hfma.org.uk](mailto:lay.in@hfma.org.uk)
- [Book your place on the SLM conference online](#)

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