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Keeping a keen eye on quality



There has been a period of uncertainty for the NHS, during which our staff have shown resilience and turned the question marks

into a series of genuine engagement opportunities throughout the Listening Exercise.

This has resulted in some changes to the Government's plans for modernisation of the NHS, and we now have new clarity on the future direction of travel and a revised timetable for the transition – subject to the passage of the Health and Social Care bill.

As medical leaders, we must remind staff of the NHS priorities that we need to focus on to ensure high

quality patient care, now and in the future. Writing in [a special edition of 'the month'](#), David Nicholson praised the NHS for maintaining a strong focus on finance and performance during 2010/11.

Referral to treatment waiting times have remained stable and we have made further reductions in healthcare associated infections. We have done well, especially during a time when many staff will be unsure about their own career in the NHS.

A potential victim in all of this could be the handover between old and new organisations. As our structures and accountabilities change, we must also keep a close eye on our organisations' emergency readiness plans.

In the past, NHS organisations have responded swiftly and professionally

to emergencies such as swine flu, thanks to a tested resilience plan and clear lines of accountability. There is a risk that these responsibilities could become lost in transition arrangements.

The National Quality Board recently published the first part of its report '[Maintaining and improving quality during the transition](#)', which highlights how quality must remain the guiding principle as organisations implement modernisation plans.

We must not drop the focus on improving quality of care, particularly in organisations that have ambitious cost improvement programmes. Safeguarding quality is the responsibility of an organisation's board, but must be ensured across the system.

Bruce Keogh,
NHS Medical Director



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Government accepts core NHS Future Forum recommendations

The Government has published its full response to the report by the NHS Future Forum, in which it accepts the Forum's core recommendations.

This means that, along with GPs, nurses, hospital doctors and lay people will also sit on the boards of clinical commissioning groups (formerly called GP consortia).

Commissioning groups will all be established by April 2013 but, where a group is not yet ready, the NHS Commissioning Board will commission on their behalf. Commissioners will be supported by clinical networks, which will advise on single areas of care, such as cancer.

New clinical senates will also be set up in each area of the country to provide multi-professional advice on local commissioning plans and how to make patient care fit together seamlessly, which the clinical commissioning groups will be expected to follow.

Health care regulator Monitor will have a duty to protect and promote patients' interests – rather than

promoting competition as an end in itself – and clinical commissioning groups will take over responsibility for commissioning only when they are ready and willing.

There will be stronger duties on commissioners to promote – and Monitor to support – care that is integrated around the needs of users – for example, by extending personal health budgets and joint health and social care budgets.

Public Health England will be established as an executive agency of the Department of Health. This will ensure that expert and scientific advice is independent, while at the same time integrating policy and action to allow a more joined-up approach to health protection and emergency planning.

In a letter in a special NHS Modernisation issue of 'the month',

NHS Chief Executive David Nicholson says: 'I am confident that the new approach to transition, which maintains an integrated delivery system and with regional oversight during 2012-13, will increase stability and provide greater flexibility going forward.'

'Our priorities for the coming period must be to maintain our grip on current performance, including quality, safety and financial control, while creating fresh momentum for change in preparation for the new system.'

Links & info

- [Read David Nicholson's letter](#)
- [Read the NHS Future Forum's report](#)
- [Read the Government's response to the recommendations](#)



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On the road to revalidation

Medical director of the Revalidation Support Team Dr Anita Thomas outlines the challenges ahead and what the process will mean for medical directors.



Can you describe what your new role involves?

I lead the clinical team that provides leadership to the

Revalidation Support Team (RST), working closely with the Chief Executive Allan Coffey. This involves developing and maintaining relationships with partners and stakeholders, including the Department of Health, the General Medical Council (GMC), royal colleges, the medical profession and the public; developing policy and strategy with key partners and providing clinical advice to the RST.

What attracted you to this position?
I'm deeply committed to the idea

of medical revalidation because I believe it will support high quality care and give the public confidence. As a practising consultant physician with experience of rolling out national programmes in the NHS, I believe I have much to offer the RST in terms of making sure the system works for both patients and doctors.

What are your main priorities in this role?

My main priority over the coming months is to engage with all stakeholders to deliver a form of medical revalidation that supports high quality care, provides assurance to patients and employers, and contributes to doctors' professional development. I also want to make sure the RST supports responsible officers as they prepare their systems and infrastructure for revalidation.

What do you consider to be the biggest challenges around revalidation?

One of the main challenges will be ensuring there is a consistent approach to appraisal, which will determine whether a doctor is behaving in a way that is consistent with the GMC's framework for appraisal and revalidation, and support professional development. The 'Medical Appraisal Guide', which the RST is developing, will produce clear and effective guidance on medical appraisal, building on the principles set out in the GMC's framework for appraisal and revalidation.

Another challenge is meeting the needs of doctors across different environments and with varied work patterns. This is why the RST is



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undertaking a further round of pilots with the NHS and the independent healthcare sector to assess how we can best meet the needs of staff grade and associate specialist doctors, doctors in training, locums in secondary care and clinical academics.

How and when will the changes impact on medical directors?

The RST is working with the health sector to ensure they have the systems in place to underpin revalidation ahead of a final assessment of readiness during summer 2012, with the plan to implement in late 2012. At that point, responsible officers already in post will begin the process of making recommendations to the GMC about the revalidation of the doctors for whom they are responsible.

In most designated bodies, it is the medical director who has taken on the role of responsible officer. They are already preparing for the rollout



of revalidation by familiarising themselves with their role and attending training, which is currently being offered through their SHA. By now, the vast majority of responsible officers have led their organisations in completing the Organisational Readiness Self-Assessment (ORSA) process developed by the RST.

Co-ordinated through the SHA, this has allowed them to take a close look at their organisation's clinical

governance systems and appraisal schemes to ensure they are fit for purpose. From the results of this assessment, they can then develop action plans to make sure their organisation is ready for the rollout of revalidation from late 2012.

Links & info

- Visit the Revalidation Support Team website for more information



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Maintaining performance during transition

Senior Policy Adviser Dr Peter Dickson of the National Clinical Assessment Service (NCAS) urges responsible officers to stay focused on managing performance during periods of change.

The overwhelming majority of doctors and dentists work hard to provide an excellent service. However, it is also known that some individuals may work in ways that pose a serious risk to the health or safety of patients, colleagues or the public, or in ways that constitute unacceptable conduct.

It is important to ensure that mechanisms to manage potential poor performance remain in place, during the current period of transition, as this small group of practitioners has a disproportionate impact on patient and public confidence in health services.

Medical directors and responsible officers play a vital role in ensuring that individual performance concerns are identified and dealt with early, not only to protect and safeguard patients and the public, but also to focus on

helping practitioners return to safe and valued practice. The earlier concerns are identified, the more readily safe practice can be restored.

During previous periods of change in the NHS, NCAS has noticed a reduction in referrals, which may reflect the challenge of paying attention to possible performance issues at such times.

As the NHS moves through a period of transition, it is important to remind ourselves of the importance of identifying and managing performance concerns earlier and more effectively.

This is particularly relevant in primary care where loss of 'corporate memory' may be more likely during any transitional phase. Medical directors must have absolute clarity on their delegated powers, as they begin to work in PCT clusters.

An NCAS guidance document sets out the main elements of developing and operating effective local procedures by building on existing processes. It is under revision to reflect current organisational changes, but the guiding principles remain the same.

NCAS continues to support medical directors and responsible officers in their local management of concerns about the practice of healthcare practitioners.

Links & info

- Contact NCAS on 020 7062 1655 for advice about dealing with practitioner performance concerns
- Visit the NCAS website for more information



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NEWS IN BRIEF

Call to action for dementia sufferers

The Dementia Action Alliance has launched 'The right prescription: a call to action on the use of antipsychotic drugs for people with dementia'. The aim of it is for dementia sufferers who are receiving antipsychotic drugs to receive a clinical review from their doctor by 31 March 2012 to ensure their care is compliant with current best practice and guidelines, and that alternatives to medication have been considered. It is estimated that more than 20 per cent of dementia patients in England are being prescribed antipsychotic medication. In November 2009, the Bannerjee report concluded that antipsychotic medication is used too often as a first-line response to behavioural difficulty in dementia, rather than as a considered second-line treatment, when other non-pharmacological approaches have failed.

- **Read more on the Dementia Action Alliance website**

Increase in numbers assessed for VTE

On 3 June the Department of Health (DH) published the third results of the mandatory VTE risk assessment data collection, relating to admissions between January-March 2011. The census provides information on the number of admitted adult patients in England who are reported as being risk assessed for VTE, a significant cause of death and disability in hospitalised patients. Eighty-one per cent of patients admitted to NHS acute care in the first three months of 2011 received a risk assessment, compared with 68 per cent between October and December 2010. A national goal on VTE has been included in acute provider CQUIN schemes for 2011-12 to support the work on VTE prevention. This CQUIN goal links payments to at least 90 per cent of adult patients being risk-assessed for VTE on admission to hospital.

- **Download the full results**
- **Read more about VTE in the CQUIN schemes**

Innovation Review

NHS Chief Executive David Nicholson has asked Sir Ian Carruthers to lead a review on his behalf on how the spread of innovations can be accelerated across the NHS. On 30 June, Sir Ian issued a call for evidence to the service and has also written to industry, the academic, scientific, representative and third sector organisations and social care to gather relevant ideas and best practice to scale up new ideas and accelerate the spread of innovation. The call for evidence will close on Wednesday 31 August and will inform the strategic approach to innovation in the modernised NHS.

- **Visit the DH website for more information on the review and how to contribute**

Favourable review of nurse prescribing

A report published by the Universities of Southampton and Keele has concluded that nurse and pharmacist independent prescribing is operating safely and effectively. The two



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universities conducted a study to evaluate the practice in order to inform planning for current and future prescribers. Their final report concludes that it is becoming a well-integrated and established means of managing patients' conditions and providing them with the medicines they need. The research also found high levels of satisfaction among patients attending consultations with nurse and pharmacist independent prescribers, and said these services were valued as an alternative to GP prescribing in primary care. The expansion of prescribing responsibilities also supports current priorities, including creating a patient-led NHS, extending choice, allowing clinicians greater autonomy and promoting better health outcomes.

- **Read more about the findings**

Mixed-sex accommodation on the way down

Reported breaches of mixed-sex accommodation rules have fallen by 77 per cent since December 2010 when monthly reports were introduced. As of May 2011, hospitals that breach

the rules are fined £250 for each patient affected, covering each day that they spend in mixed-sex accommodation. In April this year, hospitals reported that 2,660 patients were in mixed-sex accommodation without any justification, compared with 11,802 in December last year. Between March and April, the figure fell by 51 per cent.

- **Download the statistics**

Guidance on record access

The National Information Governance Board for Health and Social Care (NIGB) has published new guidance around diagnostic clinicians' access to health records. 'Access to Health Records by Diagnostic Staff – Guidance for Patients and Healthcare Professionals' provides clarity on the access diagnostic clinicians and their support staff have to patients' health records. It is particularly valid when clinicians do not have a direct relationship with the patient and cannot ask for consent to view the record themselves.

- **Download a Word version of the guidance from the NIGB website**

Tool for planning, applying and measuring cleanliness

The Department of Health and National Patient Safety Agency have worked with British Standards Institution (BSI) to produce a consensus based specification for planning, measuring and improving cleanliness services in NHS hospitals in England. The Publicly Available Specification (PAS 5748) is an additional means of demonstrating that the risks of a lack of cleanliness have been assessed. Hospitals can also use it to provide good practice evidence to the Care Quality Commission.

- **The PAS is available from the BSI website as a free PDF download to NHS organisations in England**

New and improved NHS LifeCheck tool

NHS Choices has relaunched its Baby, Teen and Mid-life LifeCheck resources as a single tool, which covers people of all ages. LifeCheck is a free, online health assessment



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for the public and healthcare professionals, which generates an individual health profile with health tips tailored to each person's needs. It also encourages users to set achievable goals and provides advice on behaviour change to improve people's health and wellbeing.

- **Access the tool**
- **Email queries to the DH LifeCheck team**

Celebrate public service success

If your team has an achievement worth shouting about, why not enter The Guardian Public Services Awards 2011? Your work or project can be any size – as long as it took place between 17 July 2010 and 15 July 2011 – and anyone within your organisation can enter. Applications close 15 July.

- **Find out more and apply**

GMC national training surveys 2011

Specialty trainees and trainers have until 22 July 2011 to tell the GMC what they think about training. The surveys help to ensure those with a role in medical

education and training are being effectively supported in delivering it and that the UK is producing competent doctors. The results tell the GMC how training is working by deanery, specialty and local education provider, right across the UK. Findings are shared with the GMC's partners to help drive improvement.

- **Find out more about the surveys, including previous results**

DIARY

NHS Confederation annual conference and exhibition 2011

Date: 6-8 July, Manchester

This year's event focuses on navigating the changes in the health service and brings together leaders from across the whole health system. Speakers include Secretary of State Andrew Lansley, Chief Medical Officer Professor Dame Sally Davies and NHS Chief Executive Sir David Nicholson.

- **Find out more and register**

DISCLAIMER

Unless otherwise stated, guidance referred to in the bulletin has not been commissioned or endorsed by the Department of Health – it is evidence that organisations and professionals may find helpful in improving practice. The National Institute for Health and Clinical Excellence is the Department's provider of accredited evidence and guidance, which can be found on the Institute's website at www.nice.org.uk

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