In this issue No 69/July 2016

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<td><strong>First national whistleblowing policy published to improve patient safety</strong>&lt;br&gt;People working in the NHS who raise concerns about the safety or quality of patient care will be supported wherever in the NHS they work, under new standardised national whistleblowing policy. Together with NHS England, NHS Improvement has published a single national integrated whistleblowing policy to help standardise the way NHS organisations should support staff who raise concerns, following a public consultation on the draft policy in November 2015.</td>
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<td><strong>NHS must follow protocols to address uneven death rates from emergency general surgery</strong>&lt;br&gt;There are currently unacceptable differences between hospitals in outcomes for patients undergoing emergency general surgery, with death rates for major operations in this field almost 12 times higher at some trusts than others. Every hospital offering such surgery should systematically implement all the guidelines drawn up by experts in this area, some of which have been shown to reduce the risk of death by a third. These are the main conclusions of a new report on emergency general surgery published the Nuffield Trust health think tank. The Trust was commissioned by the Royal College of Surgeons (RCS) both to identify the problems facing this area of surgery, and to try and find solutions to them.</td>
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<td><strong>Three million patients benefit from new innovations in pioneering NHS programme</strong>&lt;br&gt;Three million patients have begun to access new apps, safety devices, online networks, and a host of other new technologies and services during the first nine months of a pioneering NHS programme. The NHS Innovation Accelerator programme was launched in 2015 to help introduce new innovations into the NHS and its success after just nine months was highlighted at the UK eHealth Week conference in April 2016.</td>
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<td><strong>Primary care under strain and struggling with rising demand</strong>&lt;br&gt;The House of Commons Health Select Committee has published a new report entitled ‘Primary care’. The report analyses the challenges facing primary care and examines the long term solutions which can improve access to services and patient care. The report says that primary care is the bedrock of the NHS and the setting for 90 per cent of all NHS patient contacts. It is highly valued by the public but is under unprecedented strain and struggling to keep pace with relentlessly rising demand. The traditional model of 10 minute appointments with GPs no longer allows them to provide the best possible care for patients living with increasingly complex long term conditions.</td>
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NHS England backs general practice with a multi-billion transformation plan

The head of NHS England, Simon Stevens, has set out a multi-billion plan designed to get general practice back on its feet, improve patient care and access, and invest in new ways of providing primary care. Publishing a General Practice Forward View – developed with Health Education England and in discussion with the Royal College of GPs and other GP representatives – Simon Stevens said the NHS would now earmark an extra £2.4 billion a year for general practice services by 2020/21. This means spending will rise from £9.6 billion in 2016/17 to over £12 billion by 2021 – a 14 percent real terms increase.

Mental health services: preparations for improving access

The Department of Health and NHS England are starting to make progress with the actions needed to implement access and waiting time standards for people with mental health conditions, but much remains to be done, according to the National Audit Office (NAO). The report entitled, ‘Mental health services: preparations for improving access’ from the spending watchdog is the first in a planned programme of work on mental health.

Nearly two million patients to receive person-centred support to manage their own care

People with long term conditions will be supported to better manage their own health and care needs, thanks to the roll-out of an evidence-based tool over the next five years. NHS England has agreed a deal which will grant nearly two million people access to more person-centred care as part of its developing Self Care programme.

The commissioning of specialised services in the NHS

NHS England’s spending on specialised services has increased at a much greater rate than other parts of the NHS, according to a report from the National Audit Office (NAO) entitled ‘The commissioning of specialised services in the NHS’. Although NHS England took responsibility for commissioning these services three years ago, it still does not have an agreed overarching service strategy, consistent information from all providers on costs, access to services and outcomes or how efficiently services are being delivered, according to the NAO.

‘Unacceptable’ that families ‘not told of resuscitation plans’

Medical staff have placed “do not resuscitate” orders on thousands of patients in England without telling their families, an audit suggests. One in five families was not consulted where doctors had decided not to revive their relative, a sample study by The Royal College of Physicians found. Hospitals must “do better”, and it was “unforgivable” not to tell families, report author Prof Sam Ahmedzai said. NHS England said end of life care had improved, but more could be done.

Lifespan gap ‘widening between rich and poor’

The gap between the lifespans of rich and poor people in England and Wales is rising for the first time since the 1870s, researchers have suggested. Everyone is living longer but rich people’s lives are extending faster, the City University London study says. Better life expectancy narrowed the gap in the early 20th century but this trend reversed for men in the 1990s. Author Prof Les Mayhew from Cass Business School said the difference was mainly due to “lifestyle choices”.

NHS double standard for people with dementia in care homes

An Alzheimer’s Society investigation has uncovered that almost half of care home managers feel the NHS isn’t providing residents with dementia adequate and timely access to vital services like physiotherapy, continence and mental health services. This has led to instances where people have been left bed-bound, incontinent and sedated because the health service is too slow in responding to their needs. The investigation, which is part of the Fix Dementia Care campaign, involved a survey of over 285 care home managers in England conducted jointly by Alzheimer’s Society and Care England, as well as first-hand testimonies of carers of people with dementia living in care homes.

Causes of GP crisis revealed in new analysis

New research from The King’s Fund exposes for the first time the extent of the crisis in general practice, finding that the overall number of consultations (face to face and telephone) has increased by 15 per cent over the past five years, three times the rate of increase in the number of GPs. Understanding pressures in general practice is the most comprehensive analysis to date of the pressures facing the profession. The report analyses 30 million patient contacts from 177 practices and includes extensive research with GP practices and trainees. As well as a growth in the number of consultations, it shows that general practice’s workload has become more complex and intense.
## New funding for safe places for people in mental health crisis

The Government has opened bidding to fund health based places of safety to stop those in mental health crisis being held in police cells. When a person is experiencing a mental health crisis they need care from healthcare professionals in the right place. Too often the only safe place available is a police cell, which can add to the person’s distress. This £15 million fund will help to provide health and community based places of safety to prevent vulnerable people being held in police cells.

## Action needed to ensure high quality and personalised care for everyone at the end of their lives, urges the CQC

A national review by the Care Quality Commission (CQC) has found that people from certain groups in society are experiencing poorer quality care at the end of their lives than others because providers and commissioners do not always understand or fully consider their specific needs. In a report entitled, “A different ending: Addressing inequalities in end of life care” the CQC reports that only 67 per cent of the 40 clinical commissioning groups (CCGs) it surveyed said that they had assessed the end of life care needs of their local populations – meaning that one in three had not.

## Vulnerable patients and their families suffering harrowing ordeals due to poor hospital discharge

Patients are being sent home alone, afraid and unable to cope and in some cases without their relatives or carers being told, resulting in devastating consequences, according to a report by the Parliamentary and Health Service Ombudsman (PHSO). In 2015, the Parliamentary and Health Service Ombudsman saw a 36 per cent increase in discharge related investigations. These found that people’s deaths or suffering could have been prevented if hospitals carried out the right checks before discharging people.

## NHS pushes forward with ambition to create world class cancer services

The NHS in England has set out its plans to deliver world class cancer services, which includes a fund to find new ways of speeding up diagnosis with the potential to save thousands more lives every year. The National Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, has published a wide ranging plan designed to increase prevention, speed up diagnosis, improve the experience of patients and help people living with and beyond cancer.

## Over half of people fear dementia diagnosis, 62 per cent think it means 'life is over'

Over half (56 per cent) of people are putting off seeking a dementia diagnosis for up to a year or more, a study carried out by Alzheimer’s Society has found. Dementia is the most feared health condition in the UK, perhaps explaining also why almost two-thirds of people surveyed (62 per cent) felt a diagnosis would mean their life was over.

## Cuts making it more difficult to achieve health and social care integration, warns research

Increasing financial constraints on councils and NHS bodies are making it harder to achieve integrated health and social care, Government-funded research has warned. The study also found that engaging frontline staff in initiatives to integrate care was proving challenging in a climate where they were “firefighting” to keep existing services running. Health and social care were beset by an “integration paradox” in which the financial environment made it ever more important to integrate care but, at the same time, made it more difficult to make progress in doing so.

## Expanding skills of existing staff best way to develop NHS workforce for 21st century

Equipping NHS nursing, community and support staff with additional skills to deliver care is the best way to develop the capacity of the health service workforce, and will be vital to enable the NHS to cope with changed patient demand in the future. However, expanding the skills of the non-medical workforce in this way also presents big organisational challenges for NHS trusts, and will not be easy to achieve in the current financial context. Despite this, changing staffing should be considered an urgent, ‘must-do’ priority for trusts. These are the conclusions of a new report entitled, ‘Reshaping the workforce to deliver the care patients need’, published by the Nuffield Trust health thinktank.

## Quality of care under threat as NHS enters watershed year

Nearly two-thirds of NHS trust finance directors and more than half of clinical commissioning groups (CCGs) finance leads say the quality of patient care in their area has deteriorated over the past year, according to the latest Quarterly Monitoring Report from The King’s Fund. The findings on the quality of care are the most worrying since The King’s Fund began tracking this question in 2012. Only two per cent of trust finance directors and 12 per cent of CCG finance leads said that patient care had improved over the past 12 months.
NHS providers working hard, but still under pressure

NHS providers have risen to the challenge of record-breaking demand for services, but more work is needed to continue improving services for patients and increasing efficiencies in 2016/17. NHS Improvement’s analysis of providers’ operational and financial performance shows that trusts saw an unprecedented 21 million emergency patients last year, while the sector as a whole made £2.9 billion in efficiency savings between April 2015 and March 2016.

Number of cancer carers in the UK rises to almost 1.5 million

The number of people caring for someone with cancer in the UK has risen to almost 1.5 million, an increase of almost a third (31 per cent) in the past five years, according to new research from Macmillan Cancer Support. Family and friends are spending an average of 17.5 hours a week looking after a loved one with cancer, 2.5 hours more than in 2011. One in five of those surveyed spend more than 35 hours a week, the same as a full time job, caring for someone with cancer.

Discharging older patients from hospital

The health and social care system’s management of discharging older patients from hospital does not represent value for money, according to a report by the National Audit Office (NAO) entitled, ‘Discharging older patients from hospital’. The spending watchdog estimates that the gross annual cost to the NHS of treating older patients in hospital who no longer need to receive acute clinical care is in the region of £820 million.

Ensuring continuity of elective care services for patients in North East London

NHS Improvement has agreed with the decision of commissioners in North East London to extend the contract of elective care services at a local treatment centre. Barking & Dagenham, Redbridge, Havering, and Waltham Forest Clinical Commissioning Groups (CCGs) have informed NHS Improvement that they will not proceed with the award of a contract to operate the North East London NHS Treatment Centre to Barking, Havering & Redbridge University NHS Trust.

CQC rates Tavistock & Portman NHS Foundation Trust as Good

Care Quality Commission (CQC) inspectors have rated Tavistock & Portman NHS Foundation Trust as Good, following an inspection in January 2016. A team of inspectors led by Professor Tim Kendall, Director, National Collaborating Centre for Mental Health, Royal College of Psychiatrists and Medical Director, Sheffield Health and Social Care NHS Foundation Trust concluded that the Trust, located in North London, has much to be proud of but also some areas that need to improve.

Hip and knee replacement service is Outstanding but trust Requires Improvement says the CQC

The Chief Inspector of Hospitals has awarded an Outstanding rating to the largest hip and knee replacement centre run by the National Health Service. The South West London Elective Orthopaedic Centre (SWLEOC) is located on the Epsom Hospital campus. SWLEOC is run in partnership with a number of local trusts and is the largest hip and knee replacement centre in the United Kingdom and is one of the largest in Europe. Overall, Epsom and St Helier University Hospitals NHS Trust has been rated as Requires Improvement following its first comprehensive inspection by the Care Quality Commission (CQC).

Working Together – how health, social care and fire and rescue services can increase their reach, scale and impact through joint working

Work by the fire and rescue services to help reduce demand for other services through prevention, including health and social care, is being showcased in a new document entitled, ‘Working Together’. Underlying risk factors that ultimately result in fires, such as smoking and alcohol consumption, also have a strong impact on health. Fire and rescue services are applying the principles of early intervention and prevention, to these health-related risk factors, resulting in a reduced demand for the services of others, whilst also continuing to reduce demand for fire and rescue.

MPs say new NHS safety organisation ‘must be independent’

A new organisation designed to make the NHS in England safer must have its independence guaranteed in law, a committee of MPs says. The Healthcare Safety Investigation Branch (HSIB) is due to begin work in the Autumn of 2016 with a budget of £3.6 million and will carry out about 30 reviews a year. The MPs’ report also calls for a single public inquiry into historical cases of avoidable harm in the health service. The Government says it has made legal provisions for HSIB’s independence.
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<th>North Middlesex University Hospital NHS Trust told to improve services in its A&amp;E department</th>
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<td>The Care Quality Commission (CQC) has informed North Middlesex University NHS Trust it must make significant improvements in the quality of the health care it provides in its A&amp;E department. The CQC has issued a Warning Notice requiring the Trust to significantly improve the treatment of patients attending A&amp;E. CQC inspectors visited the Trust as part of an unannounced inspection in April 2016. The inspectors found that the treatment model for patients was not effective.</td>
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<td>A new bowel cancer home testing kit will be rolled out across England. Public Health England (PHE) has announced. The Faecal Immonochemical Test (FIT) tests for hidden blood in stool samples, which can be an early sign of bowel cancer. Following a successful pilot involving 40,000 people, the UK National Screening Committee recommended the test should be rolled out nationally. The test will now be offered to all men and women aged 60 to 74, every two years.</td>
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<td>Nearly three-quarters (74 per cent) of lesbian, gay, bisexual and trans (LGBT) people are not confident that health and social care services provide sensitive end of life care for their needs. As a result, they often delay accessing the care they need and are more likely to experience unmanaged symptoms and pain at the end of their lives. These are the findings of a new report from the terminal illness charity Marie Curie entitled, ‘Hiding who I am: Exposing the reality of end of life care for LGBT people’ that looks at the barriers that prevent LGBT people from accessing end of life care and highlights their real-life experiences.</td>
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<td>The Chief Inspector of Hospitals has rated South West London &amp; St George’s Mental Health NHS Trust as Requires Improvement overall after its inspection by the Care Quality Commission (CQC). The CQC has rated three services as Requires Improvement: community based mental health services for adults of working age and for older people and the rehabilitation mental health wards for working age adults.</td>
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<td>Camden &amp; Islington NHS Foundation Trust has been rated as Requires Improvement overall after an inspection by the Care Quality Commission (CQC) in February 2016. The inspectors rated mental health crisis services and health-based places of safety as Inadequate. Wards for older people with mental health problems, community-based mental health services for older people, and community mental health services for people with a learning disability or autism were rated as Good overall.</td>
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<td>The Chief Inspector of Hospitals has rated London North West Healthcare NHS Trust as Requires Improvement overall after its inspection by the Care Quality Commission (CQC). The Trust is one of the largest integrated healthcare trusts in England established in a merger in October 2014. The inspectors rated caring at the trust as Good, but found the Trust Requires Improvement for safety, being effective, responsive and well-led.</td>
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<th>Nearly one in four deaths ‘avoidable’</th>
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<td>Almost a quarter of all deaths in England and Wales are potentially avoidable, 2014 figures released by the Office for National Statistics (ONS) suggest. The report shows that, out of some 116,000 avoidable deaths in total, more than a third were caused by tumours. And levels of avoidable deaths were significantly higher in Wales than in England. In England, the North East had the worst rates.</td>
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<th>Social Care</th>
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### Care Quality Commission inspectors publish ratings on London adult social care services

The Care Quality Commission (CQC) has published a number of reports on the quality of care provided by adult social care services across London. Under the CQC’s programme of inspections, all of England’s adult social care services are being given a rating according to whether they are safe, effective, caring, responsive and well led.

### Quarter of UK care homes ‘at risk of closure’

More than a quarter of care homes in the UK are in danger of going out of business within three years, figures obtained by BBC Radio Four suggest. About 5,000 homes are at risk of closure because they carry too much debt and do not make enough profit to cover loan repayments. On average, care homes make £17,647 in profit before tax, the research found. The Department of Health said it was working to make sure care providers had “strong contingency plans”.

### Care Act ‘failing to deliver’ as carers face long waits for assessments

An “alarming” number of carers of people with end of life conditions are facing long delays in getting assessed for support under the Care Act 2014, a report has warned. A survey of more than 6,000 carers carried out by Carers UK revealed nearly a third (29 per cent) of all carers who had been offered a carer’s assessment, or requested one, waited at least six months to be seen.

### Government sets out Care Act funding allocations for 2016/17

The Government is to provide local councils with £433 million this financial year to pay for the cost of implementing the Care Act. In a letter to directors of adult social services, the Department of Health said the money is earmarked for specific duties arising from the Care Act during 2016/17.

### Care homes offering ‘safer, higher quality and more compassionate care’ following re-inspection by the CQC

Nearly three quarters of care homes originally rated Inadequate have improved their ratings following re-inspection by the Care Quality Commission (CQC). As a result, over 12,000 people across the country are now experiencing better and safer care from these services. Analysis shows that, from 1 October 2014 to 31 March 2016, reveals out of 372 care homes rated as Inadequate, 73 per cent (273) have improved their overall ratings following the most recent CQC inspection.

### Interests of users must be paramount in new approaches to care

A new Public Accounts Committee (PAC) report warns that stronger measures are needed to safeguard the interests of adults receiving personal budgets for social care. The Committee's report entitled, 'Personal budgets in social care' says: "We are not assured that local authorities can fully personalise care while seeking to save money, and are concerned that users’ outcomes will be adversely affected."

### Sevacare – Tower Hamlets rated overall as Inadequate by the CQC

A care agency providing care to people in their homes in the London boroughs of Tower Hamlets and Haringey has been placed in to Special Measures after being rated as Inadequate by the Care Quality Commission (CQC). On the latest inspection, the CQC found that Sevacare had not made adequate improvements in relation to consent, safe care and treatment and good governance.

### Improving home care services for older people

Home care services need to prioritise older people’s needs and wishes so they are treated with dignity, a new National Institute for Health and Care Excellence (NICE) quality standard says. The new quality standard encourages providers to ditch the ‘one size fits all’ approach. It says that home care plans should describe what each person wants and how their needs will be met. Family members and carers should be involved in the decision process if possible.

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### For further info

For further information on anything in this issue of the Health & Social Care Bulletin please contact:

Gordon Deuchars on: gdeuchars@ageuklondon.org.uk

### Disclaimer

All the information in this bulletin was correct to our knowledge at the time of distribution. Age UK London will take no responsibility if the information proves to be incorrect.
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Health

First national whistleblowing policy published to improve patient safety

People working in the NHS who raise concerns about the safety or quality of patient care will be supported wherever in the NHS they work, under new standardised national whistleblowing policy.

Together with NHS England, NHS Improvement has published a single national integrated whistleblowing policy to help standardise the way NHS organisations should support staff who raise concerns, following a public consultation on the draft policy in November 2015.

The new policy will ensure:

- NHS organisations encourage staff to speak up and set out the steps they will take to get to the bottom of any concerns
- organisations will each appoint their own Freedom to Speak Up Guardian, an independent and impartial source of advice to staff at any stage of raising a concern
- any concerns not resolved quickly through line managers are investigated
- investigations will be evidence-based and led by someone suitably independent in the organisation, producing a report which focuses on learning lessons and improving care
- whistleblowers will be kept informed of the investigation’s progress
- high level findings are provided to the organisation’s board and the policy will be annually reviewed and improved.

NHS Improvement received 165 responses to the consultation, the majority of which were from current or previous NHS staff members and which strongly supported the introduction of the policy.

Recommended by Sir Robert Francis in his Freedom to Speak Up review, this policy contributes to the need to develop a more open and supportive culture that encourages staff to raise any issues of patient care quality or safety.

Source: [www.improvement.nhs.uk](http://www.improvement.nhs.uk) 1 April 2016

CQC review of how NHS trusts investigate and learn from deaths

The Care Quality Commission (CQC) is carrying out a review of how NHS trusts identify, report, investigate and learn from deaths of people using their services.

This follows a request from the Secretary of State for Health, which was part of the Government’s response to a report into the deaths of people with a learning disability or mental health problem in contact with Southern Health Foundation NHS Foundation Trust.

The CQC’s review will consider the quality of practice in relation to identifying, reporting and investigating the death of any person in contact with a health service managed by an NHS trust; whether the person is in hospital, receiving care in a community setting or living in their own home. The review will pay particular attention to how NHS trusts investigate and learn from deaths of people with a learning disability or mental health problem.

The CQC will be writing to all acute, community and mental health trusts seeking information about the number of deaths in their services, how they decide which of these should be investigated and how they then carry out those investigations. Importantly, the CQC will be asking how they involve families and how they use the learning from those investigations to make improvements. The review aims to look for examples of good practice as well as identifying problems.
The work will be supported by an expert advisory group. As part of this, and wider work, the CQC will involve families and organisations that represent them.

The findings will be published in a national report towards the end of 2016,

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 12 April 2016

**NHS must follow protocols to address uneven death rates from emergency general surgery**

There are currently unacceptable differences between hospitals in outcomes for patients undergoing emergency general surgery, with death rates for major operations in this field almost 12 times higher at some trusts than others. Every hospital offering such surgery should systematically implement all the guidelines drawn up by experts in this area, some of which have been shown to reduce the risk of death by a third.

These are the main conclusions of a new report on emergency general surgery published the Nuffield Trust health think tank. The Trust was commissioned by the Royal College of Surgeons (RCS) both to identify the problems facing this area of surgery, and to try and find solutions to them.

The procedures performed in emergency general surgery are typically abdominal, to treat conditions such as gall bladder removal, perforated gut, obstructed hernia and so on. Patients undergoing these procedures tend to be older and more frail, frequently with other co-existing conditions. As a result, the risk of death from such surgery tends to be high, with more than one in 10 patients dying within 30 days of major emergency general surgery.

The authors looked at outcomes for patients undergoing high risk emergency general surgery. The main problems involving this type of surgery identified by the report are:

- significant variation in outcomes between different hospitals – for example, a previous study found that mortality for emergency laparotomy (an incision in the abdomen to carry out major surgery) ranges from 3.6 per cent to 41.7 per cent in 35 NHS hospitals.
- an increasing trend towards great specialisation among surgeons means that there are fewer surgeons with the skills to carry out general surgery, particularly in emergency situations. Because of this, units can find it difficult to provide round the clock emergency consultant cover.
- demographic and epidemiological trends, with a rapidly ageing population, mean that demand for this type of surgery will continue to increase.

The report’s main recommendations are:

- the quickest way to improve outcomes would be the systematic use of all protocols and pathways drawn up by experts in this field
- the most comprehensive way to address the challenges faced by emergency general surgery would therefore be to develop managed clinical networks, such as those already set up in the NHS for patients who suffer strokes or trauma.
- other professional roles – such as advanced nurse practitioner or physician associates – should be developed to address potential gaps in staffing in the discipline, in terms of both numbers and skills.
- centralisation of services in ‘fewer, bigger, better’ units will not necessarily improve outcomes. The report contains an analysis of all major emergency general surgery across 154 sites in England over four years, and demonstrates that centres that carried
out a high volume of procedures did not have lower death rates than those carrying out a smaller number of operations, and vice versa.

Source: www.nuffieldtrust.org.uk 13 April 2016

Three million patients benefit from new innovations in pioneering NHS programme

Three million patients have begun to access new apps, safety devices, online networks, and a host of other new technologies and services during the first nine months of a pioneering NHS programme.

Sixty eight NHS organisations are using one or more of 17 new innovations which aim to improve care by, for example, reducing clinical incidents, helping people self-care and linking up patients with others or with research schemes.

The NHS Innovation Accelerator programme was launched in 2015 to help introduce new innovations into the NHS and its success after just nine months was highlighted at the UK eHealth Week conference in April 2016.

Seventeen Fellows, each representing an evidence-based innovation, are being supported to take their innovative technology or service to an increasing number of patients at a greater pace in a bid to improve patient care and help put the NHS on a financially sustainable footing.

The Fellows have, to date, raised more than £8 million from external sources, an eight fold increase of the Accelerator’s initial investment of £1 million. They have received mentorship by high profile leaders in healthcare and access to peer to peer support and learning events. NHS England has helped unblock systemic barriers to spreading innovation and the country’s 15 Academic Health Science Networks have assisted in getting them adopted into clinical practice.

The NHS Innovation Accelerator (NIA) is a fellowship programme being delivered collaboratively by NHS England, UCLPartners, The Health Foundation and with the Academic Health Science Networks (AHSNs).

A second wave of the programme will open on 23 May 2016 which will aim to recruit a further eight fellows.

Source: www.england.nhs.uk 21 April 2016

Primary care under strain and struggling with rising demand

The House of Commons Health Select Committee has published a new report entitled ‘Primary care’. The report analyses the challenges facing primary care and examines the long term solutions which can improve access to services and patient care.

The report says that primary care is the bedrock of the NHS and the setting for 90 per cent of all NHS patient contacts. It is highly valued by the public but is under unprecedented strain and struggling to keep pace with relentlessly rising demand. The traditional model of 10 minute appointments with GPs no longer allows them to provide the best possible care for patients living with increasingly complex long term conditions.

The difficulty in accessing primary care is a serious concern for many patients, especially for those who work during the week. The Committee believes that it is vital that patients have
timely access to primary care services. This includes both access to urgent appointments and the ability to book routine appointments in advance.

During the course of this inquiry, the Committee heard many examples of innovative practice which give cause for optimism that patients’ access to and experience of primary care can be improved. The priority for the Government should be to train, develop and retain not only more GPs but wider multidisciplinary teams working within a more integrated system of care. Patients would also benefit from the better use of technology to assist communication with and between their clinicians. There is a pressing need to improve continuity and safety through the use of electronic patient records which can be shared, with their consent, wherever people access their care.

In line with the recommendations of the Primary Care Workforce Commission, multidisciplinary teams can harness the skills not only of GPs but physiotherapists, practice nurses, pharmacists, mental health workers and physician associates. The Committee supports the Commission’s vision of teams of professionals using their skills to meet the needs of patients much earlier in their journey through the NHS. This would allow GPs to concentrate on those aspects of care that only they can provide. The Committee expects GP leaders to be at the forefront of the development of multidisciplinary teams.

Patients need more health professionals from a range of disciplines to choose careers in primary care. Existing medical education does not encourage graduates to do so and greater attention must be paid to the needs of patients in designing training pathways and incentives across the entire NHS workforce. It is far from certain that sufficient numbers of GPs and nurses will be available to build new teams and improve patient access. Much greater efforts to recruit, train and retain the primary care workforce will be necessary if the vision of the Primary Care Workforce Commission is to be achieved.

The Government made a manifesto commitment to seven day access to services but further clarification is needed about how this commitment is to be implemented and resourced, especially in light of the workforce shortfall.

Improving access to primary care is a welcome goal, but practical application of the seven day policy should be locally designed, led by the evidence and take account of local recruitment challenges. The policy must also focus on the continuity of patient care and avoid reducing the capacity of weekday services as well as urgent out of hours primary care cover.

Although difficulty in accessing general practice continues to frustrate patients, GPs consistently receive highly positive patient satisfaction ratings. Healthwatch England pointed out that service users are reluctant to criticise their doctors and caution that the figures may mask deep-seated concerns about quality and standards.

The Committee heard worrying evidence about the longstanding variation in quality across primary care. The Care Quality Commission (CQC) has highlighted very poor standards of care among a small proportion of practices and has developed a mechanism to close those which put their patients at risk and follow up necessary improvements in others.

The Committee welcomes the benefits which the CQC inspection has brought for patients and it urges the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA) to work constructively with the CQC to protect the public from failing practices and to help to turn around underperforming practices. At the same time, NHS England, the CQC, the General Medical Council (GMC) and Local Education and Training Boards must work together to reduce bureaucracy and unnecessary duplication, so that time which should be devoted to patient care is not eroded by an excessive bureaucratic burden.
Despite the rising demand for services and a consensus on the value of primary care, its funding has fallen behind as a share of the overall NHS budget. The five year funding settlement provides only a very limited uplift in expenditure on primary care. The Committee believes that it should receive a larger proportion of overall NHS spending in order to improve access and services for patients.

Source: [www.parliament.uk](http://www.parliament.uk) 21 April 2016

**NHS England backs general practice with a multi-billion transformation plan**

The head of NHS England, Simon Stevens, has set out a multi-billion plan designed to get general practice back on its feet, improve patient care and access, and invest in new ways of providing primary care.

Publishing a General Practice Forward View – developed with Health Education England and in discussion with the Royal College of GPs and other GP representatives – Simon Stevens said the NHS would now earmark an extra £2.4 billion a year for general practice services by 2020/21.

This means spending will rise from £9.6 billion in 2016/17 to over £12 billion by 2021 – a 14 per cent real terms increase. This investment will be supplemented by a £500 million national ‘turnaround’ package to support GP practices, and additional funds from local clinical commissioning groups (CCGs).

The plan also contains specific, practical and funded steps to strengthen workforce, drive efficiencies in workload, modernise infrastructure and technology, and redesign the way modern primary care is offered to patients.

On workforce it details action to double the growth rate in GPs, through new incentives for training, recruitment, retention and return to practice. Having taken the past 10 years to achieve a net increase of around 5,000 full time equivalent GPs, the aiming to add a further 5,000 net in just the next five years. In addition, 3,000 new fully funded practice-based mental health therapists, an extra 1,500 co-funded practice clinical pharmacists, and nationally funded support for practice nurses, physician assistants, practice managers and receptionists.

On workload the plan sets out a new practice resilience programme to support struggling practices, changes to streamline the Care Quality Commission (CQC) inspection regime, support for GPs suffering from burnout and stress, cuts in red tape, legal limits on administrative burdens at the hospital/GP interface, and action to cut inappropriate demand on general practice.

On infrastructure it proposes upgrades to practice premises, new proposals to allow up to 100 per cent reimbursement of premises developments, direct practice investment tech to support better online tools and appointment, consultation and workload management systems, and better record sharing to support team work across practices.

On care redesign it signals practical support for individual practices and for federations and super-partnerships; direct funding for improved in hours and out of hours access, including clinical hubs and reformed urgent care; and a new voluntary GP contract supporting integrated primary and community health services.

Mental health services: preparations for improving access
The Department of Health and NHS England are starting to make progress with the actions needed to implement access and waiting time standards for people with mental health conditions, but much remains to be done, according to the National Audit Office (NAO). The report entitled, ‘Mental health services: preparations for improving access’ from the spending watchdog is the first in a planned programme of work on mental health.

The Department and NHS England have made a clear commitment to improve mental health services for people who need them. In 2011, the Government set an ambition that mental health would be valued as much as physical health. In October 2014, the Department and NHS England set a first set of standards for the access to mental health services that people should expect and how long they should have to wait for treatment.

Improving care for people with mental health problems depends on action by many local organisations working together. However, the full cost of implementing the new access and waiting time standards and meeting longer term ambitions for better services is not well understood. The Department estimated that achieving the commitments made in the first three areas – improving access to psychological therapies (IAPT), early intervention in psychosis and liaison psychiatry services – could be £160 million a year more than the estimated £663 million that clinical commissioning groups (CCGs) spent on these services in 2014/15. Subsequent indicative analysis suggests that the cost of improving access further could be substantially higher, although there is considerable uncertainty around these estimates.

The Department and NHS England have made available £120 million of additional funding over the two years 2014/15 and 2015/16. However, most of the cost of implementing the new access and waiting time standards will be met from clinical commissioning groups’ existing budgets, at a time when the NHS is under increasing financial pressure.

The report finds that full information does not exist to measure how far the NHS is from meeting the access and waiting time standards, but it is clear that meeting the standards will be a very significant challenge. Nationally, the access and waiting times for IAPT are already being met but performance varies substantially across different areas. A survey of acute hospitals in July 2015 indicated that seven per cent had the level of service NHS England considers will be beneficial to patients – at least a core liaison psychiatry service operating 24 hours a day, seven days a week. Complete information is not yet available to measure performance for early intervention in psychosis.

The Department and NHS England are making progress, particularly in setting priorities and national leadership, but significant risks to implementing the access and waiting times programme remain, according to the NAO. The strongest areas are the clear objectives and strong leadership, and a governance framework is being developed. The greatest challenges for the future are collecting data to show whether the standards are being met, building the mental health workforce and reinforcing incentives for providers.

Source: www.nao.org.uk 21 April 2016

Nearly two million patients to receive person-centred support to manage their own care
People with long term conditions will be supported to better manage their own health and care needs, thanks to the roll out of an evidence-based tool over the next five years.

NHS England has agreed a deal which will grant nearly two million people access to more person centred care as part of its developing Self Care programme.
Local NHS organisations and their partners are being invited to apply for free access to patient activation licences, which will help them assess and build their patients’ knowledge, skills and confidence, empowering people to make decisions about their own health and care.

The Patient Activation Measure (PAM) is a validated tool which captures the extent to which people feel engaged and confident in taking care of their health and wellbeing.

By measuring people’s activation levels through PAM, organisations can ‘meet people where they are’ and tailor support and services to the individual’s needs.

Locally, it is expected that measuring and improving patient activation will lead to patients enjoying better experiences of care and outcomes, making more positive choices about their health and wellbeing, and experiencing fewer unplanned hospital admissions.

Building on trials in six areas, NHS England has now agreed a five-year licence to expand the use of the PAM tool with up to 1.8 million people, as a core component of the Self Care programme.

Measuring Patient Activation forms a core element of the NHS Five Year Forward View ambition for the NHS to become better at helping people to manage their own health by ‘staying healthy, making informed choices of treatment, managing conditions and avoiding complications’.

NHS England has been testing the use of PAM in five clinical commissioning groups (CCGs) and the UK Renal Registry since 2014.

An independent interim evaluation report by the University of Leicester looking at the experience in Sheffield and the other participating areas has also been published. The qualitative study provides practical lessons and considerations for those who wish to use the PAM in their local areas.

In 2016/17, around 40 clinical commissioning groups (CCGs) and other primary care organisations will be granted access to PAM licences, subject to an application process. They will include those involved in key NHS change programmes like New Care Model Vanguards and Integrated Personal Commissioning demonstrator sites, which are helping to form the blueprint for how NHS services will be delivered in the future, particularly for people with long term conditions.


The commissioning of specialised services in the NHS

NHS England’s spending on specialised services has increased at a much greater rate than other parts of the NHS, according to a report from the National Audit Office (NAO) entitled ‘The commissioning of specialised services in the NHS’. Although NHS England took responsibility for commissioning these services three years ago, it still does not have an agreed overarching service strategy, consistent information from all providers on costs, access to services and outcomes or how efficiently services are being delivered, according to the NAO.

Specialised services are provided to patients who have rare conditions or who need a specialised team working together at a centre. There are currently 146 specialised services covering a diverse range of conditions including renal (kidney), specific mental health problems and rare cancers.

The budget for specialised services increased from £13 billion to £14.6 billion between 2013/14 and 2015/16, an increase of 6.3 per cent a year on average, compared to an increase
of 3.5 per cent year on average for the NHS budget as a whole. NHS England has found it challenging to live within its budget for these services and recognises that keeping within its future budget will be exceedingly difficult, even though it has increased the budget by seven per cent for 2016/17. If NHS England is unable to keep its spending on these services within budget, this will affect its ability to resource other services such as primary care, non-specialised hospital and community services.

The report finds that a number of factors are creating financial pressures for specialised services including the increasing volume of effective but expensive new drugs, and increasing demand for these services. NHS England and Monitor have sought to control the cost of services by reducing the prices paid (tariff) for NHS services, but this may have affected provider’s financial sustainability. The NAO finds that national-level contracting has strengthened NHS England’s position to influence providers and reduce prices but it is not clear whether its commissioning hubs have the skills to manage these contracts effectively.

NHS England underestimated the scale of the challenge of commissioning 146 specialised services. It increased its resources for commissioning these services from £20 million with 307 full time equivalent staff in 2014/15, to £38 million with an estimated 489 full time equivalent staff in 2015/16. Furthermore, NHS England’s original governance arrangements for specialised commissioning were ineffective and stakeholders have raised concerns about the transparency of decision making.

The NAO finds that NHS England still does not have consistent information from all providers on costs, access to services and outcomes or how efficiently services are being delivered. Without this, it cannot manage the ongoing pressure on its budget for specialised services, make effective strategic decisions or gain assurance that its objectives for specialised services are being met.

Data, where available, indicate that there are variations in access to services, quality of services and prices paid for services. For example, in 2014/15, the number of cancer patients receiving chemotherapy per 100 new cancer cases varied from 42 to 77 for those aged under 75 across clinical commissioning groups. In 2014/15, the price paid for a kidney transplant with a live donor varied from £13,000 to £42,000 across the eight centres providing this service.

Source: [www.nao.org.uk](http://www.nao.org.uk) 27 April 2016

"Unacceptable' that families 'not told of resuscitation plans'

Medical staff have placed "do not resuscitate" orders on thousands of patients in England without telling their families, an audit suggests.

One in five families was not consulted where doctors had decided not to revive their relative, a sample study by The Royal College of Physicians (RCP) found.

Hospitals must "do better", and it was "unforgivable" not to tell families, report author Prof Sam Ahmedzai said.

NHS England said end of life care had improved, but more could be done.

A "do not resuscitate" (DNR) order means medical staff will not attempt to bring the patient back to life if they stop breathing or their heart stops.

The decision to use one is ultimately a doctor’s, but guidelines state medical staff have a duty to discuss it with relatives wherever possible.
The study of just over 9,000 dying patients, taken from cases in May 2015, found that in 81 per cent of cases where a DNR was in place, a senior doctor did discuss the decision with a family - up from 72 per cent in a 2013 audit.

In 16 per cent of cases the decision was not discussed with relatives. In the other four per cent of cases records showed there were no relatives or the family could not be contacted. Extrapolation from the 9,000-strong sample suggests thousands of people have had DNRs put in place without their family's knowledge.

Prof Ahmedzai, chairman of the audit, said in many cases there was no relative available to discuss the decision, or families could not be contacted in time.

He stressed that often in the care of the dying, for example those suffering from terminal cancer or dementia, it did no medical good to attempt resuscitation on someone who was "slipping away peacefully".

However, doctors and nurses needed to "do better" in terms of communicating with family members, as current practices were "not really acceptable", he said.

"I think everybody has the spirit and the wish to do it. It's just that doctors and nurses are very busy in the front line," he said.

There are large training programmes across the country to try to improve communication with families, he said.

In 16 per cent of cases audited, the study also found there was no conversation with the patient themselves about the DNR order, and no record of why it had not been discussed.

Prof Ahmedzai said doctors needed to be more open with dying patients - particularly as half of patients identified as likely to be dying were dead within a day.

"This is being done very late in the day - as doctors we just don't like to face up to it," he added.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 2 May 2016

**Lifespan gap ‘widening between rich and poor’**

The gap between the lifespans of rich and poor people in England and Wales is rising for the first time since the 1870s, researchers have suggested.

Everyone is living longer but rich people's lives are extending faster, the City University London study says.

Better life expectancy narrowed the gap in the early 20th century but this trend reversed for men in the 1990s.

Author Prof Les Mayhew from Cass Business School said the difference was mainly due to "lifestyle choices".

Based on figures from the Human Mortality Database, researchers measured the differences in age between the youngest 10 per cent of adult deaths and the oldest five per cent.

From 1870 to 1939 the gap steadily closed, the report said.

"Everyone benefited from improvements in clean drinking water, better housing, higher incomes and better health," said Prof Mayhew.
After 1950 there were further rises in life expectancy - though inequalities in lifespan persisted rather than narrowing further.

But in the 1990s lifespan inequalities actually worsened, particularly for men, for the first time since the late 1870s, say the researchers.

They found that for men who died in 2010 aged over 30:

- the oldest five per cent reached an average age of almost 96
- but the youngest 10 per cent died at an average age of just over 62 - more than 33 years younger
- by 2009 this longevity gap was 1.7 years greater than it had been at its narrowest in 1993.

For women who died aged over 30 in 2010:

- the oldest five per cent reached an average age of just over 98
- the youngest 10 per cent died at an average age of just over 67 - a longevity gap of 31 years
- for women this gap was narrowest in 2005.

The researchers attributed the widening disparity to poor lifestyle choices.

"Many of the big gains from public health improvements are in the past and personal choices are now much more important," the report says.

"Men in lower socio-economic groups are the most likely to make damaging lifestyle choices. "They put themselves in harm's way on average more than women do - they smoke more, drink more and there are periods in their lives when they partake in riskier activities," say the authors.

The authors suggest lack of wealth is not directly responsible for the difference, but the poorest groups are more likely to suffer the cumulative effects of decades of poor lifestyle choices and income inequality - while wealthier, more educated people may find it easier to adopt healthier habits.

The authors say the negative health outcomes of smoking, excessive alcohol consumption, poor diet and lack of exercise "are disproportionately associated with the poorest in society".

They say it is vital to encourage healthier lifestyles and to counter pressure on individuals from "exposure to advertising, their communities and peer groups".

Source: www.bbc.co.uk/news 3 May 2016

**NHS double standard for people with dementia in care homes**

An Alzheimer’s Society investigation has uncovered that almost half of care home managers feel the NHS isn't providing residents with dementia adequate and timely access to vital services like physiotherapy, continence and mental health services. This has led to instances where people have been left bed-bound, incontinent and sedated because the health service is too slow in responding to their needs.

The investigation, which is part of the Fix Dementia Care campaign, involved a survey of over 285 care home managers in England conducted jointly by Alzheimer’s Society and Care England, as well as first-hand testimonies of carers of people with dementia living in care homes.
It also revealed that one in five care homes surveyed are being wrongly charged by GP practices for services that should be free on the NHS – up to as much as £36,000 a year. The total cost of GP charges to care homes is estimated to exceed £26 million a year.

Alzheimer’s Society is concerned that people with dementia are paying again to see a GP through their care home fees, or being denied timely access to services.

The money that care homes are spending on GP services - that are free on the NHS to all those living in the community - could be much better spent on one-to-one care for people with dementia. The average GP charge of £12,191 a year is enough to fund care for a person with dementia for nearly six months.

Care home managers told Alzheimer’s Society:

- on access to mental health services: “A resident who was saying she felt suicidal had to wait over eight weeks to be referred to mental health services.”
- on access to physiotherapy: “We had one [person] who fell and had a hip fracture. Physio follow-up in the community took over a year.”
- on access to continence services: “Residents have to go without continence aids, leaving them isolated, with no dignity and low self-esteem.”

The investigation found examples of the effect of long waiting times and lack of local services. This included people with dementia in care homes:

- being prescribed pain relief over the phone for a broken collar bone
- being prescribed the wrong drugs as a result of a GP’s insistence on conducting consultations over the phone
- waiting three months for continence products
- being restrained under an emergency Deprivation of Liberty Safeguard (DoLS) due to a lack of mental health care
- waiting a year for physiotherapy following surgery
- being refused an out of hours appointment in their care home by a GP.

These practices contravene the NHS Constitution, which states that everyone, regardless of who they are or where they live, should have access to the NHS services they need free at the point of use.

Alzheimer’s Society’s Fix Dementia Care campaign is calling for:

- an end to GP practices charging for providing access to a standard primary care service that should be free on the NHS
- the Government to enforce the NHS Constitution so people with dementia living in care homes have equal access to NHS services
- the Government to support improvements in the availability of district and community nursing in care homes so people with dementia receive better care, closer to home and reduce pressure on primary and secondary care.

Source: www.alzheimers.org.uk 5 May 2016

**Causes of GP crisis revealed in new analysis**

New research from The King’s Fund exposes, for the first time, the extent of the “crisis” in general practice, finding that the overall number of consultations (face to face and telephone) has increased by 15 per cent over the past five years, three times the rate of increase in the number of GPs.
“Understanding pressures in general practice” is an analysis of the pressures facing the profession. The report analyses 30 million patient contacts from 177 practices and includes extensive research with GP practices and trainees.

As well as a growth in the number of consultations, it shows that general practice’s workload has become more complex and intense. For example, the research found:

- a 13 per cent growth in face to face consultations and a 63 per cent growth in telephone consultations, contributing to stressful and highly pressurised working days for GPs
- the biggest increase in consultations were among the over-85 age group (up 28 per cent), who are more likely to have more than one chronic condition
- using other members of the primary care team to triage and manage minor illness means that the patients GPs do see tend to be the most complex cases, who often require more than a 10 minute appointment
- the move to transfer care closer to patients’ homes hasn’t been coupled with the equivalent transfer of resources to primary care, again increasing the pressure on GPs.

The report also underlines the scale of the recruitment and retention issue facing the profession, finding that fewer GPs are choosing full time clinical work – this is true of both male and female GPs. New research for the report found that five years after qualifying, only one in 10 new GP trainees plan to be working full time seeing patients in general practice. GPs are also retiring earlier and in greater numbers: between 2009 and 2014, 46 per cent of GPs leaving the profession were under 50; between 2005 and 2014 the proportion of GPs aged between 55 and 64 leaving doubled.

The report follows on from the recently published General Practice Forward View by providing a coherent diagnosis of why and where these pressures in general practice come from. It argues that the Department of Health and NHS England have consistently failed to collect national-level data that could have anticipated the crisis that has now emerged. It says that general practice is at risk of falling apart unless significant additional investment is accompanied by new ways of working that build on current good practice.

As well as improvements to data collection and intelligence the report’s recommendations include:

- placing general practice at the heart of new sustainability and transformation plans to ensure that the voice of general practice is heard and acted on
- developing new and innovative models of general practice (for example, multispecialty community providers) with a balance struck between the benefits of working at scale through federations and networks and making sure services are responsive to local people
- designing a workforce strategy through Health Education England that supports sustainable careers for GPs and their fellow team members, promoting sustainable and fulfilling options for development and recognising changing career preferences.

Source: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) 5 May 2016

**New funding for safe places for people in mental health crisis**

The Government has opened bidding to fund health based places of safety to stop those in mental health crisis being held in police cells.

When a person is experiencing a mental health crisis they need care from healthcare professionals in the right place. Too often the only safe place available is a police cell, which
can add to the person’s distress. This £15 million fund will help to provide health and community based places of safety to prevent vulnerable people being held in police cells.

The funding can be used to:

- refurbish or improve existing health-based places of safety, for example to increase capacity
- build new places of safety
- make existing places of safety suitable for people aged 18 and under
- create mental health crisis cafes or places of calm
- provide ambulance transport to places of safety (so a police car is not used)
- provide vehicles for mobile services to respond to mental health crises in the community.

Progress has already been made to decrease the use of police cells – there was a 32 per cent reduction between April 2013 and March 2015. However, use of police cells still varies considerably across the country.

There are 23 priority areas, covering 10 police forces, where the use of police cells is amongst the highest. A joint letter from the Home Secretary and the Health Secretary is being sent to Crisis Care Concordat groups in these areas inviting them to bid for funding.

The 10 force areas where the money will be targeted are:

- Avon & Somerset
- Cleveland
- Derbyshire
- Devon & Cornwall
- Essex
- Lincolnshire
- Nottinghamshire
- South Yorkshire
- Sussex
- West Yorkshire.

Through local Crisis Care Concordat groups, organisations, including health trusts, local authorities and the third sector, are also able to bid for funding for new health based placed of safety.

Source: www.gov.uk 8 May 2016

Action needed to ensure high quality and personalised care for everyone at the end of their lives, urges the CQC

A national review by the Care Quality Commission (CQC) has found that people from certain groups in society are experiencing poorer quality care at the end of their lives than others because providers and commissioners do not always understand or fully consider their specific needs.

In a report entitled, “A different ending: Addressing inequalities in end of life care” the CQC reports that only 67 per cent of the 40 clinical commissioning groups (CCGs) it surveyed said that they had assessed the end of life care needs of their local populations – meaning that one in three had not.
Of the 27 CCGs that had reported that they had assessed the end of life care needs of their local populations, only 18 per cent (seven) had reported that they had commissioned specific services for at least one of the population groups considered in its review as a result – this includes people whose social circumstances make them vulnerable, older people, people with dementia, a learning disability, a mental health problem, or a chronic progressive illness other than cancer.

The impact of this could be that local health and care services are not fully equipped or ready to help these particular groups of people in their areas to get truly personalised care at the end of their lives.

This could lead to people’s wishes not being met or them not having the full range of options of where they would prefer to be cared for and die available to them. For example, an older person may be admitted to hospital in the last days of their life when they would prefer to die at home.

While in some areas commissioners and providers are taking an equality-led approach, the review findings raise concerns that some might not be fulfilling their duties under the Equality Act 2010, which states that all public bodies have a legal duty to consider the needs of a range of equality groups when carrying out their day-to-day work.

In its national review, the CQC is calling for action to make sure everyone has the same access to high quality, personalised care at the end of their lives, regardless of their diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances.

Elsewhere in its report, the CQC highlights that health and care staff are not always having conversations with people who have chronic progressive illnesses other than cancer – such as advanced heart disease, respiratory disease and dementia – early enough about their end of life care as it can be difficult to know whether they may be in the last year of life.

This means that people are not always being given appropriate care or the opportunity to make plans and choices with their loved ones about how and where they would prefer to be cared for and die.

Although the CQC found some examples of good and outstanding practice – such as where training projects had been set up to develop the skills of care home staff, and where local services had been developed to meet the end of life care needs of specific groups – it has concluded that more needs to be done to provide truly personalised end of life care for all and to improve communication between healthcare staff and those who are dying, so that individual needs are always identified and addressed.

The CQC advises that early conversations should happen between staff and people to help them make choices about their care at the appropriate time, and that there should be better co-ordination of services for those with multiple conditions or complex needs.

The findings of the review will feed directly into the development of the CQC’s future regulatory approach across all sectors.

Source: www.cqc.org.uk 9 May 2016

**Vulnerable patients and their families suffering harrowing ordeals due to poor hospital discharge**

Patients are being sent home alone, afraid and unable to cope and in some cases without their relatives or carers being told, resulting in devastating consequences, according to a report by the Parliamentary and Health Service Ombudsman (PHSO). 
The report highlights cases investigated by the Ombudsman service where people have been discharged from hospital before they are fit to leave or without making sure they can cope on their return home.

In 2015, the Parliamentary and Health Service Ombudsman saw a 36 per cent increase in discharge related investigations. These found that people’s deaths or suffering could have been prevented if hospitals carried out the right checks before discharging people.

The report reveals how one woman in her 80s was discharged from hospital to an empty house, in a confused state with a catheter still in place. It also tells the tragic experience a grandmother in her late 90s, who collapsed and died at home in her granddaughter’s arms after being discharged from hospital too soon.

Another hospital sent an 85 year old woman with dementia home alone at 11pm, without informing her family, despite the fact she was unable to look after herself. Her daughter visited her the next morning to find that her mother had been left with no food, drink and bedding, unable to care for herself or get to the toilet.

Another investigation found that a father’s death from sepsis could have been avoided if he had been treated for the condition before he was discharged from hospital.

The friends and family who complained about their loved ones’ treatment told the Ombudsman service of the impact of their experiences. One woman said she would be “haunted for the rest of her life” by her mother’s avoidable suffering just before she died. Her mother, who was 80, had Parkinson’s disease and dementia. She was re-admitted to hospital several times after being repeatedly sent home where she was unable to cope. She later died in hospital. Her daughter said she now has nightmares and can’t sleep because of what happened to her mother.

The Parliamentary and Health Service Ombudsman Julie Mellor said:

‘Our investigations have found that some of the most vulnerable patients, including frail and older people, are enduring harrowing ordeals when they leave hospital.

‘Poor planning, co-ordination and communication between hospital staff and between health and social care services are failing patients, compromising their safety and dignity.

‘Health and social care leaders must work harder to uncover why ten years of guidance to prevent unsafe discharge is not being followed, causing misery and distress for patients, families and carers.’

Other cases included in the report reveal that:

- an elderly man with vascular dementia and a personality disorder was discharged but ended up being locked on a psychiatric ward for one year because his local authority refused to fund a dementia care home for him
- a 93 year old woman was left in her bed at home for over 12 hours after she had soiled herself because hospital staff across two departments failed to communicate properly about her discharge from hospital, leaving her without mobility support.

Source: www.ombudsman.org.uk 11 May 2016

**NHS pushes forward with ambition to create world class cancer services**

The NHS in England has set out its plans to deliver world class cancer services, which includes a fund to find new ways of speeding up diagnosis with the potential to save thousands more lives every year.
The National Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, has published a wide ranging plan designed to increase prevention, speed up diagnosis, improve the experience of patients and help people living with and beyond cancer. This follows the release in 2015 of the report of the NHS’s Independent Cancer Taskforce – led by Sir Harpal Kumar, CEO of Cancer Research UK – which identified how the NHS can achieve world class cancer outcomes and save 30,000 lives a year by 2020.

Announced in the plan is a £15 million initial and immediate investment for a major programme of work to support earlier and faster diagnosis of cancer. This programme will involve:

- creating a National Diagnostics Capacity Fund – investment to test initiatives to increase capacity and productivity of diagnostic services
- trialling new multidisciplinary diagnostic centres – run over the next two years, this will help inform other areas to replicate good practice across the country
- testing the new Faster Diagnosis Standard – piloted in five local health communities, the ambition is for patients referred for testing by a GP to be definitively diagnosed with cancer, or have cancer ruled out, within four weeks.

The NHS will also set up Cancer Alliances made up of clinical and other local leaders from across different health and care settings. These alliances will review all data for their area – including survival, early diagnosis rates, treatment outcomes, patient experience and quality of life – and use it to pinpoint areas for local improvement.

To support this, the NHS has brought together all the data available in one place to create a new integrated ‘dashboard’ for cancer, which has also been launched. The dashboard will also include data on patient experience to start conversations locally through Cancer Alliances and ensure improvements are made if needed.

Other actions in the plan include:

- making the investment required to deliver a modern, high-quality service: To provide the best radiotherapy treatment, the NHS needs to modernise and upgrade its equipment. NHS England will focus on the highest priority replacements/upgrades for the greatest patient impact
- developing a future workforce vision to deliver modern patient-centred cancer services: Work is already underway to meet the nearer term demand for diagnostics, to help ensure there are sufficient numbers of sonographers, radiographers, and radiologists
- supporting people living with and beyond cancer: Rolling out the ‘Recovery Package’ to ensure that the individual needs of all people going through cancer treatment and beyond are met by tailored support and services
- transforming commissioning, provision and accountability: The Cancer Vanguard, led by The Christie in Manchester, and The Royal Marsden and UCLH in London, will test models that introduce more formal accountability for whole pathway and population service planning and provision.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 12 May 2016

**Over half of people fear dementia diagnosis, 62 per cent think it means 'life is over'**

Over half (56 per cent) of people are putting off seeking a dementia diagnosis for up to a year or more, a study carried out by Alzheimer’s Society has found. Dementia is the most feared
health condition in the UK, perhaps explaining also why almost two-thirds of people surveyed (62 per cent) felt a diagnosis would mean their life was over.

The dementia charity is warning that a lack of diagnosis is denying many of these people the chance of getting the best possible treatment, information and/or support - evidence shows the earlier on you receive these, the better your chance of living well for longer. It also means that thousands of people are not being enabled to plan for the future while they still have capacity to make important decisions.

The YouGov research also reveals that there are still many worrying myths that exist about dementia, which might put people off seeking a diagnosis – almost one in four (24 per cent) thought that people who received a dementia diagnosis would instantly have to stop going out for a walk on their own and almost half (45 per cent) thought they would have to immediately stop driving a car. Fifty eight per cent thought they would personally struggle to join in conversations post-diagnosis and 49 per cent worried people would think they were ‘mad’.

Other common myths revealed in the research include that over half (58 per cent) of people think a dementia diagnosis means no longer enjoying the things they used to, 22 per cent of people fear they would lose their partner or friends, and over one in three (37 per cent) say they would put off seeking medical attention from a GP about memory problems because they think dementia is just ‘a part of the ageing process’. Sixty eight per cent think they would no longer be the same person if they were to be diagnosed with dementia.

The charity also found that almost two thirds (64 per cent) didn’t think that they could seek help and support from a charity when they, or a person close to them, develops dementia.

Source: [www.alzheimers.org.uk](http://www.alzheimers.org.uk) 13 May 2016

**Cuts making it more difficult to achieve health and social care integration, warns research**

Increasing financial constraints on councils and NHS bodies are making it harder to achieve integrated health and social care, Government-funded research has warned.

The study also found that engaging frontline staff in initiatives to integrate care was proving challenging in a climate where they were “firefighting” to keep existing services running.

Health and social care were beset by an “integration paradox” in which the financial environment made it ever more important to integrate care but, at the same time, made it more difficult to make progress in doing so.

The findings came from an early evaluation of the integrated care and support pioneers programme, a Department of Health initiative set up in late 2013 to test new ways of integrating care for people who needed the support of multiple care services.

The study, by the Policy Innovation Research Unit, assessed the initial 14 pilots from January 2014 to July 2015 and was largely based on interviews with 140 council, clinical commissioning group (CCG), NHS trust and voluntary sector staff involved in pioneers.

The pioneers started with ambitious visions to transform care in their areas for people with multiple long term conditions and frail older people by shifting services out of hospitals, reduce costs and improve people’s experiences of care.

They had plans to use a wide range of initiatives to meet these objectives including multi-disciplinary teams, improved access to services, rapid response teams to reduce avoidable
admissions, telecare and telehealth, increasing the use of community resilience and personal health budgets.

But the researchers found that over time their ambitions appeared to have become more limited and focused on “short term, financially driven goals”, mainly around containing hospital admission and discharge costs.

Also, the range of initiatives used had narrowed to setting up multi-disciplinary teams, improving care planning, creating a single point of access for services and using care navigators to provide people with information and advice on accessing care.

Interviewees identified a number of barriers to and enablers of integration. Most of the enablers were local factors. These included the relative simplicity of organisational structures, with the best arrangement perceived to be when a pioneer involved just one council, CCG and NHS trust with similar boundaries. The most important of the enablers was perceived to be staff involvement in integration initiatives and the extent to which they felt ownership over them.

However, the report found that professional boundaries and cultural differences between health and social care staff were also barriers to integration. Interviewees identified difficulties in encouraging staff from different professions to trust one another or to motivate staff to become engaged in integration initiatives when they were “firefighting” to maintain existing services.

Interviewees felt the cuts to local government and financial constraints on the NHS were limiting their ability to reshape services. For example, initiatives to develop communities’ resilience were undermined by cuts to services such as befriending services, lunch clubs and peer support.

Also, the pioneers were not given dedicated funding, hampering their ability to initiate changes to services.

Over the course of the fieldwork, researchers found that the balance between barriers and enablers were, if anything, shifting towards the former as the financial situation deteriorated.

“This was resulting in an ‘integration paradox’,” said the report. “Growing need and declining budgets provided an even stronger imperative for more effective integration. However, at the same time, this context made it more difficult to make progress.”

The context increased the incentives for organisations to “defend existing roles and resources for fear of something worse”.

The research team has been commissioned by the Department of Health to do another evaluation of the pioneers programme running up to 2020.

Source: [www.communitycare.co.uk](http://www.communitycare.co.uk) 13 May 2016

**Expanding skills of existing staff best way to develop NHS workforce for 21st century**

Equipping NHS nursing, community and support staff with additional skills to deliver care is the best way to develop the capacity of the health service workforce, and will be vital to enable the NHS to cope with changed patient demand in the future. However, expanding the skills of the non-medical workforce in this way also presents big organisational challenges for NHS trusts, and will not be easy to achieve in the current financial context. Despite this, changing staffing should be considered an urgent, ‘must-do’ priority for trusts.
These are the conclusions of a new report entitled, ‘Reshaping the workforce to deliver the care patients need’, published by the Nuffield Trust health thinktank. The Trust was commissioned by NHS Employers to examine how best NHS staffing can be reorganised to support new ways of delivering care to patients – the authors conducted a survey of local Health Education England (HEE) leaders, examined a number of case studies around the country, convened an expert seminar, interviewed a wide range of stakeholders, and carried out a review of relevant literature.

The starting point for the report was the recognition there is a growing gap between what patients need and the skills and knowledge of the workforce that cares for them. When the health service was created in 1948, its role was largely to treat patients for one-off episodes of illness such as infectious diseases, and get them fit to return as quickly as possible to their daily lives and jobs. But the typical NHS patient in the 21st century is much older, frailer and sicker, often with multiple co-existing conditions, and likely to return numerous times to hospital. From the Five Year Forward View downwards, all agree that the NHS needs new and different models to deliver care to these patients – but how can we best reshape the workforce to do this?

The authors point out that there are three routes to workforce change:

- producing larger numbers of the same types of staff
- developing the skills of the existing workforce
- producing new types of workers.

Traditional workforce planning, they observe, has focused on the first of these routes – but the long training times of the professional healthcare workforce mean that this is a costly, inflexible and slow solution. In addition, they argue that as doctors only make up 10 per cent of the more than 1.3 million-strong NHS workforce, the solution does not lie in changing medical school curricula.

Instead, they conclude that the best way to ‘grow’ the workforce is by expanding the skills of the existing non-medical workforce, in four main categories:

Firstly, the authors point out that the support workforce, which includes healthcare assistants, is large and highly flexible, while short training times mean that numbers can be expanded relatively quickly. There is good evidence that support workers can provide good quality, patient-focused care, as well as reduce the workload of more highly qualified staff. For example, Bradford District Care NHS Foundation Trust created the new role of ‘assistant practitioner’ in 2014 to carry out vital physical health checks, such as ECGs, on patients with mental illness, having realised they did not need qualified nurses to do this, but people who were competent to carry out physical assessments.

Secondly, the report argues that extending the skills of registered healthcare professionals, such as nurses, pharmacists, physiotherapists and paramedics, provides opportunities to manage the growing burden of chronic disease more effectively. The authors say there is some evidence that these new ways of working could release some savings and help bridge the workforce gaps that are forecast, particularly in primary care. For example, South East Coast Ambulance Service created a new role of ‘paramedic practitioner’ (PP) in 2006, after observing a significant shift in its workload from providing solely an emergency service to mainly dealing with patients with long term conditions. The PPs train on an 18-month part-time course and an eight week GP placement, assess and treat patients with chronic illness, and treat patients with minor illness and injury – often in their own homes.
Thirdly, the report concludes that advanced practice roles for nurses, i.e. those that require a further period of study, typically a two year Masters qualification, offer opportunities to fill gaps in the medical workforce; provide mentoring and training for less experienced staff; and offer a clinically-facing career option for experienced nursing staff. For example, Sheffield Teaching Hospitals NHS Foundation Trust developed the role of Advanced Clinical Practitioner (ACP) in 2006 to help fill growing gaps in junior doctor rotas. The Trust's 70-80 ACPs work across a range of services, including critical care, operating theatres, A&E, renal and haematology services, and are expected to use expert knowledge for complex decision-making.

Finally, the authors examine the new role of physician associate, where non-medical staff who have studied on a two-year postgraduate degree programme work under the supervision of doctors and surgeons. They say that such staff open up a new workforce pool to the NHS – but that their potential numbers in the immediate future are small, and their impact is limited by lack of a regulatory framework, which prevents physician associates from prescribing and ordering tests.

However, the authors warn that reshaping the NHS workforce also carries risks. For example, they say that there is evidence that without careful role and service redesign, new and extended roles can increase patient demand, and cost money rather than save it.

They therefore identify 10 important lessons for organisations seeking to redesign their workforce, such as being realistic about the time and capacity needed to support change. In addition, the authors argue that the Health Education England (HEE) budget and specialist workforce planning expertise should be protected by ringfencing monies to support local workforce design.

Source: [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk) 17 May 2016

**Quality of care under threat as NHS enters watershed year**

Nearly two-thirds of NHS trust finance directors and more than half of clinical commissioning groups (CCG) finance leads say the quality of patient care in their area has deteriorated over the past year, according to the latest Quarterly Monitoring Report from The King’s Fund.

The findings on the quality of care are the most worrying since The King’s Fund began tracking this question in 2012. Only two per cent of trust finance directors and 12 per cent of CCG finance leads said that patient care had improved over the past 12 months.

Looking back over 2015/16 as a whole, the report underlines the increasing strain the NHS is under as it struggles to manage increasing pressure on services within constrained resources. Data analysis carried out for the report highlights deteriorating performance over the year in several key areas:

- eight per cent of patients, more than 1.85 million, spent longer than four hours in A&E across the year, the worst performance since 2003/04
- the number of patients waiting for hospital treatment is estimated to have risen to 3.7 million, an increase of 17 per cent (almost 500,000 patients) over the year and the highest number since 2007
- at the end of March 2016, more than 5,700 patients were delayed in hospitals, an increase of 15 per cent over the year and the highest number since 2008.

The latest survey also confirms that seven out of 10 NHS providers ended 2015/16 in deficit (including nine out of 10 acute trusts).
Looking ahead to 2016/17, the survey found that, despite £1.8 billion in allocated funding and a concerted drive led by national NHS bodies to reduce overspending, more than half of trust finance directors expect their trust to end the year in deficit once again. Analysis undertaken for the report estimates that these deficits could add up to a £1.4 billion across the provider sector as a whole.

Detailed findings from the survey show that:

- 38 per cent of trusts and 61 per cent of CCGs are concerned about meeting cost improvement targets in 2016/17
- 82 per cent of trusts are either concerned or uncertain about meeting new control totals set by NHS regulators to reduce spending
- nearly 20 per cent of CCGs expect to overspend their budgets this year, indicating that financial pressures are being felt by commissioners as well as providers.

Source: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) 19 May 2016

**NHS providers working hard, but still under pressure**

NHS providers have risen to the challenge of record-breaking demand for services, but more work is needed to continue improving services for patients and increasing efficiencies in 2016/17.

NHS Improvement’s analysis of providers’ operational and financial performance shows that trusts saw an unprecedented 21 million emergency patients last year, while the sector as a whole made £2.9 billion in efficiency savings between April 2015 and March 2016.

NHS providers remain under continued pressure from further increases in demand for care, issues with discharging medically fit patients, and high costs, particularly of agency staff. As a result, many providers missed the national waiting time standard for A&E care and other operational performance measures in the last three months of 2015/16.

Financially, the sector ended 2015/16 in deficit (£2.45 billion) for the second successive year. Halfway through the year, the NHS reported a deficit of £1.6 billion, and predicted an end of year loss of £2.8 billion.

Analysis also shows that many providers are using the recently introduced financial control measures developed by the sector effectively.

For example, providers have used such measures to spend £300 million less than planned on agency staff since October 2015, and reduce by £86 million the sector’s overall spending on management consultants compared to a year ago.

To further support NHS providers to make more savings NHS Improvement has launched the Financial Improvement Programme. Sixteen providers will be able to get help from external experts, saving around £50 million. The programme will also share examples of good practice across the NHS.

A report to NHS Improvement’s board on the performance of the NHS provider sector: year ended 31 March 2016, shows:

- overall the NHS provider sector reported a deficit of £2.45 billion, this is £461 million worse than planned
- 157 (65 per cent) out of 240 providers reported a deficit: the majority of these were acute trusts
• providers estimated that delayed transfers of care have caused the sector £145 million in direct costs this financial year and 1.7 million bed days to be lost
• providers paid £751 million in fines and readmission penalties to commissioners of which £253 million was re-invested in improving patients services
• the provider sector spent £3.64 billion on agency and contract staff: £1.4 billion more than planned
• providers made £2.9 billion of savings: £316 million less than planned
• the NHS provider sector as a whole missed the A&E waiting time target of seeing 95 per cent patients within four hours between January and March 2016
• the size of the waiting list for routine operations reached 3.34 million as providers failed the referral to treatment healthcare standard in the last three months of 2015/16.

Source: www.improvement.nhs.uk 20 May 2016

Number of cancer carers in the UK rises to almost 1.5 million
The number of people caring for someone with cancer in the UK has risen to almost 1.5 million, an increase of almost a third (31 per cent) in the past five years, according to new research from Macmillan Cancer Support.

Family and friends are spending an average of 17.5 hours a week looking after a loved one with cancer, 2.5 hours more than in 2011. One in five of those surveyed spend more than 35 hours a week, the same as a full time job, caring for someone with cancer.

The new YouGov survey also reveals that cancer carers from as young as 17 to people in their 80s are having to take on more responsibility for the person they care for, with an increase in the types of support they provide. Common tasks include giving medication and changing dressings to taking care of finances, to helping with going to the toilet, and eating.

The research shows that over half (55 per cent) of carers do not receive any support at all.

Macmillan is concerned about the growing pressure on cancer carers which could leave them with their own health problems such as depression and anxiety.

Macmillan is calling on the Government to recognise the specific needs of cancer carers in the new carers strategy for England and set out a clear plan of how carers will be able to get the help and support they need.

Source: www.macmillan.org.uk 23 May 2016

Discharging older patients from hospital
The health and social care system’s management of discharging older patients from hospital does not represent value for money, according to a report by the National Audit Office (NAO) entitled, ‘Discharging older patients from hospital’. The spending watchdog estimates that the gross annual cost to the NHS of treating older patients in hospital who no longer need to receive acute clinical care is in the region of £820 million.

Longer stays in hospital can have a negative impact on older patients’ health as they quickly lose mobility and the ability to do everyday tasks. Keeping older people in hospital longer than necessary is also an additional and avoidable pressure on the financial sustainability of the NHS and local government. NHS guidance is that patients are moved out of acute hospital as soon as it is clinically safe to do so; it is important to achieve the correct balance between minimising delays and not discharging a patient from hospital before they are clinically ready.
Caring for older people who no longer need to be in hospital in more appropriate settings at home or in their community instead could result in additional annual costs of around £180 million for other parts of the health and social care system. This would reduce the potential savings of £820 million arising from discharging patients earlier from hospitals.

The report found that, while some efforts to rectify the situation have been made, an ageing population and more older people being admitted to hospital means there needs to be a step change in performance to resolve the problem. Data on delayed transfers of care substantially under-estimate the range of delays that patients experience. Over the past two years the official data shows there has been an increase of 270,000 (31 per cent) in days in acute hospitals when beds have been occupied by patients who have had their discharge delayed unnecessarily, to the current figure of 1.15 million days. These figures, however, only account for delays after clinicians and other professionals deem a patient to be ready for discharge, and does not include all patients who are no longer in need of acute treatment. Based on evidence gathered by the NAO, the true figure for patients aged 65 and older who are no longer benefiting from acute care could be as high as 2.7 million days.

In 2014/15, the percentage of older people admitted to hospital after attending A&E was 50 per cent, compared to 16 per cent for those aged under 65. Although overall length of stay for older patients following an emergency admission has decreased from 12.9 to 11.9 days in the last five years, suggesting improved efficiency, the overall number of bed days resulting from an emergency admission has still increased by nine per cent from 17.8 million to 19.4 million days.

Workforce capacity issues in health and social care organisations are making it difficult to discharge older patients from hospital effectively. Across the health and social care system, providers and commissioners said that staff recruitment and retention were a significant cause of delays: vacancy rates for nursing and home care staff were up to 14-15 per cent in some regions, and fewer than half of hospitals felt they had sufficient staff trained in the care of older patients. Health and social care organisations are also not sharing patient information effectively, despite a statutory duty to do so.

In addition, while hospitals are financially incentivised to reduce discharge delays, there is no similar incentive for community health and local authorities to speed up receiving patients discharged from hospital.

Among the NAO’s recommendations is that the Department of Health, NHS England and NHS Improvement should set out how they will break the trend of rising delays against the demographic challenge of growing numbers of older people.


**Ensuring continuity of elective care services for patients in North East London**

NHS Improvement has agreed with the decision of commissioners in North East London to extend the contract of elective care services at a local treatment centre.

Barking & Dagenham, Redbridge, Havering, and Waltham Forest Clinical Commissioning Groups (CCGs) have informed NHS Improvement that they will not proceed with the award of a contract to operate the North East London NHS Treatment Centre to Barking, Havering & Redbridge University NHS Trust.
The CCGs will instead extend the contract of the Centre’s current operator for a further 15 months to ensure the continuity of services for patients.

The Treatment Centre provides a range of health services, such as general surgery, orthopaedics and ophthalmology.

An investigation into how a healthcare provider was selected to run the Treatment Centre was launched by Monitor in July 2015 after a complaint from Care UK.

During the course of the investigation, the CCGs informed NHS Improvement that they had decided not to award the contract to Barking, Havering & Redbridge University Hospitals University NHS Trust. NHS Improvement has accepted legally binding undertakings from the CCG, and ended its investigation.

Source: [www.improvement.nhs.uk](http://www.improvement.nhs.uk) 26 May 2016

### CQC rates Tavistock & Portman NHS Foundation Trust as Good

Care Quality Commission (CQC) inspectors have rated Tavistock & Portman NHS Foundation Trust as Good, following an inspection in January 2016.

A team of inspectors led by Professor Tim Kendall, Director, National Collaborating Centre for Mental Health, Royal College of Psychiatrists and Medical Director, Sheffield Health and Social Care NHS Foundation Trust concluded that the Trust, located in North London, has much to be proud of but also some areas that need to improve.

Inspectors found that there were many committed and enthusiastic staff throughout the organisation working hard to improve the delivery of psychological therapies. They provided innovative services and national specialist services to children, young people and adults in outpatient and community settings.

CQC inspectors spoke with “very caring staff” in all of the services and teams they visited. They were clearly focused on and understood the needs of patients they worked with. The inspectors received a lot of positive feedback from patients and parents about staff.

There were several excellent examples of staff working in partnership with other organisations such as local schools, GPs and health visitors.

Staff received regular supervision, which they felt was of high quality. Staff described significant opportunities for further professional development.

They provided patients with good quality psychological therapies which were evidence based. Some teams were undertaking innovative projects to enhance patient care and treatment or were involved in research.

The Trust recognised particular areas of local need and developed services to help meet those needs. For example, the excellent work with refugee communities.

However, there were some areas that needed improvement. The main ones were that the documentation in relation to the risk assessment and risk management of patients was sometimes poor, particularly in the Portman clinic. Patients did not always have clear crisis plans in place that staff could find quickly in an emergency.

In addition, services were struggling to implement the new electronic patient records system. Some services were keeping both paper and electronic records for the same patient and the paper records could be hard to read. Also the Trust did not always make the physical health care needs of patients a high priority. Information about how to access a new independent
advocacy service needed to be made more available. Further work was needed to ensure all infection risks were managed appropriately.

Source: www.cqc.org.uk 27 May 2016

Hip and knee replacement service is Outstanding but trust Requires Improvement says the CQC

The Chief Inspector of Hospitals has awarded an Outstanding rating to the largest hip and knee replacement centre run by the National Health Service.

The South West London Elective Orthopaedic Centre (SWLEOC) is located on the Epsom Hospital campus. SWLEOC is run in partnership with a number of local trusts and is the largest hip and knee replacement centre in the United Kingdom and is one of the largest in Europe.

Overall, Epsom and St Helier University Hospitals NHS Trust has been rated as Requires Improvement following its first comprehensive inspection by the Care Quality Commission (CQC).

A team of inspectors visited the Trust’s two main hospitals, Epsom Hospital and St Helier Hospital in Sutton, over a seven day period in November 2015.

Both Epsom Hospital and St Helier Hospital were rated as Requires Improvement. In addition to the South West London Elective Orthopaedic Centre being rated as Outstanding, the renal service (including the satellite dialysis units), outpatients and diagnostics and end of life care were rated as Good. Full reports including ratings for all key services are available at: www.cqc.org.uk/provider/RVR

Inspectors found there was a significant shortfall of staff in a number of areas including critical care, medicine, surgery, services for children and young people and maternity services. At the time of the inspection, the Trust had embarked on a large recruitment drive to increase the numbers of medical, nursing and allied health professional staff to help support clinical services.

The fabric of the St Helier building was reported as difficult to maintain due to its age – affecting the overall patient experience. Staff reported difficulties in a range of areas including ensuring the building was hygienically clean; spacing between bed spaces was not in line with nationally recommended standards.

There was a lack of appropriately equipped side rooms and isolation facilities for patients who had developed a healthcare acquired infection, or were identified as being at risk of acquiring an infection.

The Care Quality Commission will present its findings to a local quality summit, including NHS commissioners, providers, regulators and other public bodies. The purpose of the quality summit is to develop a plan of action and recommendations based on the inspection team's findings.

Source: www.cqc.org.uk 27 May 2016
Working Together – how health, social care and fire and rescue services can increase their reach, scale and impact through joint working

Work by the fire and rescue services to help reduce demand for other services through prevention, including health and social care, is being showcased in a new document entitled, ‘Working Together’.

Underlying risk factors that ultimately result in fires, such as smoking and alcohol consumption, also have a strong impact on health.

Fire and rescue services are applying the principles of early intervention and prevention, to these health-related risk factors, resulting in a reduced demand for the services of others, whilst also continuing to reduce demand for fire and rescue.

A key aim of the NHS Five Year Forward View is to tackle widespread preventable illness and deep-rooted health inequalities through a radical upgrade in prevention and public health. By working with fire and rescue services, health and social care partners, from local authorities to clinical commissioning groups (CCGs), can make use of fire and rescue service expertise, experience, existing prevention mechanisms and ability to adapt engagement with those most at risk.

Fire and rescue services are being recognised as partners in the wider health and social care arena and, along with health and social care, are ready to meet the challenge of preventing avoidable illness, isolation and injury.

Opportunities for joint working include:

- Safe and Well visits – Many fire and rescue services have expanded their home safety visits to become Safe and Well visits. A Safe and Well visit is a person-centred home visit and expands the scope of previous home checks by focussing on health, as well as fire. It involves the systematic identification of, and response to, health and wellbeing issues along with fire risk reduction, ensuring people with complex needs and older people get the personalised, integrated care and support they need to live full lives and sustain their independence for longer

- children and young people – Working with young people is key to changing behaviours that lead to avoidable illness. Helping young people gain meaningful employment is one of the most effective ways to help them improve the impact of the wider determinants of health

- Community Risk Intervention – Community Risk Intervention is a new model, building on the Safe and Well visit model and combining an expanded approach to home safety, risk reduction and increased independence with a response on behalf of police and ambulance services to low-priority, high-volume calls.

Source: www.england.nhs.uk 1 June 2016

MPs say new NHS safety organisation 'must be independent'

A new organisation designed to make the NHS in England safer must have its independence guaranteed in law, a committee of MPs says.

The Healthcare Safety Investigation Branch (HSIB) is due to begin work in the Autumn of 2016 with a budget of £3.6 million and will carry out about 30 reviews a year.

The MPs' report also calls for a single public inquiry into historical cases of avoidable harm in the health service.
The Government says it has made legal provisions for HSIB’s independence.
The cross-party Public Administration and Constitutional Affairs Committee (PACAC) has been 
examining the work of the new body, which will sit within NHS Improvement (a body which 
oversees NHS trusts) - a move which has been controversial.
The aim is to model the "no blame" approach taken to investigating air accidents.
The hope is this will enable NHS staff, patients and their families to raise awareness about 
serious risks to safe care, and allow hospitals and other providers to learn from mistakes.
But patients' organisations have warned that this "safe space" should not be prioritised above 
guaranteeing openness and honesty with patients.
And the PACAC report warns the organisation will fail without new legislation.
Committee chairman Bernard Jenkin MP said:
"We have consistently called for primary legislation to make HSIB fully independent, and to 
create a credible 'safe space' which will enable the NHS to properly learn from past mistakes. 
"The secretary of state's decision to set HSIB up as an NHS quango as a permanent response 
to our recommendations was both disappointing and would be unacceptable. 
"But the prospect of a secure legislative base will enable HSIB to emulate the successful air, 
marine and rail investigation branches. 
"Were the present non-statutory arrangement to be regarded as permanent it would be an 
intolerable compromise."
Ministers have made no commitment to legislation, but say they will review how HSIB is 
working after two years.
Scandals at Mid Staffs and Southern Health Trust have highlighted failings in how the NHS 
responds to patients' complaints and deaths.
The MPs say the HSIB should be "an exemplar of high quality clinical investigations", with local 
NHS providers still carrying out the bulk of inquiries.
But the report warns there will be limits to what it can achieve, within its budget and remit.
The MPs also recommend that a single public inquiry selects and reviews historical cases of 
failings in the health service. They said: 
"This should be seen in the context of other wide-reaching inquiries in recent years. 
"The purpose of this single public inquiry would be to provide closure to those affected by 
patient safety incidents, which cannot otherwise be obtained."
Source: www.bbc.co.uk/news 2 June 2016

CQC review of how NHS trusts investigate and learn from deaths
The Care Quality Commission (CQC) is looking at how NHS acute, community healthcare and 
mental health trusts investigate deaths and learn from their investigations. The CQC also 
wants to assess whether opportunities to prevent deaths have been missed.
The Mazars Report – which looked at the deaths of people using mental health or learning 
disability services run by Southern Health Foundation Trust – set out a number of failings. 
These included that the Trust had no effective overall way of reporting, investigating and 
learning from deaths.
The Government has asked the CQC to look at how NHS trusts across the country investigate deaths to find out whether similar problems can be found elsewhere. The CQC will look particularly closely at how trusts investigate and learn from deaths of people using learning disability or mental health services.

To carry out this work, the CQC will:

- listen to families and invite comments and discussion through its public online community
- work with an expert advisory group made up of a range of people and organisations, including charities, campaigners and Government bodies
- work with its partners, including NHS England, NHS Improvement and the Department of Health
- carry out a national survey with all NHS trusts
- talk to NHS trusts through its online community for providers
- visit a sample of acute, community healthcare and mental health NHS trusts to gather evidence.

The CQC will follow a consistent process when it carries out reviews.

What the CQC aims to achieve:

- to publish a report setting out its findings and recommendations
- to work with national partners to make sure there is clear guidance for NHS trusts that describes the expected good practice in identifying, reporting and investigating deaths and embedding learning to improve care
- to use the findings in the report to improve the way services are regulated and monitored.

The CQC aims to publish our findings in December 2016.

Source: www.cqc.org.uk 6 June 2016

**North Middlesex University Hospital NHS Trust told to improve services in its A&E department**

The Care Quality Commission (CQC) has informed North Middlesex University NHS Trust it must make significant improvements in the quality of the healthcare it provides in its A&E department.

The CQC has issued a Warning Notice requiring the Trust to significantly improve the treatment of patients attending A&E.

CQC inspectors visited the Trust as part of an unannounced 11 in April 2016. The inspectors found that the treatment model for patients was not effective.

Inspectors found there were delays in the initial assessment of patients, in their assessment by a doctor and in moving them to specialist wards and that there were insufficient middle grade doctors and consultants.

North Middlesex University Hospital Trust has been given until 26 August 2016 to make the improvements.

The CQC will publish a full report of its findings in due course.

Source: www.cqc.org.uk 6 June 2016
New bowel cancer screening test
A new bowel cancer home testing kit will be rolled out across England, Public Health England (PHE) has announced. The Faecal Immonochemical Test (FIT) tests for hidden blood in stool samples, which can be an early sign of bowel cancer.

Following a successful pilot involving 40,000 people, the UK National Screening Committee recommended the test should be rolled out nationally. The test will now be offered to all men and women aged 60 to 74, every two years.

The test looks for early signs of bowel cancer. Early diagnosis is crucial to saving lives – if diagnosed early, more than 90 per cent of bowel cancer cases can be treated successfully.

Bowel cancer is currently the second biggest cancer killer in England – every half an hour someone dies of the disease and it is hoped the new screening test will make a real difference.

Currently, only 58 per cent of people complete a kit when sent it. The new test is easier to use than current home testing kits – only one stool sample is required instead of two samples from three separate stools with the current test.

It is expected to increase screening uptake by around 10 per cent and result in around 200,000 more people a year being tested, potentially saving hundreds of lives.

The independent Cancer Taskforce has set an ambition of 75 per cent uptake of screening across England by 2020, and the new test will help achieve this.

Source: [www.gov.uk](http://www.gov.uk) 8 June 2016

LGBT people face discrimination as they die
Nearly three-quarters (74 per cent) of lesbian, gay, bisexual and trans (LGBT) people are not confident that health and social care services provide sensitive end of life care for their needs. As a result, they often delay accessing the care they need and are more likely to experience unmanaged symptoms and pain at the end of their lives.

These are the findings of a new report from the terminal illness charity Marie Curie entitled, ‘Hiding who I am: Exposing the reality of end of life care for LGBT people’ that looks at the barriers that prevent LGBT people from accessing end of life care and highlights their real-life experiences.

The report draws on interviews with LGBT people living with a terminal illness, and their partners, by the University of Nottingham (The Last Outing) and King’s College London (ACCESSCare). It includes examples of indirect and direct discrimination, including a dying lady whose doctor refused to see her without a chaperone because she was a lesbian.

Many people interviewed said they felt anxiety about having to hide who they are when accessing end of life care, with one in four experiencing discrimination from health and social care professionals in their lifetime. Others feared ‘outing’ themselves to care professionals, having grown up at a time when being gay was illegal.

It is estimated that more than 40,000 LGBT people die each year in the UK. However, it is suggested that a significant number miss out on the care and support they need, despite experiencing higher rates of life-threatening diseases than the national average.

Source: [www.mariecurie.org.uk](http://www.mariecurie.org.uk) 9 June 2016
South West London & St George’s Mental Health NHS Trust Requires Improvement says the CQC
The Chief Inspector of Hospitals has rated South West London & St George’s Mental Health NHS Trust as Requires Improvement overall after its inspection by the Care Quality Commission (CQC).

A team of inspectors, including specialist advisors and experts by experience visited the Trust during March 2016 as part of its programme of inspections of all NHS mental health trusts.

South West London & St George’s Mental Health NHS Trust provides services to a population of over 1.1 million people. They also provide a number of specialist services used by people from across the UK.

The CQC has rated three services as Requires Improvement: community based mental health services for adults of working age and for older people and the rehabilitation mental health wards for working age adults.

The main areas for improvement included:

• most wards providing rehabilitation were not supporting patients to achieve greater independence
• across a number of wards and teams staff were not being supported with regular one to one supervision
• administrative changes meant some patients were not receiving appointment letters, there were delays in information reaching GPs and staff at the trust were not able to access patient information they needed for outpatient appointments.

Inspectors found seven core services to be Good. These were:

• acute wards and the psychiatric intensive care unit
• forensic inpatient wards including the high secure service
• wards for older people with mental health problems
• ward for children and adolescents with mental health problems
• mental health crisis services and health based places of safety
• specialist community mental health services for children and young people
• community mental health services for people with a learning disability.

CQC inspectors also found that there had been significant improvements in the care delivered to people who had an acute mental illness. Whilst demand was still very high and this presented a daily challenge, patients had an improved level of support to access the services they clinically needed. Staff had access to a wide range of opportunities for learning and development, which was helping many people to make progress with their career whilst also improving the care they delivered. The Trust was working with local communities to overcome the stigma of mental illness and make services more accessible.

Source: www.cqc.org.uk 16 June 2016

Camden & Islington NHS Foundation Trust Requires Improvement
Camden & Islington NHS Foundation Trust has been rated as Requires Improvement overall after an inspection by the Care Quality Commission (CQC) in February 2016.

The Trust, which provides mental health services to two London boroughs, serves a population of around 431,000. In addition, it provides substance misuse services in Westminster, and a substance misuse and psychological therapies service to people living in Kingston.
A team of inspectors visited all of the wards across the Trust, looked at the health based place of safety under section 136 of the Mental Health Act, inspected the crisis teams, community services for people with learning disability and for older people and visited a sample of adult community and substance misuse services.

The inspectors rated mental health crisis services and health-based places of safety as Inadequate. Wards for older people with mental health problems, community-based mental health services for older people, and community mental health services for people with a learning disability or autism were rated as Good overall. A full report of the inspection, including ratings for all core services has been published.

Inspectors found that facilities at two of the three health-based places of safety, at other NHS hospitals, did not promote dignity, recovery, comfort or confidentiality for people using the service. Premises at the Royal Free Hospital were unsuitable: the Trust had not ensured the environment was clean and well maintained and the toilet had ligature points which could be used by a patient to self-harm.

There was limited assurance about safety. In some wards, staff could not observe all parts of the ward. Inspectors identified ligature points in wards which had not been removed or where measures had not been put in place to mitigate risks. Some wards were not equipped with ligature cutters, or staff did not know where they were kept.

Waiting times in some services were long - up to a year for people needing psychological support with the complex depression, anxiety and trauma service.

People waited for routine referrals for five weeks for an initial assessment. People needing the personality disorder service had to wait 16 weeks to be allocated to a care co-ordinator and 12 months for therapy.

Source: www.cqc.org.uk 21 June 2016

**London North West Healthcare NHS Trust Requires Improvement**

The Chief Inspector of Hospitals has rated London North West Healthcare NHS Trust as Requires Improvement overall after its inspection by the Care Quality Commission (CQC).

The Trust is one of the largest integrated healthcare trusts in England established in a merger in October 2014.

Following the inspection in October and November 2015, the CQC issued the Trust with a warning notice requiring the Trust to make significant improvements:

- the Trust must provide expert support for consultant radiologists at weekends
- the Trust must provide sufficient trained and experienced medical and nursing cover on its high dependency unit at all times including out of office and at weekends.

The Trust provides services at Northwick Park Hospital, St Mark’s Hospital, Harrow; Central Middlesex Hospital in Park Royal and Ealing Hospital. It also runs four community hospitals – Claypounds Rehabilitation Hospital, Meadow House Hospital, Denham unit and Willesden Centre - in addition to providing community health services in the London Boroughs of Brent, Ealing and Harrow.

The inspectors rated caring at the trust as Good, but found the Trust Requires Improvement for safety, being effective, responsive and well-led.

Source: www.cqc.org.uk 21 June 2016
Nearly one in four deaths 'avoidable'

Almost a quarter of all deaths in England and Wales are potentially avoidable, 2014 figures released by the Office for National Statistics (ONS) suggest.

The report shows that, out of some 116,000 avoidable deaths in total, more than a third were caused by tumours.

And levels of avoidable deaths were significantly higher in Wales than in England. In England, the North East had the worst rates.

Department of Health officials say they are investing to tackle the issue.

The review looked at deaths that could have been prevented through good quality, timely healthcare or healthier lifestyle choices and public health interventions.

It suggests in 2014 there were 108,491 potentially avoidable deaths in England and 7,428 in Wales – 23 per cent of all deaths that occurred that year.

And, second to tumours, heart disease and strokes contributed to the most deaths.

The report found males had a higher proportion of avoidable deaths (29 per cent) than females (18 per cent).

Meanwhile for children and young people, almost a third of all fatalities (1,443 deaths) were considered avoidable. Nearly 200 were because of accidental injuries.

Source: www.bbc.co.uk/news 29 June 2016

Social Care

Care Quality Commission inspectors publish ratings on London adult social care services

The Care Quality Commission (CQC) has published a number of reports on the quality of care provided by adult social care services across London.

Under the CQC’s programme of inspections, all of England’s adult social care services are being given a rating according to whether they are safe, effective, caring, responsive and well led.

5 April 2016

- BE Wembley, Healing Cross Healthcare Limited, Brent: Good
- Lifestyle Care Services Limited t/a Home Instead Senior Care, Lifestyle Care Services Limited, Ealing: Good
- Enfield Domiciliary Care Agency - Durants Road, Saint John of God Hospitaller Services, Enfield: Good
- Queensdown Road, Look Ahead Care and Support Limited, Hackney: Good
- Harrow, Network Healthcare Professionals Limited, Harrow: Good
- Santa Care, Santa Bapoo, Harrow: Good
- London Care (Brentford), London Care Limited, Hounslow: Good
- Special People, Ms Julie Laura Skinner, Islington: Good
- St Anne’s Nursing Home, Blackberry Hill Limited, Islington: Good
- Brigstock House, Mr & Mrs Mohamedally, Croydon: Requires Improvement
- Coniston Lodge Nursing Home, Lifestyle Care Management Ltd, Hounslow: Requires Improvement
- The Kensington Nursing Home, Bupa Care Homes (GL) Limited, Kensington & Chelsea: Requires Improvement
- Rosclare Residential Home Limited, Rosclare Residential Home Limited, Kingston upon Thames: Requires Improvement
- Mears Care - Mitcham, Mears Care Limited, Merton Requires Improvement
- Abbeyfield - Richard Cusden, Abbeyfield Society (The), Wandsworth: Requires Improvement.

18 April 2016

- Camden Park House, One Housing Group Limited, Camden: Good
- Trinity Court Nursing Home, Newslease Limited, Wandsworth: Good
- Woodside Court Supported Living, Cognithan Limited, Croydon: Good
- Waterfield Supported Homes Limited, Waterfield Supported Homes Limited, Lewisham: Good
- Waterfall House, H Dhunnoo, Enfield: Good
- Islington Social Services - 3 Wray Court, Islington Social Services, Islington: Good
- Homeleigh Residential Care Home, Lovestar Limited, Greenwich: Good
- St Joseph’s Care Home, Hazelwood Care Limited, Harrow: Good
- Ashness Domiciliary Care, Ashness Care Limited, Haringey: Good
- Blue Ocean Services, Blue Ocean Services Limited, Lewisham: Good
- Willow House, Connifers Care Limited, Enfield: Good
- Better Healthcare Services (London), Diamond Resourcing Plc, City of London: Good
- EnViva Paediatric Care Limited - London, EnViva Paediatric Care Limited, Islington: Good
- The Harefield Nursing Centre, Bupa Care Homes (ANS) Limited, Hillingdon: Good
- Lynton Hall Nursing Centre, Bupa Care Homes (ANS) Limited, Kingston upon Thames: Good
- James House, Abbeyfield Society (The), Hillingdon: Good
- Walsingham Support - 31 Budge Lane, Walsingham Support Limited, Sutton: Good
- Walsingham Support - Supported Living and Community and Home Support Services, Walsingham Support Limited, Sutton: Good
- Chadwell House Residential Care Home, Sanctuary Care Limited, Redbridge: Good
- Amberley Lodge - Purley, Care UK Community Partnerships Ltd, Croydon: Good
- Help for Carers, Help For Carers, Merton: Good
- Mortimer & Co Limited t/a Bluebird Care (Ealing), Mortimer & Co Limited, Ealing: Good
- Care Assist Limited, Care Assist Limited, Harrow: Good
- FABS HOMECARE LIMITED, Fabs Homecare Limited, Lewisham: Good
- Hadley House Nursing Home, NA SS Care Limited, Harrow: Good
• Age UK Bexley, Age UK Bexley, Bexley: Good
• Brookes Homemart Services, Community Health Action Trust, Brent: Good
• Cavendish Road, Metropolitan Housing Trust Limited, Wandsworth: Good
• MICBEE CARE & EMPLOYMENT LIMITED, Micbee Care & Employment Limited, Merton: Good
• Alexander Care Centre, HC-One Limited, Lewisham: Good
• Dimensions London Domiciliary Care Office, Dimensions (UK) Limited, Barnet: Good
• Hazelwood House, Shine Partnerships Ltd, Enfield: Good
• HFH Healthcare Limited, HFH Healthcare Limited, Merton: Good
• St Antony’s Care Home, St. Antony’s Ltd, Merton: Good
• College Hill Residential Home, C & K Healthcare Limited, Harrow: Good
• Albany Park Nursing Home, Lancam Care Services Limited, Enfield: Good
• Emerald Care Services (UK) Limited, Emerald Care Services (UK) Limited, Lambeth: Good.
• Eleanor Palmer Trust Home, Eleanor Palmer Trust, Barnet: Requires Improvement
• Keychange Charity Alexander House Care Home, Keychange Charity, Merton: Requires Improvement
• PiCAS, Mrs Amardeep Sura, Redbridge: Requires Improvement
• Care Management Group - 43 Florence Avenue, Care Management Group Limited, Merton: Requires Improvement
• Advance Home Help and Support Services, Mrs Lesley Diane McDaid, Enfield: Requires Improvement
• Kingston Care Home, Four Seasons (No 10) Limited, Kingston upon Thames: Requires Improvement
• Seabrooke Manor Residential and Nursing Home, Bupa Care Homes (CFHCare) Limited, Redbridge: Requires Improvement
• 1a Webb Road, Avenues London, Greenwich: Requires Improvement
• Pranam Care Centre, Woodhouse Care Homes Limited, Ealing: Requires Improvement
• Amazin Care Limited, Amazin Care Limited, Bexley: Requires Improvement
• St Johns Wood Care Centre, Lifestyle Care Management Ltd, Camden: Requires Improvement
• Hanwell Community Centre, Support Direct Limited, Ealing: Requires Improvement.
• Brackenbridge House, GCH (Brackenbridge House) Ltd, Hillingdon: Inadequate.

25 April 2016
• Sonesta Nursing Home Limited, Sonesta Nursing Home Limited, Barnet: Good
• Chalkhill Road, St Martin Of Tours Housing Association Limited, Brent: Good
• Frontier Support Services Limited - 27-29 Brighton Road, Frontier Support Services Ltd, Croydon: Good
• Unit 14b - Day Lewis House, Hillside Care Services Community Interest Company, Croydon: Good
• Edge Hill Care Home, Mr Zaid Mauderbocus, Greenwich: Good
• Manor Lodge, R.M.D. Enterprises Limited, Harrow: Good
• Panacea Care, Panacea Care Limited, Hillingdon: Good
• Acorn Lodge - Surbiton, Mr & Mrs Y Jeetoo, Kingston upon Thames: Good
• Beverley Martins Limited, Beverley Martins Limited, Lewisham: Good
• Housing & Care 21 - Pantiles House, Housing & Care 21, Merton: Good
• Age UK Redbridge, Barking & Havering Home Support Services, Age UK Redbridge, Barking & Havering Ltd, Redbridge: Good
• Beeches House, Brook Care Homes Limited, Sutton: Good
• Goldsmith Personnel Limited (East London), Goldsmith Personnel Limited, Waltham Forest: Good.

• Oakdene House, Sequence Care Limited, Bexley: Requires Improvement
• Kent Lodge, Shaw Healthcare (Group) Limited, Ealing: Requires Improvement
• Sunbridge, Four Seasons 2000 Limited, Enfield: Requires Improvement
• Supreme Care Services Limited, Supreme Care Services Limited, Greenwich: Requires Improvement
• Carers for You Limited, Carers for You Limited, Harrow: Requires Improvement
• Kent House, GCH (Harrow) Ltd, Harrow: Requires Improvement
• Cherry Tree, Care Management Group Limited, Havering: Requires Improvement
• Maefin Lodge, Ms Theresa John, Newham: Requires Improvement
• Sisserou, Ms Theresa John, Newham: Requires Improvement
• Chenash HomeCare Specialists, Mr Fafe Fainosi Mudzingwa, Sutton: Requires Improvement.

• Hillgreen Care Limited - 14 Colne Road, Hillgreen Care Limited, Enfield: Inadequate.

3 May 2016

• Croydon Shared Lives, London Borough of Croydon, Croydon: Outstanding.

• 63 Eton Avenue, First Choice Care Services Ltd, Brent: Good
• Park Avenue Care Centre, Park Avenue Healthcare Limited, Bromley: Good
• Honeysuckle House, Care UK Community Partnerships Ltd, Enfield: Good
• Care Management Group - 53 West Park, Care Management Group Limited, Greenwich: Good
• Independent Home Care Team, Independent Homecare Team Limited, Greenwich: Good
• Linden House, London Borough of Haringey, Haringey: Good
• Trees, Hill Homes Care Limited, Haringey: Good
• Nightingale House, Nightingale Residential Care Home Ltd, Havering: Good
• The Cedars, Beech Tree Domiciliary Limited, Havering: Good
• Mountview, M D Homes, Hillingdon: Good
• Westway Respite Ltd, Westway Respite Limited, Hounslow: Good
• Islington Social Services - 28a King Henry Walk, Islington Social Services, Islington: Good
• Cherry Lodge, Mr & Mrs Y Jeetoo, Kingston upon Thames: Good
• Cloyda Care Home, Mr & Mrs V M Patel, Kingston upon Thames: Good
• Jericho Lodge, Supreme Care Services Limited, Merton: Good
• Jubilee Lodge, Supreme Care Services Limited, Merton: Good
• Oasis Care and Training Agency (OCTA), Oasis Care and Training Agency (OCTA), Southwark: Good
• Chloe Drury Limited, Chloe Drury Limited, Sutton: Good
• Crossways Nursing Home, Hopelit UK Limited, Sutton: Good
• Ben Russell Carers Limited, Ben Russell Carers Limited, Westminster: Good.

• Abbotsleigh Mews Residential and Nursing Home, Bupa Care Homes (CFHCare) Limited, Bexley: Requires Improvement
• Allforcare Trading Alomcare, Allfor Care Alpha Care Recruitment West And Home Care Service Ltd, Brent: Requires Improvement
• Devon House, Parkcare Homes (No.2) Limited, Enfield: Requires Improvement
• Albany House, Precious Homes Limited, Greenwich: Requires Improvement
• Heathfield House, Vijaykoomar Kowlessur, Hillingdon: Requires Improvement
• Penerley Lodge Care Centre, Mr HA and Mrs M Cole, Lewisham: Requires Improvement
• Residential Care Home, Mrs Taslimah Salamut, Newham: Requires Improvement
• Mount Adon Park, The Brandon Trust, Southwark: Requires Improvement
• St Mary’s Lodge Residential Care Home for the Elderly, Mr & Mrs J Dudhee, Sutton: Requires Improvement
• Parkgate Nursing Agency - 1 Boundaries Road, Urowoli Alatan, Wandsworth: Requires Improvement.

• Grace House, The Christian Care Trust, Barnet: Inadequate
• Ison Nursing Agency and Care Services Ltd, Ison Nursing Agency and Care Services Limited, Barnet: Inadequate
• Hillgreen Care Limited - College Park Road, Hillgreen Care Limited, Haringey: Inadequate
• Aston Grange Care Home, Aston Grange Care Limited, Waltham Forest: Inadequate.

9 May 2016
• Chasereview Care Home, Bupa Care Homes (CFHCare) Limited, Barking & Dagenham: Good
• 120 Harrowdene Road, Ms Kayte Regina Pinto, Brent: Good
• Ascog House, Randall Care Homes Limited, Brent: Good
• Brook House, Barchester Healthcare Homes Limited, Brent: Good
• Jays Homecare Limited, Jay’s Homecare Limited, Brent: Good
• Parkside - Care Home Learning Disabilities, Leonard Cheshire Disability, Bromley: Good
• Acacia Care Centre, London Residential Healthcare Limited, Croydon: Good
• Roland Residential Care Homes - 6 Compton Road, Roland Residential Care Homes Limited, Enfield: Good
• UK Care(Special Needs) Limited, UK Care (Special Needs) Limited, Enfield: Good
• Foulden Road, Look Ahead Care and Support Limited, Hackney: Good
• South Hill, Care Management Group Limited, Harrow: Good
- Rose House, Mrs Michelle Macadangdang, Havering: Good
- FABS HOMECARE LIMITED, Fabs Homecare Limited, Lewisham: Good
- Haven Lodge, Pridegold Limited, Newham: Good
- Pinewood Residential Care Home, Sanctuary Care Limited, Redbridge: Good
- Premier Carewaiting Limited, Premier Carewaiting Limited, Redbridge: Good
- Dover Lodge, The Brandon Trust, Southwark: Good
- The Elms, South East London Baptist Homes, Southwark: Good
- Trinity Homecare (Worcester Park), Trinity Care at Home Ltd, Sutton: Good
- Tudor Lodge, Chatsworth Care, Sutton: Good
- 135 Norman Road, Jooma Care Homes Limited, Waltham Forest: Good
- Bridge House, Leyton House Community Care Ltd, Waltham Forest: Good
- Leyton House, Leyton House Community Care Ltd, Waltham Forest: Good
- Prestige Nursing – Chingford, Prestige Nursing Limited, Waltham Forest: Good
- Notting Hill Housing Trust - 60 Penfold Street, Notting Hill Housing Trust, Westminster: Good.

- Abbey Ravenscroft Park Nursing Home, Abbey Ravenscroft Park Limited, Barnet: Requires Improvement
- Darethehealthcare UK Limited, Darethehealthcare UK Limited, Bromley: Requires Improvement
- Anastasia Lodge Care Home, Ourris Residential Homes Limited, Enfield: Requires Improvement
- Elect Care Consultants Limited, Elect Care Consultants Limited, Hackney: Requires Improvement
- Havilah Office, Havilah Prospects Limited, Hackney: Requires Improvement
- Talgarth Road, Hestia Housing and Support, Hammersmith & Fulham: Requires Improvement
- Stirling Park Residential Home, Mrs P Hogan, Haringey: Requires Improvement
- The Extra Mile Care Company, The Extra Mile Care Company Limited, Haringey: Requires Improvement
- Rose Cottage, Rose Cottage (Middlesex) Ltd, Hounslow: Requires Improvement
- Havelock Court Nursing Centre, Bupa Care Homes (ANS) Limited, Lambeth: Requires Improvement.

- Grace House Outreach Care, The Christian Care Trust, Barnet: Inadequate
- High Street Lodge Limited, High Street Lodge Limited, Enfield: Inadequate
- Gallions View Nursing Home, Bupa Care Homes (CFHCare) Limited, Greenwich: Inadequate
- The Swallows, Rajanikanth Selvanandan, Lewisham: Inadequate.

**8 June 2016**

- Goldsmith Personnel Limited (West London), Goldsmith Personnel Limited, Brent: Good
- Riverview Lodge, Methodist Homes, Brent: Good
- Standard Nursing Agency and Care Services Limited - Wembley, Standard Nursing Agency and Care Services Limited, Brent: Good
- Community Options Limited - 78 Croydon Road, Community Options, Bromley: Good
- Frontier Support Services Limited - 27-29 Brighton Road, Frontier Support Services Ltd, Croydon: Good
- Whitgift House, The Whitgift Foundation, Croydon: Good
- Carers Trust Lea Valley Crossroads Care Service Limited, Carers Trust Lea Valley Crossroads Care Service Limited, Enfield: Good
- Acorn Lodge Care Centre, Acorn Lodge Limited, Hackney: Good
- Blenheim Care Centre, Lifestyle Care Management Ltd, Hillingdon: Good
- St Wilfrid's Care Home, The Congregation of the Daughters of the Cross of Liege, Kensington & Chelsea: Good
- Vosse Court, CareTech Community Services Limited, Lambeth: Good
- Choice Homecare Ltd, Choice Homecare Limited, Lewisham: Good
- Eagles & Shofar Homecare Support, RRC (GB) Ltd, Sutton: Good
- Homewards Limited - 48 Leonard Road, Homewards Care Ltd, Waltham Forest: Good
- SENSE - 70 Castleton Road, Sense, Waltham Forest: Good
- Nightingale House, Nightingale Hammerson, Wandsworth: Good.

- Lee Valley Care Services Limited, Lee Valley Care Services Ltd, Brent: Requires Improvement
- Priory Nursing Agency & Homecare Limited, Priory Nursing Agency And Homecare Limited, Brent: Requires Improvement
- Sitara Haven, Mrs Rajinder Hunjan, Ealing: Requires Improvement
- Time Out Service, Age Concern Enfield, Enfield: Requires Improvement
- Marego Limited, Marego Limited, Enfield: Requires Improvement
- St Vincents House, Care UK Community Partnerships Ltd, Hammersmith & Fulham: Requires Improvement
- Spring Lane, Springdene Nursing And Care Homes Limited, Haringey: Requires Improvement
- 30 Coleraine Road, Unified Care Limited, Haringey: Requires Improvement
- Rosclare Residential Home Limited, Rosclare Residential Home Limited, Kingston upon Thames: Requires Improvement
- Milverton Nursing Home, Surbiton Care Homes Limited, Kingston upon Thames: Requires Improvement
- Manley Court Care Home, Bupa Care Homes (ANS) Limited, Lewisham: Requires Improvement
- Aquaflo Care Limited, Aquaflo Care Ltd, Merton: Requires Improvement
- 11 Skylines Village, Mantra Recruitment Ltd, Tower Hamlets: Requires Improvement
- Lyle House, Country Court Care Homes 2 Limited, Wandsworth: Requires Improvement.

- Park Lodge, CHD Living Limited, Kingston upon Thames: Inadequate
- Greenfield Care Home, Greenfield Care Homes Limited, Merton: Inadequate
13 June 2016

- London Care Partnership Limited - 78 Park Road, London Care Partnership Limited, Richmond upon Thames: Outstanding.

- The Abbeyfield East London Extra Care Society Limited, Abbeyfield East London Extra Care Society Limited, The, Barking & Dagenham: Good
- Adelaide Nursing and Residential Care Home, Avery Homes (Nelson) Limited, Bexley: Good
- Amandacare, Mr Peter Cole, Bexley: Good
- Rosenmanor Limited, Rosenmanor Limited, Croydon: Good
- St Edwards Close, National Autistic Society (The), Croydon: Good
- Thornton Lodge Limited, Thornton Lodge Limited, Croydon: Good
- London Borough of Greenwich - 58 The Village, London Borough of Greenwich, Greenwich: Good
- Andersen Care Agency, Andersen Care Limited, Haringey: Good
- Best Care 4 U Stanmore, Best Care 4 U Ltd, Harrow: Good
- Willows Care Home, Churchgate Healthcare (Willows) Limited, Havering: Good
- MiHomecare - Hillingdon, MiHomecare Limited, Hounslow: Good
- Vicarage Farm Nursing Home, Astoria Healthcare Limited, Hounslow: Good
- 148 Hornsey Lane, Family Mosaic Housing, Islington: Good
- Northbrook Care Home, Northbrook Homes Limited, Redbridge: Good
- Tomeswood Lodge Limited, Tomeswood Lodge Ltd, Redbridge: Good
- Bluegrove House, Anchor Trust, Southwark: Good.

- Alexander Court Care Centre, Lifestyle Care Management Ltd, Barking & Dagenham: Requires Improvement
- Cloud House, Delrose House Limited, Barking & Dagenham: Requires Improvement
- Amelia Home Care, Amelia Home Care Limited, Barnet: Requires Improvement
- Tudor Gardens, Direct Services, Brent: Requires Improvement
- LifeCome Care, Lifecome Limited, Bromley: Requires Improvement
- Fouracres Care Services, Mrs Philomena Chikwendsu Okoron-Kwo, Enfield: Requires Improvement
- Oak Tree Care Services, Oak Tree Care Services Limited, Enfield: Requires Improvement
- Star Nursing and Care Services, Star Nursing & Care Services Limited, Greenwich: Requires Improvement
- Carepoint Services, Carepoint Services Limited, Lewisham: Requires Improvement
- Eltandia Hall Care Centre, Lifestyle Care Management Ltd, Merton: Requires Improvement
- Direct Line Consultancy Services, Direct Line Consultancy Services Limited, Newham: Requires Improvement
- Summerdale Court Care Home, Four Seasons (No 10) Limited, Newham: Requires Improvement
- Restoration Residential Care Home, RRC (GB) Ltd, Sutton: Requires Improvement
• Tordarrach Nursing Home, Mrs Ayodele Obaro & Dr Reuben Obaro, Sutton: Requires Improvement.

• Lancaster Lodge, Richmond Psychosocial Foundation International, Richmond upon Thames: Inadequate.

20 June 2016

• Henry Nihill House, Community Of St Mary At The Cross, Barnet: Good
• An Diadan House, Kisimul Group Limited, Croydon: Good
• Callum House, Oregon Care Limited, Croydon: Good
• Gate Lodge, Mr & Mrs P Chellun, Croydon: Good
• The Entirety Partnership LLP, The Entirety Partnership LLP, Croydon: Good
• Supreme Care Services Limited, Supreme Care Services Limited, Ealing: Good
• Enfield Adult Placement Scheme, London Borough of Enfield, Enfield: Good
• The Paddocks, Care Management Group Limited, Havering: Good
• Maryville Care Home, Poor Servants Of The Mother Of God, Hounslow: Good
• Westminster Homecare Limited (West London), Westminster Homecare Limited, Hounslow: Good
• Joybrook, Joy Care Home Services Limited, Lambeth: Good
• Southside Partnership - 227 Norwood Road, Southside Partnership, Lambeth: Good
• The Regard Partnership Limited - Vancouver Road, The Regard Partnership Limited, Lewisham: Good
• Manor House, Mr & Mrs D Sessford, Merton: Good
• Forest Dene Residential Care Home, Sanctuary Care Limited, Redbridge: Good
• Orient St Adult Respite Unit, London Borough of Southwark, Southwark: Good
• Meadbank Care Home, Bupa Care Homes (ANS) Limited, Wandsworth: Good
• Mushkil Aasan, Mushkil Aasan Limited, Wandsworth: Good.

• Sydmar Lodge, Embrace All Limited, Barnet: Requires Improvement
• Loring Hall, Oakfields Care Limited, Bexley: Requires Improvement
• Prince George Duke of Kent Court, The Royal Masonic Benevolent Institution, Bromley: Requires Improvement
• Kenilworth Nursing Home, Mr C and Mrs LA Gopaul, Ealing: Requires Improvement
• Westcombe Park Care Home, Bupa Care Homes (GL) Limited, Greenwich: Requires Improvement
• Kamino Homecare Ltd, Kamino Homecare LTD, Haringey: Requires Improvement
• Bluebird Care (Hillingdon), Buadu Limited, Hillingdon: Requires Improvement
• Brandon Trust Supported Living - Earlsfield, The Brandon Trust, Wandsworth: Requires Improvement
• George Potter House, Sovereign (George Potter) Limited, Wandsworth: Requires Improvement.

• Ison Nursing Agency and Care Services Ltd, Ison Nursing Agency and Care Services Limited, Barnet: Inadequate
- Avon Lodge, Avon Lodge UK Limited, Enfield: Inadequate

**27 June 2016**
- Chinite Resourcing Limited, Chinite Resourcing Limited, Barking & Dagenham: Good
- Millicent Preston House, London Borough of Barking & Dagenham, Barking & Dagenham: Good
- Dillan Care Pathway, Dillon Care Limited, Barnet: Good
- Sara Lodge, Sara Care Home Limited, Barnet: Good
- Baugh House, GCH (Kent) Ltd, Bexley: Good
- Peace Manor Residential Care Ltd - Pembroke Road Unit - Erith, Peace Manor Residential Care Limited, Bexley: Good
- College Road Care Home, Striving for Independence Homes LLP, Brent: Good
- Milverton Road, Voyage 1 Limited, Brent: Good
- Pettsgrove Care Home, Striving for Independence Homes LLP, Brent: Good
- Precious Homes Wembley, Precious Homes Limited, Brent: Good
- Abacus Homecare (Bromley) Limited, Abacus Homecare (Bromley) Limited, Bromley: Good
- Home Care & Support Limited, Home Care & Support Limited, Bromley: Good
- Jansondean Nursing Home, Sage Care Homes (Jansondean) Limited, Bromley: Good
- Rathmore House, Central and Cecil Housing Trust, Camden: Good
- 21 Lucerne Road, Mr & Mrs W Wallen, Croydon: Good
- Arnold House, MCCH Society Limited, Greenwich: Good
- Home Instead Senior Care, Greenwich & Bexley, Greenwich Care Ltd, Greenwich: Good
- Gifted Care Services Limited, Gifted Care Services Limited, Hackney: Good
- Harrow Council - Bedford House, Harrow Council, Harrow: Good
- Medic 2 UK Limited - Romford, Medic 2 UK Limited, Havering: Good
- Rosemont Care Limited t/a Rosemont Care, Rosemont Care Limited, Havering: Good
- Adolphus Care, Adolphus Care Ltd, Hillingdon: Good
- Micado Homes - Drayton Lodge, Micado Homes Limited, Hillingdon: Good
- Islington - London, Mrs Kalliopi-Popi Galani, Islington: Good
- Islington Council Adult Placement Shared Lives Scheme, Islington Social Services, Islington: Good
- Alpenbest, Alpenbest Limited, Kingston upon Thames: Good
- Thanet House, Thanet Healthcare Limited, Lambeth: Good
- Beecholme House, Mrs S Lartey, Merton: Good
- Green Lodge Respite Care Unit, Vibrance, Redbridge: Good
- Rosswood Gardens, Metropolitan Housing Trust Limited, Sutton: Good
- The Cherry Tree, Modus Care Limited, Sutton: Good
- Home & Community Services, Apasenth Ltd, Tower Hamlets: Good
- Home Instead Senior Care, Tony O'Flaherty Limited, Wandsworth: Good

- Willow Care Homes Limited - 116 Ashurst Road, Willow Care Homes Limited, Barnet: Requires Improvement
Quarter of UK care homes 'at risk of closure'
More than a quarter of care homes in the UK are in danger of going out of business within three years, figures obtained by BBC Radio Four suggest.

About 5,000 homes are at risk of closure because they carry too much debt and do not make enough profit to cover loan repayments.

On average, care homes make £17,647 in profit before tax, the research found.

The Department of Health said it was working to make sure care providers had "strong contingency plans".

The research, carried out for Radio 4's You and Yours programme by business risk analysts, found individual care homes were borrowing about 61 per cent of the value of the business on average - a figure that amounted to £4 billion across the industry.

There are 20,000 care homes in the UK, which are operated by 5,871 individual owners who make, on average, about £60,000 profit as operators.

Business risk adviser Nick Hood, from Opus Business Services, said the figures made investment difficult.

He added: "It leaves a very small pot to encourage people to stay in this market and run care homes and to invest in them and to create the extra capacity that we all know this market is going to need as the baby boomers get old and need to go into care."

Much of the funding for care homes comes from private equity firms and US real estate companies, but You and Yours reporter Samantha Fenwick - who looked at the issue for the programme - said there was concern these investors would want big and quick returns on their investments.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 3 May 2016
Care Act ‘failing to deliver’ as carers face long waits for assessments

An “alarming” number of carers of people with end of life conditions are facing long delays in getting assessed for support under the Care Act 2014, a report has warned.

A survey of more than 6,000 carers carried out by Carers UK revealed nearly a third (29 per cent) of all carers who had been offered a carer’s assessment, or requested one, waited at least six months to be seen.

The percentage was higher (39 per cent) for those supporting people who had a palliative or end of life condition, a finding the charity described as “alarming”.

Under section 10 of the Care Act 2014, which came into force in April 2015, councils in England must carry out an assessment of a carer of an adult where it appears that they may have need for support. Previously, carers needed to be providing a substantial amount of care on a regular basis to qualify for an assessment.

The survey found just half of all carers had been offered (28 per cent) or asked for (22 per cent) a carer’s assessment since the legislation came into force.

Feedback from carers who had been assessed revealed a number of concerns over the quality of assessments:

- only a third (36 per cent) felt the assessment properly considered the support they needed for their own physical and mental health
- a similar proportion (33 per cent) felt their need for replacement care to allow respite from their caring duties was properly taken into account
- one in five (21 per cent) felt they received little or no helpful information after the assessment. A further 45 per cent felt they got some but not all the information they needed.

The report said: “The strong message that came through in the feedback was that carers feel their assessment might look at their need for support but this did not meant they received support as the outcome of their assessment

“Many carers felt that the money or services are not there for the local authority to provide them with the support their assessment found them to need so the assessment ended up feeling like a tick box exercise. It is fundamental that carers’ assessments lead to positive outcomes and give carers the support they need, rather than just acknowledging their need.”

Issues with the support provided to carers who also have paid jobs was highlighted in the survey. Almost a third (31 per cent) of carers said the support they needed to manage working alongside caring was not properly assessed and half of those surveyed had given up work to care.

Carers cited more domiciliary support, help with tasks like shopping and support with co-ordinating care as key areas that would help them remain in or return to work.

Carers UK said the findings showed the promise of the Care Act “had not become a reality for all”. The charity called on local authorities to review how carers were supported.

Source: [www.communitycare.co.uk](http://www.communitycare.co.uk) 7 May 2016
**Government sets out Care Act funding allocations for 2016/17**

The Government is to provide local councils with £433 million this financial year to pay for the cost of implementing the Care Act.

In a letter to directors of adult social services, the Department of Health said the money is earmarked for specific duties arising from the Care Act during 2016/17.

Of the total £121.1 million will go towards implementing funding reforms, including the deferred payment agreements that let people use the value of their home to pay for home care.

Local authorities will also get £10.45 million to help meet their duty to assess and meet the care and support needs of prisoners.

Another £114.6 million will be added to the Better Care Fund and earmarked for supporting carers as required by the Care Act and to ensure carers get information and advice about what support is available to them.

The remaining £186.6 million will fund other new duties under the Care Act including carer assessment and support, access to advocacy support, adult safeguarding and ensuring care continues when people move between local authority areas.

*Source: www.communitycare.co.uk 9 May 2016*

**Care homes offering ‘safer, higher quality and more compassionate care’ following re-inspection by the CQC**

Nearly three quarters of care homes originally rated Inadequate have improved their ratings following re-inspection by the Care Quality Commission (CQC). As a result, over 12,000 people across the country are now experiencing better and safer care from these services.

Analysis shows that, from 1 October 2014 to 31 March 2016, reveals out of 372 care homes rated as Inadequate, 73 per cent (273) have improved their overall ratings following the most recent CQC inspection.

From these re-inspections, three quarters (205) have gone from Inadequate to Requires Improvement and a quarter (68) have gone from Inadequate to Good.

Ninety nine of the care homes did not demonstrate sufficient progress to have their overall rating amended. Thirty four care homes that were Inadequate and re-inspected have subsequently become inactive – either following enforcement action taken by the CQC or due to the provider choosing to close the service.

The findings come at a time when the regulator has rated over 14,700 adult social care services across the country since its new approach of monitoring, inspecting and rating services was introduced just over 18 months ago.

The analysis shows that regulation can play a key part in encouraging providers to improve, but it is not the only influence. Sustained quality demands a commitment from everyone – staff, providers, commissioners and funders, regulators – all working together and listening to the voice of the public and people using services to make adult social care the best it can be.

Examples of how the re-inspected care homes were able to demonstrate that they had improved the quality of their care include:

- investing in training so that staff understand the needs of the people they are caring for and the required safeguarding procedures
• cleaning and making sure rooms and communal areas present a homely and welcoming environment at all times
• developing activities that match the interests of residents and involving them in decisions about their care
• empowering staff to suggest ideas of how to do things differently.

Source: www.cqc.org.uk 25 May 2016

Interests of users must be paramount in new approaches to care
A new Public Accounts Committee (PAC) report warns that stronger measures are needed to safeguard the interests of adults receiving personal budgets for social care.

Report findings
The Committee’s report entitled, ‘Personal budgets in social care’ says: "We are not assured that local authorities can fully personalise care while seeking to save money, and are concerned that users' outcomes will be adversely affected."

Personal budgets are sums of money allocated by a local authority to service users to be spent on services to meet their care needs. They can be managed on behalf of users by the authority or a third party, or given to users as direct payments to spend themselves.

From April 2015, the Care Act requires that all users receive personal budgets but the Committee is concerned some people with personal budgets "may not be receiving care that is genuinely personalised”.

The report states the Department of Health "does not believe that everyone counted by local authorities as having a personal budget does actually have genuine choice and control over the services they receive”.

The Committee warns that while some groups of users are more capable of trying new approaches to care, others are likely to need greater support—for example "older adults, those in residential care, those with learning disabilities and those who lack mental capacity”.

It finds that adults who receive social care paid for by their local authority "are not yet getting the support they need consistently in order to get the most out of personalising their care”.

The Committee calls for greater clarity on how local authorities can implement personal budgets to maximise benefits to users and shares local authorities' concerns that funding cuts and wage pressures "will make it hard to fulfil their Care Act obligations”.

Among its other findings, the Committee highlights the fragile nature of the social care market in many areas, warning of "a real threat" that many care providers will not survive.

The Committee calls on the Department of Health to set out clearly to local authorities and providers “what high-quality and proportionate support looks like” and how much it costs, and recommends a range of analytical and other measures to safeguard users' interests and the social care market.

Report summary
When implemented well, personal budgets allow adults to try new ways to meet their social care needs, give them more choice and control over the care they receive, and give them the opportunity to achieve the outcomes they want from their care.
The Department of Health has demonstrated the potential of personal budgets to transform care and improve quality of life for most groups of social care service users, but it is not doing enough to ensure that all can reap the benefits, and it has not set out how it will judge success.

**Challenge supporting sustainable local care markets**

The Committee is not assured that local authorities can fully personalise care while seeking to save money, and it is concerned that users’ outcomes will be adversely affected.

Local authorities face a substantial challenge supporting sustainable local care markets which offer the diverse range of provision needed for users to personalise their care, while care providers are struggling to recruit and retain appropriately qualified staff as financial pressures increase.

*Source: [www.parliament.uk](http://www.parliament.uk)* 8 June 2016

### Sevacare – Tower Hamlets rated overall as Inadequate by the CQC

A care agency providing care to people in their homes in the London boroughs of Tower Hamlets and Haringey has been placed in to Special Measures after being rated as Inadequate by the Care Quality Commission (CQC).

During an inspection in April 2016, the CQC found that Sevacare - Tower Hamlets had failed to make sufficient improvements since its previous inspection in 2015. At the time, inspectors found that the provider was failing to provide safe care and treatment, adequate person centred care, consent and good governance.

On the latest inspection, the CQC found that Sevacare had not made adequate improvements in relation to consent, safe care and treatment and good governance.

Inspectors found although measures were in place to ensure that staff had the training they needed, induction and shadowing of new staff was not fully completed. There was insufficient assessment of the competency of new staff to provide care effectively.

*Source: [www.cqc.org.uk](http://www.cqc.org.uk)* 21 June 2016

### Improving home care services for older people

Home care services need to prioritise older people’s needs and wishes so they are treated with dignity, a new National Institute for Health and Care Excellence (NICE) quality standard says.

NICE has issued a new quality standard which highlights how social care providers can help older people maintain their independence for as long as possible.

The new quality standard encourages providers to ditch the ‘one size fits all’ approach. It says that home care plans should describe what each person wants and how their needs will be met. Family members and carers should be involved in the decision process if possible.

Enough time should be given so that what they want can be achieved in a way that does not compromise their dignity and wellbeing.

The standard says providers should ensure a back-up plan is in place so that the older person stays safe and their carers are kept informed.

Continuity of home care workers is another priority for delivering person centred care. If home workers get to know the person they are caring for, they understand them and their needs. In turn, it builds the person’s confidence in the service and instils a sense of safety.
A report from trade union UNISON in 2016 revealed that almost three quarters (74 per cent) of councils were limiting home care visits to just 15 minutes. And, in the majority of cases, home care workers were being asked to carry out activities such as helping people to wash or preparing a meal in that short time.

The standard highlights there is a risk shorter visits will be rushed and not meet a person’s needs, compromising on safety and dignity. Shorter visits should only be used in carefully considered circumstances. For instance when a home care worker is well known to the person or if they have been agreed in advance.

The standard includes priorities for home care providers to make sure they use their staff effectively.

Workers should have their practice observed at least every three months with feedback discussed. Regular supervision will help improve the way they work and can reduce staff turnover helping to ensure older people build relationships with their carers.

NICE has said that the new quality standard will help providers deliver high quality home care services for older people at a time when demand for such services is set to grow.

Source: [www.nice.org.uk](http://www.nice.org.uk) 22 June 2016