



## NEWS-SHEET—JANUARY 2016

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### GENERAL INFORMATION

This is the first news-sheet produced by a new compiler and covers November to mid-January. Please forward any items to Mike at the email address above. There are a few cosmetic changes but please note that email and website addresses are now “dynamic”, meaning if you press <Ctrl>, <Click> on the link it should take you to the website or your email program. The document will print satisfactorily in black only, if you so wish.

### UPCOMING EVENTS

**Next meeting of NHS England:** Thursday 28 January 2016, at Southside, Victoria Street, London SW1E 6QT. <https://www.england.nhs.uk/london>.

### NATIONAL NEWS

**September 2015 data from NHS England** showed that the NHS missed its four-hour A & E target as well as for cancer care, diagnostic tests and ambulance response times.

**Female genital mutilation (FGM):** From 31 October 2015 healthcare professionals must alert the police if they treat a girl under 18 who has had FGM under new mutilation legislative requirements.

**Proposed changes to the national tariff:** It is proposed the marginal rate for emergency admissions above the agreed level shall change from 30 to 70 per cent.

**London Ambulance Service (LAS) CQC inspection result:** Following inspection LAS has been put into special measures. It serves 8.6 million people. It has a high number of frontline vacancies; low staffing levels, exacerbated by inappropriate staff training, with demoralised and stressed staff, who suffer bullying and harassment. There is inadequate senior staff supervision and a failure to meet response target times.

#### Board Meeting in public of NHS England, 17 December 2015

*The notes below are only items of particular interest, not a summary of the agenda.*

**Chief Executive’s report:** Simon Stevens looked at the criteria outlined in his last report for assessment of the recent Spending Review. His request for a front-loaded long-term commitment had been met, with £3.8 billion of the five-year £8.4 billion promised, agreed as the NHS allocation for next year. Also his request for long-term goals and acceptance that NHS needs cannot be met entirely by internal efficiencies, acknowledgement that prevention, public health and social care are vital factors in NHS success, although these factors are not yet in place.

**NHS funding allocations for the next five years:** This 28-page document, copied to Mervyn Stone, took up much of the meeting. Much of the document required detailed awareness of the current allocations. The CCG funding formula was at no point challenged, but it was agreed that next year no CCG will be more than 5 per cent below its target allocation under that formula.

**New mandate to NHS England and the NHS in England:** Today the Government publishes its new *Mandate to NHS England*, which is based on the *Forward View* and the Spending Review. It lays out long-term goals and 2016-2017 deliverables as well as identifying areas for partnership action by NHS Improvement, Public Health England, Health Education England, Department of Health and NHS England.

The mandate helps set direction for the NHS and helps ensure the NHS is accountable to Parliament and the public. The mandate must be published each year, to ensure that NHS England's objectives remain up to date. This mandate was produced following public consultation.

By setting a multi-year mandate with a multi-year budget the government is enabling the NHS to plan more effectively to deliver our long-term aim to achieve the transformation set out in the NHS's Five Year Forward View and create a fully 7-day NHS. This mandate reaffirms the government's commitment to an NHS that remains available to all, based on clinical need and not ability to pay, and that is able to meet patients' needs and expectations now and in the future.

The financial directions accompanying the mandate set out certain additional and expenditure controls to which NHS England must adhere. These stem from budgetary controls that HM Treasury applies to the Department of Health.

**NHS performance report:** Data for October showed that 92.3 per cent of A&E patients were admitted, transferred or discharged within four hours. There were 470,313 emergency admissions that month, 2.1 per cent more than in October 2014. Ambulance performance data barely changed in comparison with last year. NHS 111 services had an average of 35,000 calls per day. Referral to treatment waiting times was within 18 weeks but the total of patients waiting for treatment at the end of October was 3.3 million. All cancer waiting time targets were met in October except for the 62-day standard.

**Improving access to psychological therapies:** The NHS Mandate requires at least 15 per cent of people with common mental health disorders to be provided with timely access to treatment. Patients may regard that as a pitifully low aspiration. In August 2015 just 13.5 per cent was achieved. The rate of recovery remains stable, not reaching the 50 per cent target, although 25 CCGs achieved this.

**Dementia:** The estimated diagnosis rate at the end of October was 66.5 per cent with 428,443 registered dementia patients in England.

**Finance:** At end of October the year's expected expenditure was £101,333m, £35m above plan. A full year forecast shows a near breakeven position.

## HARROW NEWS

Due to postponements of meetings of both Harrow CCG and North-West London Healthcare Trust, no minutes were available in time for this news-sheet. However, there is some disquieting news regarding Harrow Council's health budget plans due to government proposals to remove the "ring fence" around local authorities' public health grant by 2018-2019. Reacting by making plans for sweeping reductions which could have endangered the entire health visiting budget of £3.4 million, the council have rowed back somewhat, but are still considering year-on-year cuts which would still mean a 25 per cent cut by then. A final decision is scheduled for February.

## HILLINGDON NEWS

### Board Meeting of The Hillingdon Hospitals NHS Foundation Trust (THHFT) held in public on 25 November 2015

#### The Hillingdon Care Record

The trust's electronic patient record has been successfully piloted and will be rolled out across the trust from November 2015, starting with mobile devices and then desktops.

#### Safer staffing

Average fill rates for both registered nurses and health care assistants in October 2015 had improved overall when compared with previous months.

## **Finance**

The trust ended October 2015 with a year-to-date deficit of £1.258 million, £1,606 million behind plan. Its Financial Sustainability Risk Rating was two.

## **Births**

There were 429 October births, 34 more than 2014. Ealing births increased by 50.

## **Emergency inpatient spells**

These increased by 196 (7.3 per cent) compared to October 2014 with a year-to-date, an increase of 3.9 per cent.

## **National Physician Associate Expansion Programme (NPAEP)**

This scheme began in both Britain and America in August 2015. By 13 November, 184 applications had been received. The confirmed demand is for 200 posts and the extended deadline for applications is 7 January 2016. <http://npaep.com/>.

## **Charitable funds**

Total income for year ending 31 March 2015 was £358,000, including investment income and revaluation of investments as well as new donations. Total expenditure was £285,000. A charity director is being appointed and is expected to be in post early in 2016. The balance of funds was £684,000, a net increase in year of £98,000. It is planned to reduce this figure to £300,000 which is considered an appropriate reserve. There is also £26,000 held in restricted funds which have been specified by the donors.

## **Board Meeting of The Hillingdon Hospitals NHS FT (THHFT) held in public on 16 December 2015**

**Paediatrics rebuild:** In February the board approved a business case to expand its paediatric facilities to accommodate the transfer of activity from Ealing from July 2016. Phase One of the A&E redevelopment is now complete and the paediatric A&E has moved into the old endoscopy unit during expansion and refurbishment. The plan is due for completion in August 2016 and to go live in September 2016 .

**Public parking tariff:** No increase in 2016 but one is to be expected in January 2017.

**Talent for Care agenda:** THHFT succeeded in its bid to the National Skills for Health Academy to become the "Excellence Centre" in NW London, which it expected to facilitate its *Talent for Care* agenda, but the proposed agreement required both £100k annual profits for the academy and trust responsibility for other unacceptable costs. Consequently the development of the new centre has been postponed.

**Staffing levels:** Average fill rates in November were more than 90 per cent for registered nurses, registered midwives and health care assistants (HCA) on both sites at night, and for HCA staff on day shifts. Additional support is provided when deemed necessary by the ward-nurse-in-charge and matron. The twice-daily "bed meeting" chaired by Director of Operations and attended by senior clinical and managerial staff assesses risk and takes any mitigating action.

**Medical staffing issues:** The trust has published its assessment of the additional doctors it needs to meet seven-day working, etc, although it has neither the resources to employ the necessary numbers nor the ability to recruit from the available pool. The same was said to be equally true for other NHS providers. [Editor's note: This appears to be at odds to what the NPAEP scheme detailed above is trying to achieve.]

**Medical sickness:** There are no reliable sickness records for medical staff across all divisions. This is being addressed.

**Finances:** November ended with a deficit to date of £1,279k. There were 273 more staff than in November last. Additional medical staff are needed in many departments.

## **SOUTH-WEST HERTFORDSHIRE NEWS**

### **Board Meeting of East and North Hertfordshire NHS Trust, November 2015**

*Community Voice were not represented at this meeting. These items concern cancer and stroke services only.*

## **Mount Vernon Cancer Centre finance**

The Mount Vernon Cancer Centre has underperformed against plan in 2015-2016, down nine per cent compared to the same period in the previous year. This is largely attributable to changes in clinical practice that are not reflected in changes to the tariff.

## **Charges by THFT for services provided at Mount Vernon**

Agreement has been reached regarding the charges levied for these services subject to agreement on future development of the Mount Vernon Cancer Centre site.

### **Stroke services for October 2015**

A number of targets were not met in October: four hours direct to stroke unit, target 90 per cent—achieved 48.9 per cent. Sixty minutes to scan, target 50 per cent—achieved 40 per cent. Sixty minutes to scan, urgent only, target 90 per cent—achieved 87.5 per cent. Scanned within 24 hours, target 100 per cent—achieved 97.9 per cent. The following targets were met (but may be of interest in comparison with London units). 90 per cent of time spent on the stroke unit, target 80 per cent—achieved 89.6 per cent. Transient ischaemic attack (TIA, mini-stroke) high risk, not admitted, treated within 24 hours, target 60 per cent—achieved 85 per cent. TIA low risk, treated within seven days from first contact, target 65 per cent—achieved 88.2 per cent.

### **Hillingdon Health & Wellbeing Board Meeting in public—3 December 2015**

*Only items of particular interest are noted below. A huge number of issues were covered.*

**Primary Care Co-Commissioning:** Hillingdon Clinical Commissioning Group (CCG) entered primary care co-commissioning arrangements with NHS England in April 2015. Originally it was proposed that the eight North-West London CCGs would work jointly with NHS England but it has now been agreed that joint committees will be held locally and only meet in common when necessary to secure strategic alignment across NWL.

**GP contracts:** Hillingdon GPs work under one of three different contracts:

**General Medical Services (GMS):** Most work under this nationally negotiated contract.

**Personal Medical Services (PMS):** 10 work under this locally negotiated contract with premium funding to support specific service initiatives.

**Alternative Provider Medical Services (APMS):** One contract is held in Hillingdon. This is locally negotiated and can be held by a non-GP who employs salaried GPs.

**Proposed new Yiewsley Health Centre:** Due to funding difficulties the proposal to build on the former Yiewsley Pool site will not now go ahead. NHS Property Services now seek a new site.

**New Uxbridge Health Hub:** Developers of the St Andrew's Park site were released from their obligation to provide an on-site health facility by paying the council £624,507 in August 2014. If a Health Hub site is negotiated in the St Andrew's development it will be a commercial arrangement. As finding a suitable site could take years, Hillingdon CCG is increasing capacity at the existing Uxbridge Health Centre as an interim measure, with three additional consultation rooms and an interview room.

**S106 health contributions held by the council:** In September 2015 the council held £1,108,823 for health care facilities provision. Allocation of these funds will be considered after NHS England has announced how it will distribute its 2015-2016 budget of £250 million for investment in primary care premises. Only one local S106 contribution has to be spent before March 2016, £37,723 allocated for refitting the now abandoned proposal for a new Yiewsley Health Centre, which will be reallocated locally.

**Hillingdon's Joint Strategic Needs Assessment:** The health and wellbeing of local residents is generally good in comparison with London and England, but there are local problems as Hillingdon has historically higher levels of violent crime, homelessness, sexually transmitted infections, tuberculosis and diabetes.

**"Like Minded":** This North-West London CCGs' mental health programme recognises that too many people think that mental illness will not affect them, but it could. It affects more people than cancer, heart disease, stroke or diabetes. In the course of a year almost one in four people will have a diagnosable mental illness. The CCGs' mental health programme faces eight major issues and too many people face mental health needs alone.