Quality Improvement News

June 15th – 30th 2023

Patient empowerment: what is the role of technology in transforming care? – Uploaded 16th June 2023

NHS Confederation – 13th June 2023

Key points

Much has changed in the 75 years since the NHS was founded – from shifts in NHS staffing, lifespans and disease burden, to public expectations and technological innovation. With the health and care sector at a crossroads, the time has come for an ambitious new social contract that empowers the public to take greater control of their own health and experience of care.

Technology holds promise for the future of healthcare. It can prevent illness, enable early diagnosis, empower health management and support general wellbeing. But how might people use technology to have more control over their health and wellbeing? And do they want to?

To uncover the answers to these questions, the NHS Confederation, in partnership with Google Health, commissioned Ipsos to explore people's behaviours, attitudes and beliefs about responsibility and control when it comes to their health, the role that health technologies play in this, along with their expectations about the future of healthcare.

A survey of more than 1,000 adults in the UK – a third of whom live with one or more long-term conditions (LTCs) – and interviews with individuals with LTCs and who have frequent interaction with the health system, form the centrepiece of this report.

While individuals feel accountable for their health and wellbeing and want to be empowered to improve it, what became evident is that, frequently, they lack the confidence, tools and technologies to take control as much as they would like.

We heard that people want more control over their health but need their actions, and the tools they can use, to be endorsed by healthcare professionals. They also want to make better use of health technology, but not at the expense of face-to-face contact with their doctor or other healthcare worker.

While the vast majority of people use some form of health technology and find that useful, they are not totally satisfied by what is currently on offer.

Across all age groups more than 7 out of 10 (72 per cent) would use technology to avoid a hospital admission, with a similar proportion happy to use technology to monitor their health and share information and data with their doctors.

Many individuals are not confident about using technology to manage their health, leading to a fear that they may be locked out of healthcare if they cannot access or use digital tools.

People think there is a larger role for health technologies in the future; many are not confident in using them now.

Three areas emerged as necessary building blocks that could enable greater patient empowerment: digital access and inclusion, patient satisfaction, and user confidence.

This first report concludes that the health service must design services in collaboration with patients to address these issues and empower patients. The next phase will explore health leaders' and practitioners' experiences and views and identify practical examples that speak to resetting the social contract between the public and the NHS.

Read the Report – [Patient empowerment: what is the role of technology in transforming care?](#)

[Reducing radiotherapy for some breast cancer patients is likely to have released thousands of appointments for the NHS without compromising safety, NICE finds.](#) - Uploaded 16th June 2023

NICE – June 2023

The updated guideline on the diagnosis and management of early and locally advanced breast cancer published today by NICE (14 June 2023) recognises the positive impact that shorter intensity and duration of radiotherapy for some people with invasive breast cancer after they've had surgery has had on services and patients.

Until recently it was standard practice for people with invasive breast cancer having surgery to have 15 radiotherapy treatments (or 'fractions') giving a total of 40 units of radiation (measured in Gray, (Gy)) over 3 weeks.

During the COVID-19 pandemic NICE said the NHS should consider alternative radiotherapy schedules to reduce the risk to vulnerable cancer patients of catching COVID and to reduce pressure on hospitals.

For its updated guideline NICE looked at new clinical trial evidence that did not show any difference in terms of breast cancer-related mortality or disease recurrence between a higher dose and longer intensity of radiotherapy treatment and a lower dose shorter intensity of radiotherapy treatment, and the committee agreed that the shorter intensity regimen was safe.

The updated guideline now recommends that people should be offered 26 Gy in 5 fractions over 1 week as part of routine practice.

Further information = [Reducing radiotherapy for some breast cancer patients is likely to have released thousands of appointments for the NHS without compromising safety, NICE finds.](#)

After the pandemic: is the new public health system in England fit for purpose? The perspective of England's directors of public health - Uploaded 16th June 2023

Centre for Health and the Public Interest (CHPI)

The CHPI was commissioned by the Joseph Rowntree Charitable Trust to conduct research on the new public health structures that have been put in place in England since it was announced in 2020 that Public Health England was to be abolished. As the current pandemic has shown an effective, well organised accountable public health system is not only key to controlling the spread of a disease – permitting the wider economy and public services to function – but is also vital in addressing growing health inequalities.

Read the Report – [After the pandemic: is the new public health system in England fit for purpose? The perspective of England's directors of public health](#)

Continuation of funding for system anti-cancer therapy following a break in treatment - Uploaded 16th June 2023

NHS England – 16th June 2023

The various different types of cancer medicines and treatments are collectively termed systemic anti-cancer therapies (SACT).

The policy information here outlines how funding for SACT can continue following a patient's break in treatment. Such a break may be to allow for recovery from drug-related side effects, interruptions to treatment due to surgery and/or radiotherapy, treatment for a new illness, medical emergencies unrelated to the cancer, etc.

[Continuation of funding for systemic anti-cancer therapy following a break in treatment](#)

[Engagement report: SACT treatment break](#)

[SACT treatment break equality and health inequalities assessment](#)

Help me find treatments and clinical trials – case study of best practice - Uploaded 16th June 2023

BMJ – June 2023

Lorna Pender shares her experience of discussing treatments for alopecia and how learning about clinical trials would have helped her. Points for healthcare professionals include asking patient how they are feeling, how condition affecting their life, and guide them to support & information. Also learning about clinical trials can give patients hope.

Further information – [Help me find treatments and clinical trials](#)

Five principles for implementing the NHS Impact approach to improvement in England - Uploaded 20ᵗʰ June 2023

Health Foundation – 21st June 2023

Key points

The NHS is facing an unprecedented range of workforce, financial and performance pressures. The time has come to think and act differently and to do so at pace. What is needed is a strategy and management system capable of maximising the impact and spread of the many promising NHS-led innovations, service improvements and new technologies.

The [new NHS Impact approach to improvement](#) could help to meet this need. It rightly articulates the importance of taking an aligned and integrated approach to improvement delivery and capability building across NHS provider organisations and integrated care systems (ICSs). Carefully implemented it could help to tackle the NHS's most entrenched challenges, such as improving flow along urgent and emergency care pathways and improving GP access.

To support the implementation of the NHS Impact approach to improvement by provider, ICS and national leaders, this long read sets out five guiding principles and some recommendations.

Given the many challenges facing providers and ICSs, and the complexity involved in driving system-wide improvement, NHS England and its partners need to be realistic about the pace at which the improvement approach can be implemented. They should also take account of the different levels of improvement skills, knowledge, infrastructure and cultural maturity between organisations and care sectors, which could lead to uneven progress in implementing the improvement approach.

Efforts to build learning processes and cultures across and between ICSs, which are vital in sustaining improvement across systems, need to be prioritised. Meanwhile, provider and integrated care board (ICB) leaders need to strengthen their strategic ambidexterity – the ability to balance short-, medium- and long-term strategic and operational priorities.

The NHS Impact approach to improvement should be the defining way of doing things for providers, ICSs and national bodies. For this to happen it needs to become a centrepiece of national health care policy.

Further information = [Five principles for implementing the NHS Impact approach to improvement in England](#)

The NHS productivity puzzle: why has hospital activity not increased in line with funding and staffing? - Uploaded 20ᵗʰ June 2023

Institute for Government – June 2023

This report – written jointly by the Institute for Government and Public First, and funded by The Health Foundation – assesses why NHS hospitals are failing to deliver higher activity despite higher spending on the service and higher levels of staffing over the past couple of

years. It argues that politicians need to focus on capital investment, staff retention and boosting management capacity, and sets out key questions for policy-makers to address if they want to solve the NHS crisis. It finds that most of the challenges identified in the report existed before the pandemic and have been exacerbated since.

Read the Report – [The NHS productivity puzzle: why has hospital activity not increased in line with funding and staffing?](#)

Mesh surgery women not given accurate advice, says report - Uploaded 21st June 2023

The study also said poor communication between patients and doctors led, in some cases, to mistrust.

Medical notes were often misleading or did not detail the surgery that had occurred or its outcomes.

The review spent two years looking at the cases of 18 women who received transvaginal mesh implants.

It has now called for a comprehensive register to be set up to keep track of women who have had operations to remove mesh in Scotland, abroad and privately.

The Transvaginal Mesh Case Record Review by Glasgow Caledonian University makes a series of other recommendations, including:

Better aftercare following surgery

Clear language so patients understand exactly what surgery is going to achieve.

The review, led by Prof Alison Britton, looked at more than 40,000 pages of records.

Read the Review – [Transvaginal Mesh Case Record Review](#)

Involving partners, people and patients in integrated care: a case study from West Yorkshire Health and Care Partnership - Uploaded 21st June 2023

One of the many considerations facing system leaders as integrated care systems continue to develop is how they build appropriate engagement and involvement of partners, patients and the populations they serve into decision-making.

In July 2022 NHS England issued new statutory guidance – [working in partnership with people and communities](#) – for integrated care boards, NHS trusts and foundation trusts and policy for NHS England. The guidance sets out:

expectations around meeting public involvement legal duties and the new 'triple aim' of better health and wellbeing, improved quality of services and the sustainable use of resources

how working with people and communities supports the wider objectives of integration including population health management, personalisation of care and support, addressing health inequalities and improving quality – it supports organisations to build collaborative and

meaningful partnerships that start with people and focus on what really matters to our communities.

There are clear advantages in involving people in the structures that govern the services they use and in the decisions that impact them, not just in terms of legitimacy and credibility and the expertise they bring but also to help ICSs to address inequalities by really understanding communities' needs and developing solutions with them.

West Yorkshire Health and Care Partnership have done a lot of good work setting up the governance structures for their system mindful of involving partners, people and patients that we think provides useful learning for other systems.

Further information – [Involving partners, people and patients in integrated care: a case study from West Yorkshire Health and Care Partnership](#)

Enabling Patients as Partners on Virtual Teams: A Scoping Review - Uploaded 21st June 2023

Journal of Patient Experience. 2023;10.

Developing partnerships among patients and healthcare providers improves quality of virtual care. Successful patient engagement is influenced by digital literacy. Although adults (35–64) with chronic health challenges may be motivated to use virtual services, they may not have the required skills or orientation to effectively participate on their virtual team. This scoping review aimed to identify resources available to enable adults with chronic health challenges to participate as partners on their virtual teams. Peer-reviewed and grey literature data from 2011 to 2022 were searched. A total of 432 peer-reviewed and 357 grey literature sources were retrieved and screened, and 14 and 84 sources, respectively, met the inclusion criteria. Relevant information from the sources was extracted and analyzed in duplicate and synthesized qualitatively. Key findings include (1) virtual workflow processes/frameworks, (2) 'webside manner' guidelines which emphasize "the how" as opposed to "the what" of facilitating team interactions, and (3) virtual patient support personnel. Overall, analyses suggest there are persisting gaps to be addressed in synchronous virtual care resources for adults with chronic health challenges.

Further information – Teles S, Crudo V, Sangrar R, Langlois S. [Enabling Patients as Partners on Virtual Teams: A Scoping Review.](#) Journal of Patient Experience. 2023;10.

Patient Perspectives of the Hospital Discharge Process: A Qualitative Study - Uploaded 21st June 2023

Journal of Patient Experience, May 2023

Care transitions after hospitalization require communication across care teams, patients, and caregivers. As part of a quality improvement initiative, we conducted qualitative interviews with a diverse group of 53 patients who were recently discharged from a hospitalization within a safety net hospital to explore how patient preferences were included in the hospital discharge process and differences in the hospital discharge experience by race/ethnicity. Four themes emerged from participants regarding desired characteristics of interactions with the discharge team: (1) to feel heard, (2) inclusion in decision-making, (3) to be adequately prepared to care for themselves at home through bedside teaching, (4) and to have a clear

and updated discharge timeline. Additionally, participants identified patient-level factors the discharge planning team should consider, including the social context, family involvement, health literacy, and linguistic barriers. Lastly, participants identified provider characteristics, such as a caring and empathetic bedside manner, that they found valuable in the discharge process. Our findings highlight the need for shared decision-making in the discharge planning process to improve both patient safety and satisfaction.

Further information – [Patient Perspectives of the Hospital Discharge Process: A Qualitative Study](#) -

For better or worse? Subjective expectations and cost-benefit trade-offs in health behaviour - Uploaded 21st June 2023

IFS – May 2023

We provide a framework to disentangle the role of preferences and beliefs in health behavior, and we apply it to compliance behavior during the acute phase of the COVID-19 pandemic. Using rich data on subjective expectations collected during the spring 2020 lockdown in the UK, we estimate a simple model of compliance behavior with uncertain costs and benefits, which we employ to quantify the utility trade-offs underlying compliance, to decompose group differences in compliance plans, and to compute the monetary compensation required for people to comply. We find that, on average, individuals assign the largest disutility to passing away from COVID-19 and being caught transgressing, and the largest utility to preserving their mental health. But we also document substantial heterogeneity in preferences and/or expectations by vulnerability status, gender, and other individual characteristics. In our data, both preferences and expectations matter for explaining gender differences in compliance, whereas compliance differences by vulnerability status are mainly driven by heterogeneity in preferences. We also investigate the relationship between own and others' compliance. When others fail to comply and trust breaks down, individuals respond heterogeneously depending on their own circumstances and characteristics. When others around them comply less, those with higher risk tolerance and those without prior COVID-19 experience plan to comply less themselves, while the vulnerables plan to comply more. When a high-level public figure breaches the rules, supporters of the opposing political party plan to comply less. These findings emphasize the need for public health policies to account for heterogenous beliefs, preferences, and responses to others in citizens' health behaviors.

Further information – [For better or worse? Subjective expectations and cost-benefit trade-offs in health behavior](#)

National Quality Board meeting papers - Uploaded 22nd June 2023

NHS England – June 2023

The minutes for the National Quality Board (NQB) meeting held between October 2022 and April 2023

[National Quality Board meeting minutes – 19 April 2023](#)

[National Quality Board meeting minutes – 8 February 2023](#)

Management of sickle cell crisis - Uploaded 22nd June 2023

HSIB – June 2023

Sickle cell disease is the name for a group of inherited red blood cell disorders that affect haemoglobin, which is a protein in red blood cells that carries oxygen through a person's body.

Normally, red blood cells are disc shaped and flexible, enabling them to move easily through the blood vessels carrying oxygen. People with sickle cell disease have crescent or 'sickle' shaped red blood cells, which do not bend or move easily and can therefore block blood flow to the rest of their body. If this happens, it can cause a number of symptoms, including episodes of acute pain known as 'sickle cell crisis'.

Sickle cell disease mainly affects people from African or Caribbean backgrounds, though it can affect anyone. It affects approximately 15,000 people in the UK.

Episodes of sickle cell crisis often require a hospital visit where the pain can be managed with strong analgesia (pain relieving medication) such as morphine.

On average, patients with sickle cell disease will experience a sickle cell crisis 1 to 3 times a year. However, some people may experience them every few weeks, whereas others can go for years without experiencing them.

This investigation used a real patient safety incident, referred to as 'the reference event', to explore how sickle cell crises are managed within hospital settings. In particular, the investigation considered:

the knowledge nursing staff may have about the care of patients in sickle cell crisis

how patient-controlled analgesia (PCA) – where a patient can use a device to give themselves doses of pain relief medication – is considered holistically, such as monitoring the patient and staff workload.

Further information – Management of sickle cell crisis

This is one of two investigations on care provided to patients with sickle cell disease. See also – Invasive procedures for people with sickle cell disease.

Invasive procedures for patients with sickle cell disease - Uploaded 22nd June 2023

HSIB – June 2023

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shaped red blood cells, which do not bend or move easily and can therefore block blood flow to the rest of their body. If this happens, it can cause a number of symptoms, including episodes of acute pain known as 'sickle cell crisis'.

Sickle cell disease mainly affects people from African or Caribbean backgrounds, though it can affect anyone. It affects approximately 15,000 people in the UK.

This investigation set out to review the care of patients with sickle cell disease who need to have an invasive procedure. Invasive procedures involve accessing the inside of a patient's body, either through an incision (cut) or one of the body's orifices.

Specifically, the investigation focused on:

how haematology teams – the specialists who treat people with blood disorders – are involved and informed when a patient with sickle cell disease is treated in another area of healthcare

how patients with sickle cell disease are prepared for invasive procedures

how and where clinical information relevant to the patient is shared.

Further information – Invasive procedures for patients with sickle cell disease

This is one of two investigations on care provided to patients with sickle cell disease. See also: Management of sickle cell crisis.

Report – Access to unplanned or urgent care – NAO- Uploaded 23rd June 2023

NOA – June 2023

This report gives a factual overview of NHS services that may be used when people need rapid access to urgent, emergency, or other non-routine health services, and whether such services are meeting the performance standards the NHS has told patients they have a right to expect.

It covers:

- general practice
- community pharmacy
- 111 calls
- ambulance services (including 999 calls)
- urgent treatment centres
- accident and emergency (A&E) departments

Specialist services such as optometry, dentistry, paediatrics, and tertiary care are outside the scope of this report. NHS England (NHSE) considers that the combination of StrepA, influenza and COVID-19 in winter 2022-23 significantly exacerbated the challenges it already faced. We have not sought to isolate or quantify the impact of these factors.

Read the Report – Access to unplanned or urgent care

Reflections on four years of the NHS patient safety strategy - Uploaded 23rd June 2023

NHSE – June 2023

It is now almost four years since we first published the [NHS Patient Safety Strategy](#) in July 2019. We recognised it wouldn't stand the test of time if it was static and not able to evolve with the changing challenges and priorities for the NHS and committed to update the strategy periodically to ensure it remained relevant and can impact on the areas where need is greatest.

In 2021, through our [first strategy update](#), we introduced new priorities on health inequalities in patient safety and supporting the NHS to keep patients safe in light of new risks brought about by the pandemic. As we now enter the next phase, we will be continuing our journey from a reactive safety response, towards a proactive and ultimately generative safety culture in the NHS and responding to safety issues in real-time. Systems-based patient safety approaches and principles can help us identify strategies for improvement as patients flow through the system and we will focus on learning from where things go well, as well as the challenges, in line with Safety II thinking. These new elements will build upon the strategy's original key pillars of culture, continuous improvement and effective patient safety systems.

The aim of the strategy was to avoid 1,000 deaths a year and save the system £100m each year from 2023-24. We did not predict a pandemic, so some work has inevitably been delayed and is being done in an increasingly stressed system, however I genuinely believe that we are [moving forward](#) in our strategic objectives.

This is largely through the strategy's major delivery programmes, including the introduction of the new [Patient Safety Incident Response Framework](#), the [Learn from Patient Safety Events service](#), [Patient Safety Specialists](#), and the [NHS Patient Safety Syllabus](#). It is hard to quantify yet, but there is much hope for significant impact as these initiatives are embedded across the NHS and come to fruition.

Read the Blog – [Reflections on four years of the NHS patient safety strategy](#)

[Annual assessment of integrated care boards 2022-23: supporting guidance](#) - **Uploaded 27th June 2023**

NHS England – 26th June 2023

This guidance details the areas that the annual assessment for 2022/23 will cover, as well as information on timing and process. It should be read in conjunction with other key planning and oversight documents including the [NHS Long Term Plan](#), the [NHS Oversight Framework](#) and the [2022/23 priorities and operational planning guidance](#).

[Annual assessment of integrated care boards 2022-23: supporting guidance](#)

[Analysis: what does the urgent and emergency care sitrep data 2022/23 tell us?](#) - **27th June 2023**

NHS Confederation – 26th June 2023

Analysis on why this winter's urgent and emergency care was more challenging than previous winters and possible impact on the NHS's overall recovery.

Key points

The system came into the winter with long-standing capacity issues. This winter then saw average bed occupancy comparable to 2019/20, at 6.6 per cent higher than 2021/22 and 21.1 per cent higher than in 2020/21; which put pressure on the NHS's low physical bed capacity.

This was exacerbated by difficulty discharging to the community and care sector. On an average day, 13,469 beds were taken up by patients who no longer needed to be in hospital, an increase on an already challenging 2021/22 where the number was 11,661.

Hospital flow concerns at the back door meant pressure at the front door. 28.9 per cent of ambulances across the winter were delayed by over half an hour (21.6 per cent and 10.7 per cent in the previous two winters. The highest pre-pandemic week was 18.1 per cent in 2019/20.)

This winter also saw the challenges of flu and COVID-19 together, with an average of over 7,000 beds taken up by people with COVID-19 on an average day in January, and nearly 3,000 with flu.

And those problems, combined with industrial action, long-term workforce issues including 133,000 vacancies and high leaver rates mean that while winter pressures have historically been challenging for the NHS, this winter had added new pressures.

As we go into summer with baseline performance well below usual, we can see that without further action to address long-term challenges the recent trend of poorer performance looks set to continue.

Further information – [Analysis: what does the urgent and emergency care sitrep data 2022/23 tell us?](#)

Background – NHS England's [Urgent and Emergency Care Daily Situation Report](#)

Excess deaths involving cardiovascular disease: an analysis - Uploaded 27th June 2023

BHF – June 2023

Our key findings

As of June 2023, there have been nearly 100,000 excess deaths in England involving CVD since the beginning of the pandemic.

On average, there have been over 500 additional deaths a week involving CVD since the pandemic began.

While deaths from Covid-19 have fallen year-on-year since the beginning of the pandemic, the number of deaths involving CVD have remained high above expected levels.

Excess deaths involving CVD outnumber those involving all other individual disease areas since the beginning of the pandemic in England.

No doubt, the reasons for continuing high numbers of excess deaths related to CVD in England are complicated. However, along with deaths caused by Covid-19 among people with heart and circulatory diseases, we think the following factors have played a role:

The longer-term impact of Covid-19 infection on the heart and circulatory system.

Extreme and continued disruption to GP and heart care services.

Read the Analysis – [Excess deaths involving cardiovascular disease: an analysis](#)

Future of venous disease: growing problems, shrinking workforce - Uploaded 27th June 2023

All-party parliamentary group on Vascular and Venous disease – May 2023

VLUs cause severe patient distress and are prone to becoming infected if not managed well. In extreme cases, the wound can become so large that bone and tendon are exposed. Failure to address the underlying venous disease causing the ulcer can lead to wound recurrence.

Despite the scale of the problem being well known, and guidance being in place to ensure prompt treatment for VLUs, patients still face challenges in receiving treatment. Venous disease is often deprioritised in the context of many other conflicting health challenges. This is in part due to a shrinking workforce and inconsistent commissioning of services. This report has highlighted the challenges in treating the number of patients with VLUs, and sets out recommendations for Government, NHS England, and local commissioners to ensure that patients receive appropriate care at the right time, in the right place. In delivering these changes, the NHS could save significant amounts of money and patients would benefit from earlier interventions and better outcomes.

Read the Report – [Future of venous disease: growing problems, shrinking workforce](#)

Scottish Stroke Improvement Programme 2023 - Uploaded 27th June 2023

Public Health Scotland – Publication date: 27 June 2023

Stroke continues to be a major cause of death, disability, poor quality of life and high economic and personal cost across Scotland. Acute treatments like stroke mechanical thrombectomy offer hope for a select group of patients, but the
Progressive Stroke Pathway document requires to be implemented in full across every NHS Board in Scotland to allow the best possible outcomes for all stroke survivors.
The Scottish Stroke Care Audit (SSCA) continues to provide regular data to all NHS Boards to allow benchmarking and quality improvement. In this document, based on the 2022 data, you will see that there has been an
increase in the number of reported strokes in 2022 (11,257 cases) compared to 2021 (11,055 cases). Both these numbers are higher than in previous years. We believe that these increases represent a combination of better stroke diagnosis (especially with more advanced imaging) and better case ascertainment (through cross validation with Scottish Morbidity Record (SMR) 01 figures) rather than a genuine increase in stroke numbers.
Unfortunately, deprivation and cardiovascular disease remain closely linked. The NHS Boards with most patients in Scottish Index of Multiple Deprivation (SIMD) categories 1 and 2 (most deprived areas) are seen in our figures to also have a lower average stroke age, especially in men. This year's report unfortunately shows further deterioration against the swallow
screening (68% v 73%) and stroke unit (63% v 70%) standards, whilst brain scanning, and aspirin delivery remain stable. These figures have led to an overall fall in performance against the Stroke Care Bundle. This will be discussed in more detail in the 'Impact of

COVID-19' section but will inevitably have led to longer lengths of stay and worse outcomes for those patients affected.

Read the Report – Scottish Stroke Improvement Programme 2023

Facing workforce shortages and backlogs in the aftermath of COVID-19 – The 2022 census of the ophthalmology consultant, trainee and SAS workforce - **Uploaded 27th June 2023**

The Royal College of Ophthalmologists (RCOphth) – march 2023

Key findings

Workforce shortages remain a serious problem for NHS ophthalmology services across the UK in the aftermath of COVID-19, and have worsened since our last census in 2018. These contribute to and exacerbate the long outpatient backlogs faced by eye units, which 81% of NHS eye units say they have become more concerned about over the last 12 months. The considerable growth of independent sector providers (ISP) delivering NHS-funded cataract surgery is also having a significant impact on ophthalmology services and its workforce. Although views are mixed, a majority of eye units say that the impact of ISPs on patient care in their unit has been negative. Increasing
numbers of consultants also plan to spend more time working in ISPs over the next five years.
The census also found a clear desire among Specialty and Associate Specialist (SAS) doctors for greater recognition and simpler routes for progression in ophthalmology. The work being led by the GMC to reform the CESR process, which RCOphth is contributing to, should support this ambition.

Read the Report – Facing workforce shortages and backlogs in the aftermath of COVID-19

The state of medical education and practice in the UK: Workplace experiences 2023 - **Uploaded 27th June 2023**

General Medical Council – June 2023

The state of medical education and practice in the UK: Workplace experiences 2023 is published at a time when the UK health systems face extensive challenges. This report shares concerning data about the experiences of doctors and the challenges to providing adequate care to patients. In this context, careful and constructive exploration of the practical, evidence-based steps that can be taken to improve the situation
is critical, to protect both patients and the doctors who care for them.

Read the Report – The state of medical education and practice in the UK

Rapid review into data on mental health inpatient settings: final report and recommendations - **Uploaded 28th June 2023**

Department of Health and Social Care – 28th June 2023

The rapid review into data on mental health inpatient settings was commissioned by ministers to produce recommendations to improve the way data and information is used in relation to patient safety in mental health inpatient care settings and pathways, including for people with a learning disability and autistic people.

This report contains the findings of the review, including a set of recommendations for improvements in the way local and national data is gathered and used to monitor and improve patient safety in mental health inpatient pathways.

For more information on the purpose, objectives and scope of the rapid review, see the full terms of reference.

Rapid review into data on mental health inpatient settings: final report and recommendations

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NHS Resolution – Business plan 2023/24 - **Uploaded 28th June 2023**

NHS Resolution – June 2023

At NHS Resolution we work hand in hand with the rest of the NHS to resolve claims for compensation fairly and share learning to prevent future incidents. Through our Practitioner Performance Advice service e also play a critical role in supporting the local management of performance concerns – essential to the NHS workforce and to the safety of healthcare. At present, we work with an NHS that is recovering from the pandemic and experiencing widely acknowledged pressures alongside structural changes occasioned by the development of integrated care systems. A series of inquiry reports with important recommendations on safety show that it has never been more important to pay attention to what the issues we handle are telling us about the concerns of patients and the opportunities to improve.
Our business plan for the coming year aims to make our interactions with the NHS as easy as possible for hard-pressed NHS staff, ensuring that what we do removes additional burden, helps in a tangible way with work to improve patient care and gives the best possible return for the investment in our expertise

Read the Report – Business Plan 2023/24

Understanding regulations of AI and digital technology in health and social care - **Uploaded 29th June 2023**

NHS – June 2023

Learn what regulations to follow and how to evaluate effectiveness, whether you're a 'developer' of AI and digital technology or an 'adopter' who will buy or use them in health and social care.

Understanding regulations of AI and digital technology in health and social care

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Helping NHS staff to do their jobs: design of information in the workplace - **Uploaded 29th June 2023**

HSIB – 29th June 2023

National Investigators Clare Crowley and Nick Woodier blog about the simple but often overlooked measures that NHS staff and organisations can take to improve the design and display of information in the workplace.

Further information – Helping NHS staff to do their jobs: design of information in the workplace

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Establishing youth-friendly health and care services - **Uploaded 29th June 2023**

Office for Health Improvement and Disparities – 27th June 2023

This guidance, which is known as 'You're Welcome', sets out prompts and self-assessment quality criteria commissioners and service providers can use to improve the experiences of young people.

This guidance has been developed in partnership with young people to reflect the changing way services are provided and influences on young people's lives.

'You're Welcome': establishing youth-friendly health and care services

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Migration and the health and care workforce - **Uploaded 27th June 2023**

Migration Observatory – June 2023

This paper examines the role of migration and the impacts of immigration policy on the UK's health and care workforce. The health and care industries faced significant staff shortages in 2023, with high vacancy rates in the NHS in England despite a growing clinical workforce. The UK immigration system admitted unprecedented numbers of overseas health and care workers in the year ending March 2023: almost 100,000 people, making up the majority of Skilled Worker entry visas

Read the Evidence Paper – Migration and the health and care workforce

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All is not well: Sickness absence in the NHS in England - **Uploaded 29th June 2023**

Nuffield Trust – June 29th 2023

Billy Palmer and Lucina Rolewicz draw on published data to explore the trends in, reasons for, and impact of sickness absence in the NHS. The briefing primarily focuses on hospital and community services in England, since this is where most is known, although we do compare to trends in other sectors and health services in the other UK nations, where data permits.

Key points

Monthly sickness absence rates over the last calendar year never once fell below even the peak in the pre-pandemic year and, on average, the reported rate for NHS staff across 2022 was 29% higher than in 2019 (5.6% v 4.3%).

The reported level of sickness absence – some 27 million days across 2022 – equates, on average, to around 74,500 full-time equivalent staff, including 20,400 nurses and 2,900

doctors. This is likely to be a significant underestimate due to various causes of under-recording of the sickness absence rate.

Over the course of 2022, some 6 million days were recorded for staff being sick due to mental health and wellbeing related reasons. The number of reported days of absences related to anxiety, stress, depression and other psychiatric illnesses increased by 26% between 2019 and 2022.

High sickness absence is bad for NHS staff, bad for providers of health care in terms of costs and disruption to patient care, and expensive for the taxpayer. Sickness absence is also associated with a higher likelihood of staff leaving the NHS.

Further information – All is not well: Sickness absence in the NHS in England

NHS England Equality Objectives Programme – Specific Equality Duties: NHS England review report 2022/23; the future report 2023/24 and 2024/25; and engagement report - Uploaded 29th June 2023

NHS England – June 2023

These three reports explain how NHS England has met and is meeting the requirements of the Public Sector Equality Duty (Equality Act 2010, section 149) and the Specific Equality Duties.

The Review Report: Equality objectives and information review

Engagement report 2022/23

The future objectives report: developing equality objectives and targets for 2023/24 and 2024/25

The NHS in England at 75: priorities for the future -

Uploaded 27th June 2023

NHS England – June 2023

Ahead of the NHS's 75th birthday, the NHS Assembly has developed an independent report: The NHS in England at 75: priorities for the future. This will help the NHS, nationally and locally, respond to long term opportunities and challenges.

The Assembly found a growing consensus that the NHS should now focus on three key areas for long term development: better preventing ill health, personalising care and delivering more co-ordinated care closer to home.

The report draws on the feedback of thousands of people who contributed to a rapid process of engagement (NHS@75 engagement), and the Assembly's huge breadth of experience.

The Assembly will continue to draw on the insights gained from the NHS@75 engagement to explore the key developments outlined in more detail. The findings will help inform the work of NHS England to develop strategies for the years ahead in partnership with Integrated Care Systems.

Read the Report – The NHS in England at 75: priorities for the future