



Summary of National Documents

April 2018

A tough task ahead for the NHS in 2018/19

NHS Providers | April 2018 |

Last year NHS Providers published *Mission impossible?* predicting that the task set for providers in 2017/18 was impossible to deliver. During the last year, trusts have treated more emergency patients than ever before. They are delivering 1.8% efficiency gains, which is nine times the UK whole economy average; and are on course to achieve more than £3bn in savings.

Now NHS Providers have produced a new report, *Tough Task: The NHS delivering for patients and staff in 2018/19*, it is based on analysis of current data and survey data from trust leaders. The report includes projected levels of demand and performance for next year, forecasting that approximately 3.6 million emergency patients will not be treated within four hours and 560,000 patients needing elective care will not be seen within 18 weeks. It reports that the size of the task will add a significant extra burden onto an already hard pressed workforce.

Tough Task reveals widespread scepticism about the ability of the service to meet performance and financial targets in 2018/19. It also reports a stark and worrying assessment of the challenges facing NHS trusts this coming financial year.

There is an emphasis on the tasks set out in the recent revised planning guidance: a long list of 'must-dos' for the NHS. The report points to the lack of capacity in terms of beds and staff affecting hospitals, mental health, community and ambulance trusts, as health and social care services struggle to meet a steep and relentless rise in demand for treatment.

It raises concerns in three areas:

- A & E
- planned hospital treatment
- Trust finances.

The authors conclude that patients' experience of care is likely to decline below trusts' and the NHS constitution's acceptable standards (*NHS Providers*).

The interactive report can be accessed [here](#).



New, updated toolkit for performance management

NHS Employers | Refresh your people performance management skills | April 6th

NHS Employers have updated their performance management toolkit to include new guidance and incorporate links to resources. It is intended to support NHS managers to talk about performance with staff and to nurture talent in their teams.

The toolkit provides practical support to help support NHS managers to develop the skills needed to deal with key management situations confidently and consistently. It uses questions, such as:

- How do you review performance on an ongoing basis?
- What to do if a member of your team is underperforming?
- How do you give constructive feedback?
- How can you support staff who are high achieving?

There is also a short video which accompanies the toolkit, it can be viewed on this [page](#)

The full booklet can be downloaded [here](#)

The gender pay gap in the NHS: the story so far

The Nuffield Trust | April 6th 2018

Businesses with that employ more than 250 employees across Great Britain have recently reported details of the gender pay gap in their organisation, in line with the requirements of The Equality Act 2010 (Gender Pay Gap Information) regulations. Now John Appleby, Director of Research and Chief Economist at the Nuffield Trust has written a blog post about the gender pay gap in the NHS. As it is the largest single employer in Britain – three times the size of the largest private sector employer, Tesco. Most of its organisations (principally trusts) employ over 250 staff. Appleby questions: what does the data tell us about the gender pay gap in the NHS?

The full post can be read [here](#)

The two billion pound question Is there an opportunity to move from meeting to managing demand?

Impower | April 10th 2018

Impower, a consulting firm that aims to improve public services has spent the last year conducting mixed methods research (qualitative and quantitative) with 15 Councils to analyse £126 million of



spending plans, a figure that is one-eighth of national allocation. The report contains their findings, and provides summary analysis and conclusions from this work.

Impower's report argues that, whilst the funding has helped to meet demand within the system through reduced delayed transfers of care, sustainable change is only possible if the £2 billion is used to manage demand, not just meet it.

This report posits that there are a range of barriers and concerns shared across health and social care including:

- There is a lack of robust quantitative and qualitative evidence on the outcomes and benefit trajectories of services. This prevents health and social care teams from challenging the value they receive from services, and services continue despite offering poor outcomes or value
- Local authority Chief Executives and senior officials identified addressing inconsistent behaviours between health and social care systems as a top priority in a recent iMPower survey
- The £2 billion in iBCF is just a tiny proportion of health and social care spend. Different methods of evaluation results in a disjointed response as it encourages a collection of initiatives rather than a co-ordinated approach across the whole system
- Recruiting and retaining staff in critical roles across health and social care, particularly the home care sector, is impacting on delivering sustainable change.

Further details from [Impower](#)

Full report available from Impower [here](#)

Change model updated

NHS England | April 10th

The Change Model, first developed in 2012, provides a useful organising framework for sustainable change and transformation that delivers real benefits for patients and the public. It was created to support health and care to adopt a shared approach to leading change and transformation. NHS England have recently refreshed and enhanced the model to include a PDF guide and a series of supporting diagnostic tools to use in your work, including an action planning template and a key questions template for each component of the guide:

- Change Model guide
- Change Model action planning template
- Change Model GAP analysis tool



- Our shared purpose – key questions
- Spread and adoption – key questions
- Improvement tools – key questions
- Project and performance management – key questions
- Measurement – key questions
- System drivers – key questions
- Motivate and mobilise – key questions

The model has eight components to consider when implementing change. The components act as a guide to ensure all elements of change are considered and implemented effectively, creating an environment where change programmes deliver transformational, sustainable change.

The full details of the revised Change model are available from [NHS England](#)

Approved Costing Guidance: standards

NHS Improvement | April 17th

NHS England has produced costing standards for acute, ambulance, mental health and community services. It includes the refreshed ambulance costing standards, ambulance technical document, acute costing approaches and acute technical document. The development version of the mental health costing standards was published on 6 April.

For each sector there are up to four different types of standard:

- information requirements: describe the information you need to collect for costing
- costing processes: describe the costing process you should follow
- costing methods: focus on high volume and high-value services or departments
- costing approaches: focus on high volume or high-value procedures and procedures that can be difficult to cost well
(*NHS Improvement*)

The documents available are:

- mental health costing standards, technical document, costing manual template and information and standards gap analysis templates



- ambulance costing manual template and refreshed costing standards and technical documents
- refreshed acute costing approaches and technical document
- glossary for the Approved Costing Guidance.

Full details are available from [NHS Improvement](#)

A new national approach to large-scale change?

Developing new models of care in the PACS vanguards: a new national approach to large-scale change? | The Kings Fund | April 19th

This independent report was commissioned by NHS England as part of a package of support provided to primary and acute care system (PACS) vanguard sites by The King's Fund. The PACS model is an attempt to bring about closer working between GPs, hospitals, community health professionals, social care and others.

The report offers a unique set of first-hand perspectives into the experience of those leading a major programme at the national level and those living it at the local level. The insights shared will be invaluable to those constructing future national support programmes intended to facilitate transformation in local health and care systems. The lessons learned will also be highly relevant to those involved in the ongoing implementation of PACS and similar models.

Full report: [Developing new models of care in the PACS vanguards: a new national approach to large-scale change?](#)

See also: [An international perspective on developing new models of care in the PACS vanguards](#)

NHS England scheme discovers four new innovations that will benefit patients

NHS England | April 11th 2018 | Heart patients among those to benefit as NHS England backs innovation

A scheme run by NHS England to identify and fast track specific innovations into the NHS is now in its second year. It delivers improvements in patient care by cutting bureaucracy for clinicians and other innovators and encouraging uptake through the NHS. NHS England has just announced four innovations that have the potential to benefit patients. Among the innovations is image analysis software that creates a 3D model of the heart and could prevent up to 35,000 patients a year undergoing invasive tests. Other innovations identified include a suture which is designed to reduce infections, a new device that will reduce the number of infections from catheters and a 'bowel scope' to improve colorectal examinations.



- [HeartFlow](#) – Advanced image analysis software that creates a 3D model of the coronary arteries and analyses the impact that blockages have on blood flow to rapidly diagnose patients with suspected coronary artery disease. The use of the device can avoid the need for invasive investigations such as coronary angiography, usually carried out under local anaesthetic, where a catheter is passed through the blood vessels to the heart to release a dye before X-rays are taken. NICE estimate up to 35,000 people per year could be eligible.
- [Plus Sutures](#) – A new type of surgical suture – stitching – that reduces the rate of surgery-linked infection (surgical site infection) such as MRSA, through the use of antimicrobial suture packs. There were 823 cases of MRSA reported in the NHS in 2016/17.
- [Endocuff Vision](#) – A new type of ‘bowel scope’ that improves colorectal examination for patients undergoing bowel cancer tests. Bowel cancer is the fourth most common cancer in England with 34,000 people diagnosed each year. For every 1,000 people screened for cancer, it is estimated that six cases could be avoided thanks to early detection through the use of this device.
- [SecurAcath](#) – A device to secure catheters that reduces the infection risk for patients with a peripherally inserted central catheter. The use of this equipment helps to reduce the time taken to care and treat dressing changes. This type of catheter is normally used in people needing intravenous access for several weeks or months in both inpatient and outpatient settings. NICE estimate up to 120,000 people per year could be eligible.

All information from NHS England, the news release can be read on this [webpage](#)

How digital innovators are transforming the NHS

Public | April 17th 2018 | The promise of Healthtech: How digital innovators are transforming the NHS

Innovations such as cloud computing, VR, 3D printing, genomics and artificial intelligence all provide opportunities for the NHS to sustainably relieve the demographic and financial pressures it faces. Public, an organisation that helps startups to support the public sector, cautions that “without major reform, the NHS may see a £30 billion funding gap open up over the next three years alone.”

There are three factors driving this change, they are:

1. The growing, ageing populations who are net consumers of public services, especially health care.
2. The rise in long-term, chronic conditions evident across all age groups.
3. The compounding effect of higher demand for health services and higher expectations for those health services as, in many cases, more expensive treatments become standard.



The report includes a feature on ‘Healthtech 27’ which are the most promising startups in healthcare

Nicola Blackwood, the author of this report and former Health Innovation Minister, argues that the NHS is still ‘risk averse’. As part of this research, Public surveyed a number of health startups- they also spoke to NHS professionals, interviewing key decision-makers across the health and care landscape-to explore some of the barriers to innovation.

These interviews revealed:

- Lack of clarity about evidence
- Regulation of digital health products is fast evolving
- Slow procurement
- Partial interoperability
- Unclear data security standards
- Limited change management and digital skills

Alongside this, Healthtech also predicts 9 areas of opportunity for the future

1. Procurement and productivity
2. Recruitment and training
3. Prevention
4. Winter pressures and supported self-care
5. AI in Pathology and Radiology
6. Patient safety
7. Mental health
8. Social care
9. Research

Further details are available from Public’s [website](#)

Public’s blog features a post on this [report](#)

The full report is available [here](#)



Best start in life: cost-effective commissioning

A tool to help local commissioners provide cost-effective interventions for children aged up to 5 and pregnant women | Public Health England | April 19th

This [return on investment tool](#) pulls together evidence on the effectiveness and associated costs for a number of interventions aimed at providing children with the best start in life.

The [interactive resource](#) allows results to be tailored to local situations based on the knowledge of the user. The tool is accompanied by a report providing further details on how the tool was constructed.

Local authorities and clinical commissioning groups can use results from the tool to protect and improve the health of their local populations when making commissioning decisions.

Patient and Public Involvement and Engagement Plan 2018/19

National Institute for Health Research | April 19th

The National Institute for Health Research (NIHR) has published [Patient and public involvement and engagement plan 2018/19](#). This document sets out NIHR plans for working with patients, carers and the public to improve the quality and relevance of the research they commission and to raise public awareness of research.

In 2017, five national priorities for involvement and engagement in research were identified as the focus for NIHR-wide delivery over the next 12 to 18 months. This plan reflects those national priorities and they are:

- **Voice:** To ensure patients, carers and the public have a voice in how the NIHR works
- **Feedback:** To ensure patients, carers and the public get feedback on how they have made a difference
- **Standards:** To define what good public involvement and engagement looks like
- **Impact / Getting results:** To understand and show the impact of public involvement and engagement
- **Invention:** To test new ideas in public involvement and engagement and share the learning

Full document: [Patient and Public Involvement and Engagement Plan 2018/19](#)



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