

Summary of National Documents

August 2016

Papers

The medicine needed for emergency care.

Royal College of Emergency Medicine and the Royal College of Nursing

The Royal College of Emergency Medicine and the Royal College of Nursing have launched their report: [The Medicine needed for the Emergency Care Service](#).

The pressure on the Emergency Care Service continues unabated and the service is at a crisis point. Growth in patient numbers is outpacing growth in the workforce and so the system has insufficient emergency physicians and emergency nurses. Crowded and chaotic departments are dangerous for patients and demoralising for staff.

A crisis summit was held between the Royal College of Emergency Medicine and the Royal College of Nursing to work together to develop some key recommendations to tackle the situation facing emergency medicine. These recommendations comprise 'the medicine' needed for emergency care:

1. Education and Training: there needs to be (i) a commitment for both educational funding and provision of training time and (ii) an effective and realistic workforce planning strategy.
2. The A&E hub: A&E should become a hub not a department. Within this hub the emergency department would be one, albeit key component.
3. A new culture needs to accompany the Five year Forward View: the wider hospital system and the professionals working within it need to collaborate more deeply to support their patients.

<http://www.rcem.ac.uk/CEM/document?id=10212>

Good practice guide to demand management

NHS England

This short guide is intended to provide a list of initiatives and actions that CCGs should consider implementing locally, in collaboration with providers and other organisations, to effectively manage

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the increasing demand for elective care services (particularly to reduce unnecessary outpatient appointments).

Effective implementation of these initiatives will help ensure that those patients who do need to be referred for treatment to hospitals are seen as quickly as possible and in line with their right in the NHS Constitution. The guide is supplemented by case studies, and links are included to further information, help and advice.

<https://www.networks.nhs.uk/news/good-practice-guide-to-demand-management>

Securing meaningful choice for patients: CCG planning and improvement guide NHS England and NHS Improvement

This [guide](#) is intended to help CCGs comply with their duty to enable patients to make choices and to promote the involvement of patients in decision about their care and treatment.

The guide sets out a number of enablers for patient choice, and actions that can be taken to deliver each of these. The enablers are as follows:

1. Patients are aware of their choices, including their legal rights, and actively seek and take up the choices available to them
2. GPs/referrers are aware of, and want to support patients in exercising, the choices available to them
3. Patients and GPs/referrers have the relevant information to help patients make choices about their care and treatment
4. Commissioners and providers build choice into their commissioning plans, contracting arrangements and provision
5. Choice is embedded in referral models, protocols and clinical pathways; 6. Assurance and enforcement.

CCGs are encouraged to self-assess against these actions and develop an improvement plan to maximise opportunities for choice.

<https://www.england.nhs.uk/wp-content/uploads/2016/08/patients-choice-ccg-plan-improv-guid.pdf>

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The Public Health Skills and Knowledge Framework (PHSKF) Public Health England

The revised PHSKF, accompanied by a helpful user guide, will be an important tool in developing public health capabilities needed in future.

The framework is accompanied by a helpful user guide, setting out how it can be used by individuals, employers and educational providers working in public health.

People in UK Public Health led on extensive consultation and development work which saw high levels of engagement from the workforce. [Read the review of the PHSKF.](#)

With endorsement from across the public health system, the revised framework aims to be reflective of the prevailing public health landscape, ensuring the public health workforce continues to develop the skills and competences needed both now and in future.

Read the full overview and user guide [here](#)

Read the full report [here](#)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545012/Public_Health_Skills_and_Knowledge_Framework_2016.pdf

Feeling the crunch: NHS finances to 2020 Nuffield Trust

As recognised by the NHS's Five Year Forward View, by 2020 the NHS will need to find savings of around £22 billion in order to balance its books. But there has been no clear articulation of how that gap is expected to be closed. The options for doing so include NHS providers becoming more efficient; NHS commissioners reducing the pace at which NHS activity is increasing each year, either through reducing demand or limiting access to care; more funding for the NHS; or some combination of these. This analysis examines different scenarios to determine exactly what it would take to close the gap.

Access the summary document [here](#)

http://www.nuffieldtrust.org.uk/sites/files/nuffield/feeling_the_crunch_nhs_finances_to_2020_web.pdf

Other references from August:

How are Sustainability and Transformation Plans coming together?

Nuffield Trust

Nigel Edwards via his Nuffield Trust blog looks at the 44 Sustainability and Transformation Plans (STPs) currently being developed across the country. In this blog, he looks at some of the ideas that have emerged about what STPs are doing and the process of developing plans.

<http://www.nuffieldtrust.org.uk/blog/how-are-sustainability-and-transformation-plans-coming-together>

Sustainability and transformation plans (STPs) explained.

Kings Fund

Sustainability and transformation plans (STPs) were announced in the **NHS planning guidance** published in December 2015. NHS organisations in different parts of the country have been asked to come together to develop ‘place-based plans’ for the future of health and care services in their area. Draft plans were submitted in June 2016, and final plans are expected to be completed in October. But what do STPs really mean? And what will they mean for the NHS?

<http://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained>

Government’s own documents question “seven day NHS” feasibility

British Medical Journal 24th August

The government has been heavily criticised and asked to justify its policy of introducing a “truly” seven day a week NHS service after a leak of its own official documents questioning whether the policy is achievable.

A leaked “risk register” and other documents assessing the policy, produced for ministers by civil servants at the Department of Health, have been seen by the *Guardian* newspaper, as well as Channel 4. The documents reportedly say that the NHS does not have enough staff or financial resources to deliver the government’s promised “truly seven day NHS” by 2020—a key Conservative pre-election pledge.

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The *Guardian* said that, despite the health secretary's determination to see the NHS reorganised around seven day working, which has led to a prolonged industrial dispute with junior doctors, the documents list 13 risks that undermine the plan.

The largest obstacle is said to be "workforce overload"—specifically, shortages of general practitioners, hospital consultants, and other health professionals, "meaning the full service cannot be delivered." The risk assessment of the planned seven day NHS reportedly found a five out of five severity risk of "workforce overload."

In addition, many NHS workers, particularly doctors, are described in the documents as a "barrier" to giving patients more access to GP surgeries and hospitals at weekends "because they do not believe in the case for change."

<http://www.bmj.com/content/354/bmj.i4646>

Improvement directory

NHS Improvement

NHS Improvement has updated its [Improvement Directory](https://improvement.nhs.uk/resources/improvement-directory/) with a range of new resources. The A-Z list provides access to online improvement tools, resources and networks on health and social care.

<https://improvement.nhs.uk/resources/improvement-directory/>

Levels of stress among primary care staff

Mind August 12

Mind has released research which shows that 88% of primary care workers find their work life stressful.

The poll of over 1,000 NHS workers in primary care including GPs, practice nurses, practice managers and their colleagues, also showed that work is currently the most stressful area of their lives, ahead of their finances, health, family life and relationships.

<http://www.mind.org.uk/news-campaigns/news/mind-finds-worrying-levels-of-stress-among-primary-care-staff/#.V62l21srJaQ>

NHS 'heading into extremely difficult autumn' amid rising rota gaps

National Healthcare Executive August 17

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Healthcare services and its professionals are “heading into an extremely difficult autumn”, the Royal College of Physicians (RCP) has warned as the latest workforce survey from the RCPCH revealed widespread staff shortages and rising rota gaps in the field.

The survey, which has been collecting evidence since 2009, found that more than one in four general paediatric posts at senior trainee level are now vacant, with over half of paediatric units not meeting recommended staffing standards. To keep services running, consultants are increasingly providing unplanned cover in addition to covering their own roles.

Full story at [National Healthcare Executive](#)

Is there a future for smaller hospitals in the NHS?

NHS Confederation (podcast)

Centralising hospitals is a controversial topic, with many arguing that it does not lead to savings or improve care for patients. On the other hand, smaller and rural hospital sites face many challenges in staffing and sustainability. In this podcast, Nigel Edwards and former NHS Chief Sir David Nicholson sit down to discuss the viability of the smaller hospitals.

<https://soundcloud.com/nhs-confederation/is-there-a-future-for-smaller-hospitals-in-the-nhs>

How GPs in London are reducing hospital referrals

The Guardian. Published online: 9 August

New software enables GPs to confer with local hospital consultants to get advice on whether to refer a patient or not.

Charlotte Levitt, a GP based in south London, faced a dilemma. One of her patients was taking a drug that had just come onto the market and his kidney function had started deteriorating. Should she refer the patient to a consultant, or take him off the drug?

Whereas many GPs might automatically make a referral, Levitt, referral management lead at Wandsworth clinical commissioning group (CCG), was able to resolve the question quickly. She logged on to Kinesis, web-based software from Cloud2 that enables [GPs](#) to confer with local hospital consultants. In this case, the consultant advised further blood tests: if they were abnormal, the patient should be referred. If not, the drug was likely to be the problem.

Last year, there were 13.6m GP referrals in England, a 5% rise on the previous year, representing an increasing cost burden on CCGs. A 2009 report from the [NHS Institute for Innovation and Improvement](#) found that up to 65% of patients referred to outpatient specialty clinics were discharged with “no significant pathology detected”, meaning many were unnecessary.

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Read the full news article:

<https://www.theguardian.com/healthcare-network/2016/aug/09/gps-london-cutting-hospital-referrals>

Better GP receptionist training might boost patient experience/satisfaction

August 17

Better GP receptionist training in good communication skills might help boost measures of patient experience and satisfaction with their surgery's performance. | [OnMedica](#) | British Journal of General Practice

Research published in the [British Journal of General Practice](#) assesses how receptionists interact with patients on the phone, in a bid to pinpoint aspects of communication associated with effectiveness and patient satisfaction.

The researchers carried out a qualitative conversation analysis of incoming calls, recorded 'for training purposes', in three English GP surgeries. Data were analysed qualitatively to identify effective communication, then coded to establish the relative prevalence of communication types in each surgery.

The first 150 calls (according to recording time) from each surgery, were selected for detailed analysis. In total, 447 calls were analysed, all of which were transcribed verbatim.

Analysis of the calls showed that the onus lay with patients to drive calls forward and achieve effective service when receptionists failed to offer alternatives to patients whose initial requests could not be met, at the start of the call or when they failed to summarise relevant next steps at the end of the call, when the appointment or service had been completed but some detail remained unclear to the patient.

The researchers conclude that patients in some practices have to 'push' for effective service when calling GP surgeries, but that receptionist training in good communication skills could help improve patient experience and satisfaction.

Full reference: Stokoe, E et al. [Calling the GP surgery: patient burden, patient satisfaction, and implications for training](#) British Journal of General Practice. Published 16 August 2016

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