



# Summary of National Documents

February 2017

## Department of Health workforce equality information 2017

*DH workforce equality data: 1 October 2015 to 30 September 2016 | Department of Health | 1<sup>st</sup> February*

This publication contains a breakdown of the department's workforce on all equality strands. This includes data on:

- Ethnicity
- gender
- disability
- age
- working patterns
- sexual orientation
- religious belief

Read the full report [here](#)

## Seeing the same GP associated with fewer admissions

*Barker Isaac, Steventon Adam, Deeny Sarah R. | Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data | BMJ 2017;356 :j84 | 2<sup>nd</sup> February*

Older patients who see the same general practitioner over time experience fewer avoidable admissions to hospital, new research shows. The Health Foundation research, published in The BMJ, shows that if patients saw their most frequently seen GP two more times out of every 10, this was associated with 6% fewer admissions for ambulatory care sensitive conditions such as asthma, diabetes, influenza and pneumonia.

The researchers examined whether continuity of care with a general practitioner is associated with hospital admissions for ambulatory care sensitive conditions for older patients. Data was analysed from over 230,000 anonymised patient records for older people aged 62-82 years.



The research found there were fewer hospital admissions for certain conditions when patients saw the same GP more consistently. The authors stress this is an observational study so no firm conclusions can be drawn about cause and effect. However, they conclude, “strategies to improve the continuity of care in general practice may reduce secondary care costs, particularly for the heaviest users of healthcare.”

Full reference available [here](#)

Related Health Foundation briefing available [here](#)

## The role of the Medical Director in the NHS

*This paper explores the role of the Medical Director in acute trusts in the NHS, and is part of an insight series produced by GGI on the key board roles within the NHS. | 2<sup>nd</sup> February*

With the increasing significance that has been attributed to clinical leadership over recent years, the role of the Medical Director is widely seen as more important than ever. Despite this, there appears to be a lack of clarity about the role, and also significant barriers to its uptake, most pertinently the issue of career progression and succession planning.

This paper explores:

- background to the role: definition, importance, perception and the route to becoming a medical director
- responsibilities of the Medical Director
- what makes an effective medical director?
- accountabilities and reporting lines and the wider team
- training for the role and career progression
- barriers and challenges

The paper is available to download via [The Good Governance Institute](#)

## Building a culture of learning and development

*NHS Employers | 3<sup>rd</sup> February*

NHS Employers has published a case study highlighting how Sheffield Teaching Hospital Foundation Trust has worked to build a culture of learning and development which has resulted in positive outcomes for the workforce and organisation as a whole.



Full paper available [here](#)

## Outcomes-focused integrated care: lessons from experience

*Institute of Public Care | January 2017*

This new paper, an update to 'From the Ground Up', captures some of the learning and experience from our work on developing integrated practice .

As local authorities and health organisations undergo significant periods of transformation, IPC has supported the cultural and organisational changes needed to deliver outcome-focused care, as well as operational design, from the start of the process through to implementation and evaluation.

The need to integrate care has long been a key issue and people's understanding of what it takes to successfully implement it has evolved over time. There has been a shift of focus from co-location and organisational structures towards working with teams to clarify and consolidate the professional roles and relationships which will make integration work in practice.

This publication explores 'what works', offering guidance to those embarking on a significant period of change and integration on what they may need to consider. It draws on IPC's practice-based experience of integration across a range of different organisational set-ups and cultures.

Read the full report [here](#)

## Health and social care integration

*The National Audit Office | 8<sup>th</sup> February*

This report highlights that progress with integration of health and social care has been slower and less successful than envisaged and has not delivered all of the expected benefits for patients, the NHS or local authorities. As a result, the government's plan for integrated health and social care services across England by 2020 is at significant risk.

Full report available [here](#)

## Changes to General Practice contract 2017/18

*NHS England | 7<sup>th</sup> February*

NHS England has issued a letter setting out the key changes to the GMS contract for 2017/18.



The new agreement includes an increased focus on tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities. The new contract also includes provisions to encourage practices to expand access and not to close for half-a-day a week.

The contract, to take effect from 01 April 2017, will see investment of around £238 million going into the contract for 2017/18. In addition, £157 million from a previous earmarked scheme will be transferred into core GP funding so that family doctors can be more flexible in how they care for the most frail.

More detail [here](#)

## NHS England's combined monthly performance statistics

NHS England has published a summary of the monthly performance statistics on:

- NHS 111
- ambulance quality indicators
- A&E attendances and emergency admissions
- waiting times for diagnostic tests, referral to treatment for consultant-led elective care and cancer services;
- delayed transfers of care; and
- early intervention in psychosis

The long-term trend is one of greater volumes of both urgent and emergency care and elective activity, with ambulance calls receiving a face-to-face response up 7.6%, A&E attendances up 5.0%, emergency admissions up 3.6%, diagnostic tests up 5.0% and consultant-led treatment up 4.5%.

Summary available [here](#)

Related: [Health Foundation response to A&E and monthly performance statistics](#)



## A new relationship with people and communities: Actions for delivering Chapter 2 of the NHS Five Year Forward View

*People and Communities Board | 10<sup>th</sup> February*

The report 'A new relationship with people and communities' outlines six high impact actions and related recommendations, supported by evidence and illustrated by examples. The actions address key pinch points in the NHS, where substantial progress can be made in the next 12 months, and where the actions can build energy around the broader agenda of changing the culture of healthcare. The annex – 'Voluntary sector proposals' – highlights approaches or interventions developed in the VCSE sector, which have been tested and evaluated and which have the potential for wider adoption.

Read the full overview [here](#)

Read the full report [here](#)

## Managing Conflicts Of Interest in The NHS: Guidance For Staff And Organisations

*NHS England | 7<sup>th</sup> February*

This guidance aims to strengthen the management of conflicts of interest within the NHS and to ensure transparent and accountable health care. The guidance which comes into force on 1 June 2017 permits NHS staff to receive small tokens or gifts but will require them to decline anything that could be seen to affect their professional judgement. It will also be standard practice for NHS commitments to take precedence over private practice, and for any member of staff – clinical or non-clinical – to declare outside employment and the details of where and when this takes place although not earnings at this stage.

Read the full guidance [here](#)

## Medical school tripled GP trainee output after raising exposure to general practice

*GP Online | 9<sup>th</sup> February*

The University of Cambridge medical school more than tripled its output of GP trainees in 2016 after implementing measures to give students and F2 doctors' greater exposure to general practice.



For F2 leavers in 2016, almost a quarter (22%) of those who graduated from the University of Cambridge and went directly into further training opted to begin GP training, according to official data.

Just one year before, in 2015, the university had the lowest proportion of F2s entering GP training in the England, at just 7%.

Read the full news article [here](#)

## Care in a post-Brexit climate: How to raise standards and meet workforce challenges

*Institute for Public Policy Research | 10<sup>th</sup> February*

This report explores the drivers of inadequate standards of care in the UK, including chronic underinvestment, the reliance on a low paid, poorly trained workforce and high levels of staff turnover. It also sets out a vision for a more relational, personalised care system, delivered by a more highly skilled and well-resourced workforce.

Read the 60 second summary [here](#)

Read the full report [here](#)

## The Sustainability and Transformation Plans: A Critical Assessment

*Centre for Health and the Public Interest | 14<sup>th</sup> February*

Many members of the public, and even some politicians, are only just becoming aware of Sustainability and Transformation Plans, which were imposed in a policy directive from NHS England just 3 days before Christmas in 2015 as part of a major shake-up of the NHS. The dramatic reorganisation of England's NHS into 44 'footprint' areas, and the requirement for all NHS bodies to collaborate with local government social service agencies on these new 5-year plans, seemed like NHS England's best hope of balancing its budgets by 2020-21. But the variegated and inconsistent series of 44 documents that have been published since the end of October have clearly fallen far short of NHS England chief executive Simon Stevens' hopes a year ago.

Read the full report [here](#)



## New healthcare social media toolkit – helping you connect

*Skills for Health | February 14th*

To help make the most of the opportunities social media can provide, Skills for Health have launched a comprehensive social media toolkit packed full of sector-specific insight, advice and best practice on how to use social media effectively.

Read the full overview [here](#)

The full toolkit if available [here](#)

## Saving STPs: achieving meaningful health and social care reform

*Reform | February 16th*

Current ambitions for NHS reform rest on Sustainability and Transformation Plans (STPs). These aim to bring local leaders together to create cohesive systems of care that are proactive, not reactive, with a focus on prevention and care being delivered in the community rather than in hospitals. They also aim for health and social care systems to properly exploit technology. All this will save time and money and deliver better quality care.

In their current form, however, STPs are not going to work. This paper identifies the three key barriers to success and sets out the five changes that need to be made if the plans are to succeed.

Recommendations:

- STPs should design their own local health outcomes for which every organisation in the STP is accountable.
- STPs should take a ‘one-system, one-budget’ approach. NHS, social care and public health budgets should be merged across the STP and commissioned by a single body.
- Commissioners need to regularly evaluate whether providers are delivering on outcomes. Where these are consistently not delivered, services should be decommissioned and broken up to allow smaller providers to bid. Contracts should come up for renewal at regular intervals.
- NHS Improvement should publish guidance clarifying how current legislation surrounding competition applies in the context of STPs.
- STP footprints should have elected leaders who are held to account by the public.

Full report available [here](#)



## The London Quality Standards: A case study in changing clinical care

*Nuffield Trust | 20<sup>th</sup> February*

This report from the Nuffield Trust evaluates recently introduced standards to improve acute and emergency care in London hospitals.

London-wide experiments with Seven Day Services Standards are soon to feature in STPs elsewhere in the UK. These standards specify various minimum requirements, including regular consultant review during out-of-hours and at the weekends.

This study found little evidence of benefits for patients. Threats to impose weekend working standards might be counter-productive, say the authors.

“We saw some deficiencies in hospitals’ ability to manage complex changes, and evidence of a deep disconnect between frontline staff and top managers. The use of reconfiguration as a ‘stick’ to drive the standards de-motivated staff, and eventually came to be seen as an empty threat”.

Read the full blog post [here](#)

Read the full report [here](#)

## BBC analysis of STPs: Hospital cuts planned in most of England

*BBC | February 21st*

Hospital services in nearly two-thirds of England could be cut or scaled back, BBC analysis of local plans shows.

The BBC analysis found:

- Plans to reduce the number of hospital sites in Leicester, Leicestershire and Rutland from three to two
- In the Black Country a £700m funding gap means one hospital may have to be closed
- Maternity and children’s services being “centralised” on to one site in Lincolnshire
- A warning in West Yorkshire and Harrogate that having five hyper-acute stroke services may “no longer be viable”
- The downgrading of two out of three A&Es in Mid and South Essex, with only one retaining specialist emergency care
- In South West London, proposals to reduce the number of major hospitals from five to four
- Plans in Nottinghamshire to significantly downsize City Hospital and reduce the number of beds across Nottingham by 200
- In Cambridgeshire and Peterborough, consideration being given to centralising specialised orthopaedic trauma services at two local hospitals



Overall, a third of the 44 plans look to reduce the number of hospitals providing emergency care, while in another third of areas they have said they will consider moving non-emergency care to fewer sites.

Read the full analysis [here](#)

## Productivity, Technology and the NHS

*Productivity, Technology and the NHS, looks at the NHS in England approach to productivity improvement half-way through the implementation of NHS England's 'Five Year Forward View' | Newchurch | 23<sup>rd</sup> February*

A core component of NHS England's Five Year Forward View (5YFV), which underpinned the subsequent financial settlement agreed with the Government, was that NHS productivity would improve by 2.4% a year for each of the five years up to 2020/21. The 5YFV went further suggesting that its implementation could even result in sustained improvements of 3% a year in the longer term, a proposition which must have assumed sustained improvement in workforce productivity, given that staff costs make up some 70% of NHS expenditure. This proposition always looked ambitious and subsequent analyses of the NHS's long-term productivity performance have served to underline the size of the challenge. However the Carter Review, published 12 months ago, underlined the scale of the potential improvements that could be made in the NHS's dominant acute sector.

A key contributor to achieving the rate of productivity improvement underpinning the 5YFV, reinforced by Carter's conclusions, was the adoption of new digital technologies. This faith in the impact of digital technology is despite the evidence of the last 20 years that would cast considerable doubt as to the productivity impact of the digital technologies programmes that the NHS in England and its predecessors have implemented.

An analysis of current performance and future plans at the national, Sustainability and Transformation Plan and trust level suggests that the NHS as a system gives little priority to productivity improvement. Furthermore current plans for the development and implementation of digital technologies are unlikely to have any significant impact on productivity, certainly within the lifetime of the 5YFV.

Read the full overview [here](#)      Read the full report [here](#)



## SAS doctor development guide

*On 22 February 2017 the BMA, HEE, AoMRC and NHS Employers published new guidance on the development of specialty and associate specialist (SAS) doctors | NHS Employers*

The guide aims to help to ensure that this important group of doctors remain fit to practice and develop in their careers. It describes actions that can be taken to ensure best practice is applied in the development of SAS doctors and dentists, as well as how different groups can work together to ensure the principle are consistently applied.

It is useful for anyone involved in the development of SAS doctors, such as employers, medical royal colleges, HEE's local team and SAS doctors themselves. The guide contains specific sections for NHS boards; medical directors; medical staffing teams; SAS doctors.

Read the overview [here](#)

Read the full guide [here](#)

## New care models: now available in GP-friendly packages

There are a number of reasons for general practice to change – it is often small and called inefficient, with wide variations in quality from one practice to the next | Primary Care Commissioning

There are also things GPs and patients are desperate not to change – general practice is local, personal and often delivers exceptional care as well as excellent value for money for taxpayers.

The scaled up version of general practice imagined by policymakers makes complete sense: organisations big enough to cope with changes in demand, able to expand the range of services they provide, able to benefit from economies of scale, and able to make more creative use of the wider primary care clinical workforce to free GP time and add value for patients.

However logical or inevitable big general practice may appear, practices are left with a number of questions:

- How do we grow big without losing the benefits of being small?
- What are the longer term gains and what might we have to give up for them?
- How do we retain a voice in the new bigger enterprise?
- How practical is it to share patients and workforce?
- How do we bring patients along with us?
- What about governance – who is ultimately responsible for care when patient lists are shared?
- And the biggest question of all: how do we find time to make the changes we need to make when we've never been busier?

Read the full article [here](#)



## Financial sustainability of the NHS

House of Commons Committee of Public Accounts | February 23<sup>rd</sup>

The fact that key players running our NHS are bickering in public does little to inspire confidence that patients are at the heart of everyone's priorities. As this report underlines, the NHS is facing huge challenges. This requires a united effort to resolve these for the long term.

Faced with these pressures, the Department of Health has resorted to raiding the separate capital budget earmarked for long-term investment and is using this to fund day-to-day spending. Reducing investment in the hospital estate and medical equipment risks making the NHS less sustainable in the longer-term and limits the funding for investing in new services in the community. Local sustainability and transformation plans are supposed to be a vehicle for creating a modern day NHS, but NHS England and NHS Improvement have much more to do before the public can feel confident that plans are achievable, especially when the Head of NHS Improvement acknowledges that the 4% efficiency savings required are so challenging. We recognise the unprecedented challenge of achieving financial sustainability when patient demand is rising, budgets are tight and pressures in social care are impacting on the NHS. But the Department, NHS England and NHS Improvement are asking local bodies to solve multiple problems and deliver a range of priorities, without a proper understanding of what they can realistically achieve. Transformation under such pressure is hard to achieve.

Read the full report [here](#)

## References

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Seeing the same GP associated with fewer admissions  
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The role of the Medical Director in the NHS  
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Outcomes-focused integrated care: lessons from experience  
<http://ipc.brookes.ac.uk/publications/Outcomes-focused%20integrated%20care%20-%20lessons%20from%20experience.pdf>



Health and social care integration

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Changes to General Practice contract 2017/18

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NHS England's combined monthly performance statistics

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A new relationship with people and communities: Actions for delivering Chapter 2 of the NHS Five Year Forward View

[http://www.nationalvoices.org.uk/sites/default/files/public/publications/a\\_new\\_relationship\\_with\\_people\\_and\\_communities\\_0.pdf](http://www.nationalvoices.org.uk/sites/default/files/public/publications/a_new_relationship_with_people_and_communities_0.pdf)

Managing Conflicts Of Interest in The NHS: Guidance For Staff And Organisations

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Medical school tripled GP trainee output after raising exposure to general practice

<http://www.gponline.com/medical-school-tripled-gp-trainee-output-raising-exposure-general-practice/article/1423692>

Care in a post-Brexit climate: How to raise standards and meet workforce challenges

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The Sustainability and Transformation Plans: A Critical Assessment

<https://chpi.org.uk/wp/wp-content/uploads/2017/01/The-Sustainability-and-Transformation-Plans-a-critical-assessment-FINAL-WEB.pdf>

New healthcare social media toolkit – helping you connect

<http://www.skillsforhealth.org.uk/toolkit-download>

Saving STPs: achieving meaningful health and social care reform

<http://www.reform.uk/wp-content/uploads/2017/02/Saving-STPs.pdf>

The London Quality Standards: A case study in changing clinical care

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Productivity, Technology and the NHS

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SAS doctor development guide

<http://www.nhsemployers.org/~media/Employers/Publications/SAS%20doctor%20development%20Oguide.pdf>

New care models: now available in GP-friendly packages

<https://www.pcc-cic.org.uk/article/new-care-models-now-available-gp-friendly-packages>

Financial sustainability of the NHS

<https://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/887/88702.htm>

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