



Summary of National Documents

March 2017

Shifting the balance of care: great expectations.

Imison C, Curry N, Holder H, et al. Shifting the balance of care: great expectations | March 2017 | Nuffield Trust.

Moving care out of hospitals into the community can deliver holistic, patient-centred care closer to home. In most cases however, it is unlikely to save money, according to a report published today by The Nuffield Trust.

The report is based on a review of 27 schemes to reduce hospital activity, which included changes to urgent and emergency care pathways; speeding up discharge; managing 'at risk' groups; supported care at home; and cutting down on admissions.

Most of the initiatives demonstrated the potential to improve patient experience, and in some cases, outcomes. The evidence on cost savings was much less clear cut, partly because good economic evaluations have often not been carried out.

Several schemes did seem to be cost-effective in the right circumstances, but where schemes had been evaluated, most were cost neutral or were more expensive.

Download the full report [here](#)

Report summary available [here](#)

Support for an ageing workforce

NHS Employers | March 2017

NHS Employers Working Longer Group has launched two new resources to support the ageing workforce:

- [The ageing workforce: a resource for managers](#) – enables managers to find information on the challenges and opportunities an ageing workforce might present
- [The ageing workforce: a resource for staff and their representatives](#) – provides information about the changes to the pension scheme retirement age and on the anxieties, challenges and opportunities that working to a raised retirement age might present.



Productivity, Technology and the NHS

This Newchurch paper looks at the approach of the NHS to productivity improvement half-way through the implementation of the Five Year Forward View. It particularly examines the role of digital technology in delivering productivity improvements.

Full report available [here](#)

Quarterly Monitoring Report

Sicker patients the main reason for A&E winter pressures | The Kings Fund | March 2nd

Eighty per cent of NHS finance directors who responded to the latest Kings Fund survey identified higher numbers of patients with severe illnesses and complex health needs as a key reason for the pressures on A&E units, while 70 per cent cited delays in discharging patients from hospital. In contrast, only 27 per cent pointed to poor access to GPs and 20 per cent identified shortages of clinical staff as key factors.

The survey also highlights the effort made by the NHS to prepare for increased pressure on services during the winter. More than 70 per cent of the trusts surveyed increased their staff, while 80 per cent of clinical commissioning groups (CCGs) paid for extra resources in primary care. Other common measures included postponing planned treatment, paying private companies to take on NHS work, and paying higher rates to recruit more agency staff.

Read the full report [here](#)

The state of care in NHS acute hospitals: 2014 to 2016

The Care Quality Commission | March 2nd

The Care Quality Commission has published The state of care in NHS acute hospitals: 2014 to 2016: findings from the end of CQC's programme of NHS acute comprehensive inspections.

The report has been derived from three years' worth of CHC inspections into the quality of care being provided by NHS acute hospitals. It finds that most hospitals are delivering good quality care and looking after patients well, however, some trusts have blind spots about the quality of care they are delivering in a particular core service, even in some trusts rated good overall.

Read the full report [here](#)

Related: [CQC right to say care is at risk due to unprecedented pressure on hospitals](#) | NHS Providers



Five Year Forward View for Mental Health: One Year on

NHS England | February 2017

The report sets out which areas are beginning to see improved access to care and outlines examples of good local practice in services. It also recognises the ongoing challenges, adding that there is more to do to “make a reality of the aspirations for transformation in mental health services”.

The report concludes by outlining that the infrastructure needed to sustain change has been put in place and in many areas people who use services are beginning to feel the benefits of the new and expanded services on offer. It cautions that this is a long term programme which goes beyond 2020/21, stating that further work will be needed beyond the first five years to continue to expand transformation of mental health services and meet the needs of the whole population.

Finally, the report acknowledges the hard work of staff and finishes by stating that “one year on, there is clear momentum behind this programme nationally and locally: the challenge now is to maintain and build on this to achieve next year and beyond”.

Highlights from year one:

- Over 120,000 more people are expected to receive mental health care and treatment in priority services in 2016/17.
- The Mental Health Investment Standard is planned to be met across England as whole in 2017/18 and 2018/19.
- The first national access standards for mental health treatment have come into effect – with the waiting time targets met.
- A new Mental Health Dashboard has been launched to provide unprecedented transparency of performance against key indicators.
- The first comprehensive all-age mental health workforce strategy has been co-produced for publication in April 2017.

The report also highlights that not all milestones have been met as planned with progress on workforce development taking longer than anticipated due to the complexities of delivering a strategy for such a diverse group of professionals.

Read the full report [here](#)

New patient care test for hospital bed closures

NHS England | March 3rd

NHS England Chief Executive Simon Stevens has announced that hospital bed closures arising from proposed major service reconfigurations will in future only be supported where a new test is met that ensures patients will continue to receive high quality care.



From 1 April, local NHS organisations will have to show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHS England will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)

Read the full news story [here](#)

Medical School Places in England from September 2018

House of Commons Library | March 7th

This briefing provides background to the government's October 2016 announcement on increasing the number of medical school places in England by up to 1,500, starting from September 2018.

The issue:

There are concerns that the number of medical school entrants may be insufficient to meet future workforce need. Medical education continues well beyond medical school, and there are also concerns about whether the right numbers of postgraduates are being trained in the right specialties.

The policy response:

In October 2016, Health Secretary, Jeremy Hunt committed to an extra 1,500 medical school places, beginning in September 2018. In return for the increased number of places, he said that new doctors would be required to work in the NHS for four years. The Government is due to consult on its plans in 2017.

Bodies representing the medical profession have welcomed the move to increase the number of medical school places, but have also argued this will not address current workforce pressures; the new recruits will take at least 10 years to fully qualify as GPs, and longer to qualify as hospital specialists.

Admission to medical school:

Entry to medical school is very competitive and institutions typically require very high 'A' Level (or equivalent) grades, as well as adequate performance on special medical admissions tests. There have been longstanding concerns that medicine, as a subject, remains particularly skewed toward



more socio-economically advantaged entrants, and that latent capacity is being left untapped, despite initiatives to diversify student intakes. This briefing paper relates to England.

Read the full briefing paper [here](#)

Knowledge Transfer Partnership Programme

NHS England | March 7th

NHS England is set to launch its first Knowledge Transfer Partnership Programme, a 12 month development programme, aimed at clinical leaders in healthcare science. Successful applicants who secure a place will work with other leading healthcare scientists and build long-term collaborations across clinical, research and industry sectors, whilst identifying new approaches to measuring improved outcomes, ultimately for NHS patients.

More detail available [here](#)

Integrated health and social care apprenticeship

NHS Employers | March 9th

NHS Employers has published details of a case study from Norfolk and Norwich University Hospitals NHS Foundation Trust who working with social care partners, have developed an integrated apprenticeship designed to provide a broad understanding of the different roles and responsibilities that exist in both health and social care.

Piloted over a year, the aim of the programme was to support those wishing to pursue a career across a range of care organisations. Starting with a two week clinical induction, the apprentices went on to undertake two six month placements, offered in a community care setting and on a hospital ward.

By experiencing the different systems and cultures, the apprenticeship enabled the apprentices to gain both knowledge and transferable skills while keeping a person-centred approach to care at its heart.

Read the full report [here](#)



Devolution of Health policy

Devo-health: where next? | Institute for Public Policy Research | March 9th

This report provides a comprehensive overview of the devolution of health policy to date, and the directions it could take in future. It presents the evidence for how 'devo-health' could allow integration within and beyond the NHS, and act as a catalyst to much-needed reform.

Read the report [here](#)

General Practice Nursing workforce development plan

Health Education England | March 13th

Improving training available in GP practice settings and raising the profile of the role is key to helping to retain and expand the General Practice Nursing (GPN) workforce.

Key report recommendations include:

- improving training capacity for the general practice nurse workforce by providing access to accredited training to equip them for each level of their role;
- raising the profile of general practice nursing, to increase the uptake of the role as a first-destination career;
- developing GPN educator roles to cover all CCG areas, including the promotion of mentor training for all GPNs to retain the knowledge and expertise of existing GPNs; and
- the development of a sustainable and easily accessible 'how-to' toolkit and web based resource to support the implementation of general practice nursing workforce initiatives.
- a nationwide standardised general practice nursing 'return to practice' education programme which includes a general practice placement, mentorship and appropriate support to meet the NMC requirements for 'return to practice'.

Read the full report [here](#)

Total transformation of care and support

Social Care Institute for Excellence | March 15th

The Social Care Institute for Excellence has published '*Creating the five year forward view for social care: how transformed and integrated health and care could improve outcomes and cost-effectiveness*'.



This updated paper explores the potential for scaling up the most promising examples of care, support and community health services, initially using data from Birmingham City Council, modelling their outcomes and costs. Originally published in November 2016, it has been updated to include additional models.

The report contains the following chapters:

[Vision for transformed care](#): Re-shaping services around the needs and strengths of individuals, families and communities.

[Key messages and summary](#): Outcomes can be improved, and costs reduced, if the sector scales up promising practice.

[Case studies](#): Six models of care and their potential impact on costs and outcomes.

[Models of care](#): Overview of promising practice that support transformative change in health and social care.

[Conclusions and next steps](#)

The paper is available to download [here](#)

Enhancing junior doctors' working lives: A progress report

Enhancing junior doctors' working lives A progress report | Health Education England | National Health Executive | March 15th

Significant work must be done to make junior doctors feel valued for their hard work in the NHS, a report published by Health Education England (HEE), which has also identified a number of key areas for improvement, has warned.

HEE worked with other organisations including the British Medical Association (BMA) Junior Doctors' Committee, the General Medical Council, NHS Employers, the Academy of Medical Royal Colleges and trainee representatives to create the review that has called for action to be taken to improve working conditions for juniors.

The 'Enhancing Junior Doctors' Working Lives' report gives a comprehensive view of the struggles experienced by junior doctors which led to mass dissatisfaction and strike action last year, warning that improvements had to be made in a number of areas to reassure the workforce that their work was being appreciated by their employers.

Read more at [National Health Executive](#)

Download the full report [here](#)



NHS reality check: Delivering care under pressure

Royal College of Physicians | March 16th

Around three quarters of doctors (74%) say they are worried about the ability of their service to deliver safe patient care in the next 12 months due to pressures on the NHS, according to a survey carried out by the Royal College of Physicians (RCP).

The RCP launched a report at its annual conference in which it detailed various concerns raised by the 2,101 doctors who responded to its survey.

The survey asked doctors about their experiences of delivering healthcare and their confidence in being able to raise concerns about patient care.

Focusing on their experiences of care over the past 12 months, 78% of doctors said demand for their service was rising and more than half (55%) of physicians believed patient safety had deteriorated.

More than a third (37%) said the quality of care had fallen while the majority (84%) had experienced staffing shortages in their team, while 82% believed the workforce was demoralised.

Full report available [here](#)

NHS efficiency map

Healthcare Financial Management Association | NHS Improvement | March 16th

The Healthcare Financial Management Association and NHS Improvement have updated the NHS efficiency map.

The map is a tool that promotes best practice in identifying, delivering and monitoring cost improvement programmes in the NHS. It contains links to a range of tools and guidance to help NHS bodies improve their efficiency.

Aimed at NHS finance directors and their teams and other NHS staff with an interest in the delivery of cost improvement programmes, the purpose of the NHS efficiency map is to highlight existing resources on eliminating waste, increasing efficiency and at the same time improving quality and safety.

View the NHS efficiency map [here](#)



Social Work: essential to integration

Department of Health | March 15th

The Department of Health has published Social work: essential to integration. This document is intended to support and inform local and regional health and social care integration initiatives. It explains the contribution that social workers make to integrated services; how social work is essential to the whole system; and the necessity of support to ensure integration succeeds in providing the services people need.

It also includes ‘top tips’ for directors of adult social services and for principal social workers to assist in progressing the integration agenda.

It was developed in collaboration with the Association of Directors of Adult Social Services, the Principal Social Workers’ Network and the Department of Health.

The document can be downloaded [here](#)

Expansion of undergraduate medical education

Department of Health | March 16th

The Department of Health has published details of its plans to expand the number of undergraduate training places in England, which include expecting newly trained doctors to work for the NHS for more than five years.

The plans, revealed in a consultation document, aim to increase the home-grown medical workforce by 25%. Currently more than 6,000 university training places are available each year for prospective new doctors, but the plan is to increase this number by up to an extra 1,500 each year from September 2018.

It costs £230,000 to train a doctor in England, and the proposals include plans to obtain a return on this investment, by expecting new doctors to work for the NHS for a minimum number of years, otherwise they will be expected to repay some of their training costs.

A similar system “return of service” programme is already used by the armed forces for certain professions. The consultation asks whether a similar system should be introduced to the NHS for doctor training courses and, if so, how long this minimum term of service should be, suggesting that anything from two to more than five might be expected.

Full document: [Expansion of undergraduate medical education: a consultation on how to maximise the benefits from the increases in medical student numbers.](#)



Tackling culture change to transform mental health services

The Kings Fund [blog] | March 16th

Traditionally, mental health services are delivered by Children and Adolescent Mental Health Services (CAMHS) up until the age of 16 or 18 – or when a young person leaves school or college – at which point they're expected to transition to adult mental health services. It's long been recognised that this is a poor boundary for service transition, often having a further detrimental effect on mental health.

Forward Thinking Birmingham delivers mental health services for children and young people aged up to 25, combining the expertise of Birmingham Children's Hospital, Worcester Health and Care Trust, Beacon UK, The Children's Society and The Priory Group. The partnership's vision is that Birmingham should be the first city where mental health problems are not a barrier to young people achieving their dreams. The transformational changes to the service were driven by the need to address disjointed and fragmented care provision, complicated service models, long waiting lists and rising demand. The service operates a 'no wrong door' policy and aims to provide joined-up care, focusing on individual needs, with improved access and choice for young people.

Read the full blog post [here](#)

Information and Digital Technologies: Clinical Requirements 2020

Academy of Royal Medical Colleges | March 21st

Breakthroughs in the use of data and technology are changing the way we live our lives. Adaptation of these changes has been relatively slow in healthcare, but there is now an increasing focus on learning how to use these technologies to improve the way we deliver care for patients.

Policy developments in the digital agenda at a national level have been supported by the Academy of Medical Royal Colleges setting out its vision for NHS information systems in 2013 and the National Information strategy for a digital NHS in 2014.

The aim of this document is to ensure that clinical priorities are met and reflected at a national level. It is the list of clinical requirements setting out what information and communication technologies clinicians would expect in 2020 in the work environment. These standards have been designed to establish a level of detail that will inform decision-making and enable accountability.

As 2020 approaches Clinicians should see the tangible areas of improvement in data and technology and use it to modernise and improve the quality of care we are able to deliver for our patients.

Read the full report [here](#)



NHS Women on Boards: 50:50 by 2020

University of Exeter Business School | NHS Employers | NHS Improvement | March 29th

This report, written by Professor Ruth Sealy of the University of Exeter Business School, examines the steps the NHS needs to take to reach the target of equal gender representation on boards by 2020. It summarises demographic data from 452 organisations, including arms-length bodies, NHS trusts and clinical commissioning groups.

The report reveals that of 245 NHS trusts and arms-length bodies (ALB), the percentage of female chief executives was found to be encouraging at 42.6%. But the representation of women in other key roles within these organisations was disappointing, as only 26.3% of finance directors and 24.6% of medical directors are women.

The full report is available [here](#)

Related Kings Fund blog: [Developing women's leadership on the road to gender parity](#)

Next steps on the NHS Five Year Forward View

NHS England | 31st March

NHS England has published Next steps on the NHS Five Year Forward View. This document reviews the progress made since the launch of the NHS Five Year Forward View in October 2014 and sets out a series of practical and realistic steps for the NHS to deliver a better, more joined-up service with the aim of a more responsive NHS in England in the future.

Read more via [NHS England](#)

Additional links:

[Ambitious NHS plan a 'leap in the dark', Confed chief warns](#) | NHS Confederation

[NHS Clinical Commissioners responds to Next steps on the NHS Five Year Forward View](#)



References

Shifting the balance of care: great expectations

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5YfV for Mental Health: one year on

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New patient care test for hospital bed closures

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Knowledge Transfer Partnership

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Integrated health and social care apprenticeship

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Devo-health: where next?

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General Practice Nursing workforce development plan

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Creating the five year forward view for social care

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Enhancing junior doctors' working lives: A progress report

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NHS reality check: Delivering care under pressure

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NHS efficiency map

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Social Work: essential to integration

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Tackling culture change to transform mental health services

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NHS Women on Boards: 50:50 by 2020

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Next steps on the NHS Five Year Forward View

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