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## Health Overview and Scrutiny Committee Bulletin No. 17 / 24 April 2010

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### Health Overview and Scrutiny Committee Information

**Date of next HOSC meeting:** 10 am, 14 May 2010

**Location:** Council Chamber, Sessions House

**Main Agenda Items:** The Future of PCT Provider Services and the Use of Community Hospitals

#### **Other Information:**

Internal meetings:

The next HOSC Agenda Planning Meeting will be on Thursday 29 April 2010, 10 – 12 in the Darent Room, Sessions House.

There will be a briefing about the Care Quality Commission for HOSC Members on Tuesday 25 May 2010, 10 – 12, Pendragon Room, Invicta House

### Department of Health

#### Sickness absence rates in the NHS

The NHS Information Centre has published 'Sickness Absence Rates in the NHS: October - December 2009' which is a statistical bulletin relating to sickness absence rates for staff at NHS organisations on the Electronic Staff Record (ESR) between July and September 2009.

Key facts from these statistics indicate:-

- The average sickness absence rate for the NHS in England was 4.6 per cent, a (rounded) increase of 0.3 per cent on the previous quarter.
- The North East SHA area had the highest average sickness absence rate with its organisations averaging 5.2 per cent. The London SHA area had the lowest average at 3.9 per cent.
- Healthcare assistants and other support staff were the staff group with the highest average sickness absence rate with an average of 6.9 per cent. The medical and dental staff group had the lowest average at 1.3 per cent.
- Amongst types of organisation, ambulance trusts had the highest average sickness absence rate with an average of 6.1 per cent. Strategic health authorities had the lowest average with a rate of 2.2 per cent.

See:

[Sickness Absence Rates in the NHS: October - December 2009](#)

### **Adult critical care data**

The NHS Information Centre has published 'Adult Critical Care data in England - April 08 to March 09: Experimental Statistics', the first publication of adult critical care data which forms part of Hospital Episode Statistics (HES) and is collected as part of the Critical Care Minimum Data Set (CCMDS).

The data covers critical care periods ending between 1 April 2008 and 31 March 2009 and draws on records submitted by providers as an attachment to the inpatient record.

See:

[Adult critical care data](#)

[Adult Critical Care data in England - April 08 to March 09: Experimental Statistics](#)

### **NHS Stop Smoking services statistics**

The NHS Information Centre has released 'Statistics on NHS Stop Smoking Services: England, April 2009 to December 2009 (Q3 - Quarterly report)' which presents provisional results from the monitoring of the NHS Stop Smoking Services (NHS SSS) in England during the period 1 April 2009 to 31 December 2009.

The report includes information on the number of people setting a date to quit smoking, and the number who had successfully quit at the 4 week follow-up. It also presents in depth analyses of the key measures of the service including pregnant women, breakdowns by ethnic groups and type of pharmacotherapy received and regional analyses at Strategic Health Authority (SHA) and Primary Care Trust (PCT) levels.

See:

[Statistics on NHS Stop Smoking Services: England, April 2009 to December 2009 \(Q3 - Quarterly report\)](#)

### **NHS efficiency savings**

The Mental Health Foundation reports that a survey for Pulse magazine indicates that NHS efficiency savings are hitting front-line care. In addition, the survey indicates that doctors are concerned about the shift of some services from hospitals into the community.

See:

[G.Ps.claim that NHS efficiency savings are hitting front line care](#)

## **Genitourinary Medicine Access Monthly Monitoring**

The Department of Health has added the February 2010 statistics for 48 Hour Genitourinary Medicine Access Monthly Monitoring (GUMAMM) which also includes information, guidance and statistics.

See:

[Sexual health](#)

## **Government**

### **Childcare tax relief**

The House of Commons Library has produced a Standard Note [‘Tax relief for childcare’](#) which discusses the introduction of the two initiatives which argued for exemption from tax for childcare or home help services and the case that has been made for a wider tax relief.

## **Other Health Information**

### **Organ donation**

The Nuffield Council on Bioethics has launched a consultation [‘Give and take: human bodies in medicine and research’](#) to ascertain views on how to respond to the current demand for organs, sperm, eggs and other human material for use in medical treatment and research

The consultation strategy includes a working party chaired by Professor Dame Marilyn Strathern, to explore the ethical issues raised by the provision of bodily material for medical treatment and research.

See also:

[Human bodies in medicine and research: introduction](#)

[Human bodies in medicine and research: consultation](#)

**The closing date for responses: 13 July 2010**

### **Health Protection Agency (HPA) statement on the effects of Icelandic volcanic ash on health**

The Health Protection Agency (HPA) advise that the high altitude of the plume of volcanic ash currently trapped in the atmosphere above the United Kingdom is not a significant risk to public health.

The HPA will continue to monitor the movement of the ash, although the plume is not expected to touch ground over the UK in the near future.

In addition, HPA argue that even if the plume does drop towards the ground, the concentrations of particles at ground level are not likely to cause significant effects on health.

See:

[Statement on health effects of Icelandic volcanic ash plume](#)

### **Debate on hospital death statistics**

Following pressure on the Care Quality Commission (CQC) to pay more attention to death rates, a British Medical Journal analysis urges inspectors to rely on other measures, arguing that death rates as a measure of hospital care are a 'poor test of quality' and should not be used to trigger public inquiries.

The NHS regulator said death rates was just one part of the armoury.

Mortality rates are compiled by independent organisations like Dr Foster, and calculate whether the number of deaths at any given trust is above what could reasonably be expected once the mix of patients' ages and severity of disease is taken into account.

Figures produced used by the NHS, and CQC as a way of monitoring patient safety, and cross-checking hospital performance. But on their own, they do not count towards a hospital's individual rating.

See:

[Hospital death rates 'too blunt' to measure performance](#)

### **The effect of brain training games**

A BBC scientific study 'Bang goes the theory' suggests that brain training games do not improve overall brain power. The study followed 11,430 people over six weeks to see what effect, if any, playing brain training computer games would have. But, while players got progressively better at the games, the gains were not transferable, and players gained nothing in terms of general reasoning, memory, planning or visuospatial abilities.

The games, which were tested were designed by scientists from the Medical Research Council and the Alzheimer's Society, involved participants in brain training 'workouts' for at least 10 minutes a day, three times a week for a minimum of six weeks. But tests before and after the training showed none of the interventions boosted people's ability to do everyday thinking tasks, although they did get better at playing the individual games and the specific cognitive tasks these involved. But experts also argue that more work is needed to see if workouts for the mind can help keep the brain 'fit' as it ages.

See:

[Brain training doesn't boost brain power, work suggests](#)

[BBC Lab UK](#)

[Brain 'splits to multi-task'](#)

### **Violence in England and Wales, 2009**

Cardiff University Violence & Society Research Group has published '[Violence in England and Wales 2009: an Accident and Emergency Perspective](#)' suggests that overall in England and Wales there has been a 24% reduction in people seeking A&E treatment after assaults since 2001. This equates to around 90,000 fewer assaults leading to hospital treatment per year by 2008.

See:

[Violence & Society Research Group](#)

['8% rise' in violence on children](#)

### **Personal music players and hearing loss**

An article published on [bmj.com](#) warns that young people who listen to personal music players for several hours a day at high volume could be putting their hearing at risk.

Personal music devices such as MP3 players can generate levels of sound at the ear in excess of 120 decibels. Professor Peter Rabinowitz from Yale University School of Medicine explains that this is similar in intensity to a jet engine, especially when used with earphones that insert into the ear canal.

See:

[Are personal music players causing hearing loss?](#)

## **Gene therapy**

Researchers at Strathclyde University have identified a 'seek and destroy' technique for delivering genes to hard-to-reach tumours, without harming healthy tissue, and believe that this is a breakthrough in the use of gene therapy to treat cancer tumours.

At present, most gene therapies cannot be delivered to tumours without harming the surrounding healthy tissue, but during lab tests the 'seek-and-destroy' therapy resulted in 90% of skin cancer tumours disappearing altogether.

The team is now investigating the technique's effectiveness at treating different forms of the disease.

See:

['Seek-and-destroy' cancer gene therapy result hailed](#)

## **Active Fat campaign**

Diabetes UK, the British Heart Foundation and Cancer Research UK have launched a new campaign to raise awareness of the health dangers of carrying excess weight around the waist. The 'Active Fat' campaign urges people to measure their waistlines and make positive changes to their lifestyles, as excess weight around this area can make people vulnerable to killer diseases.

As part of the campaign, the charities are calling for standard labelling on foods, highlighting the 'traffic lights' system for nutrition.

See:

[Spare tyre health risk ignored - Active Fat campaigners](#)

## **Sun beds**

Researchers in America suggest that around a third of people who use sunbeds may become addicted to the tanning effects of using the beds. As a consequence, the researchers found those sunbed-users who were addicted were also more likely to suffer from anxiety and more prone to alcohol and drug use.

The researchers conclude that tackling such underlying problems may be the key to encouraging people to quit using sunbeds and cut their skin cancer risk.

A Bill to ban sunbeds for under-18s was recently passed by the House of Lords.

See:

[Sunbed tans are addictive warn researchers](#)

## **Accounting for quality to the local community**

The King's Fund has published 'Accounting for quality to the local community: finds from focus group research' which assesses how far current plans for quality accounts meet the objective of improving the quality of care within service provision.

The report outlines the conclusions of focus groups that were conducted with local community representatives, such as members of local involvement networks (LINKs) and health overview and scrutiny committees (HOSCs), and with members and governors of foundation trusts.

See:

[‘Accounting for quality to the local community: finds from focus group research’](#)

## **Infection control in child care settings**

The Health Protection Agency (HPA) has published a paper [‘Guidance on Infection Control in Schools and other Child Care Settings’](#) which offers guidance on the most common infectious diseases and the recommended periods for which children should be kept away from school or nursery.

## **Welfare reform**

The Institute of Fiscal Studies (IFS) has published commentary [‘Co-habitation, marriage and child outcomes’](#) that argues it is well known that children born to married parents achieve better outcomes, on average, both at school and in terms of their social and emotional development, than children born into other family forms, including into cohabiting unions.

The commentary documents in some detail how children's cognitive and social development differs between married and cohabiting parents, and provides a preliminary assessment of the extent to which such differences might be due to a causal effect of marriage itself.

See:

[Encouraging parents to marry unlikely to lead to significant improvements in young children's outcomes](#)

## **Study on prostate cancer**

Researchers from Cambridge University have indicated that there are substantial differences between treatment for prostate cancer for those men living in deprived areas and those in more affluent areas.

The study argues that poorer men are less likely to receive radiotherapy or surgery for prostate cancer than their richer counterparts, and this has the consequence of what impact this could have on survival. Previous studies have suggested a gap as high as 7% in survival rates between the least and most deprived.

In addition, although the team noted that the use of surgery more than doubled between 1995 and 2006, their study showed it was more likely to be taken up by the most affluent - with 8.4% of this group receiving treatment to remove the prostate gland compared with 4% of the worst-off patients.

In the case of radiotherapy, nearly 29% of the wealthiest received this form of treatment, compared with 21% of the poorest

## **Research on the health effects of mobile phones**

Research funded by the Mobile Telecommunications and Health Research programme on the safety of using mobile phones has been launched. The study, known as Cosmos (the cohort study on mobile communications) will recruit 250,000 phone users across five different European countries including the UK and will last between 20 and 30 years, with the aim of providing definitive answers on the health impacts of mobile phones.

Research to date has shown no ill effects from the use of mobile phones, but scientists say those studies may be too short to detect longer term cancers and other diseases. The co-principal investigator of the study, Dr Mireille Toledano from Imperial College London, said 'the best thing we can do as a society is to start now to monitor the health of a large number of users over a long period of time - that way we can build up a valuable picture as to whether or not there are any links in the longer term.'

## **Dreaming and learning**

Research indicates that napping after learning something new helps to commit the learning to memory, as long as you dream. The research, which involved the task of learning the layout of a 3D computer maze, and finding the way through the virtual space later, indicated that those who were allowed to nap and also dream about the task, found their way to a landmark quicker than the other group who were denied a nap.

The researchers think the dreams are a sign that unconscious parts of the brain are working hard to process information about the task, and act as a marker that the brain is working on the same problem at different levels.

See also:

[Dreaming of a Learning Task Is Associated with Enhanced Sleep-Dependent Memory Consolidation](#)

## **Babies' tendency to food allergies and vitamin D**

Researchers from the US suggest that babies born in autumn or winter are more likely to develop a food allergy than those born in spring or summer because such children have less exposure to the natural sun, and therefore are unable to absorb as much vitamin D as babies born in the later Spring and summer.

The researchers acknowledge that other factors, such as infections, family history of allergies, maternal and infant dietary patterns, and exposure to indoor pollutants, may contribute to food allergies. But they believe that vitamin D deficiency, and hence month of birth, 'is a significant potential risk factor' in the development of food allergies.

See:

[Winter babies are more prone to food allergies](#)

## **Premature babies**

A study in Newcastle has found that babies born before 24 weeks are spending longer periods in intensive care but their overall survival rates have not improved. But, more babies over 24 weeks do now live, the longer-term rates for infants just a week younger are static. About 20% of such babies survive, but those who do usually have disabilities.

The study, published in Archives of Disease in Childhood, looked at 230 babies born at 22 and 23 weeks. Over the course of 15 years, the length and intensity of treatment appeared to increase: the average survival time of those babies who ultimately died rose from 11 hours in 1993 to nearly four days by 2007. But despite more active intervention being documented in the last five years of the study, in which 60% of the babies born were actively resuscitated, the longer-term survival rates did not appear to increase.

See:

[Early baby survival rate 'static'](#)

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