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## Health Overview and Scrutiny Committee Bulletin No. 35 / 27 August 2010

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### Health Overview and Scrutiny Committee Information

**Date of next HOSC meeting:** Friday 3 September 2010, 9.30 am.

**Location:** Council Chamber, Sessions House.

#### Main Agenda Items:

- 1) Update on SECAmb's Make Ready Depot Programme.
- 2) The Future of PCT Provider Services and the Use of Community Hospitals
- 3) Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust: Update

#### Internal Meetings:

HOSC Agenda Planning Meeting: Wednesday 1 September 2010, 10:00 - 12:00

Location: Darent Room, Sessions House.

The pre-meeting for the HOSC Meeting on Friday 3 September will take place prior to the above Agenda Planning Meeting: Wednesday 1 September 2010, 9:00 - 10:00, Darent Room, Sessions House.

### Visits:

HOSC Members' Visit to Disablement Service Centre, Gillingham: 20 October 9.30 - 12.00.

## Health in Kent

### NHS Eastern and Coastal Kent workshop

A workshop organised by NHS Eastern and Coastal Kent citizens' engagement team allowed patients and carers have had an opportunity to talk through their experiences and say how they felt services for five conditions could be improved. As a result of feedback, changes are now being made before the treatment people receive, or pathways, are finalised. The engagement team say that comments will also be fed back to GPs next month.

See:

[What makes good care?](#)

## Department of Health

**New figures from the NHS Information Centre indicate that the annual report which publishes mandatory statistics on written complaints about NHS hospital and community health services in England, 'Data on written complaints in the NHS' is reported to have seen the biggest year-on-year rise since annual data was first published 12 years ago.**

The report indicates that between 2008/09 and 2009/10 the number of complaints show a 13.4% increase, rising from 89,139 to 101,077 comprising the largest year-on-year increase since the report began to be published annually in 1997/98.

The latest report shows that in 2009/10:

- The biggest percentage of written complaints (44.2 per cent or 44,682, compared to 44.9 per cent or 39,981 the previous year) concerned the medical profession, which includes staff in medical specialties including surgical sub specialties.
- The second highest percentage related to nurses, midwives and health visitors (22.0 per cent or 22,203 compared to 21.4 per cent or 19,111 the previous year). This was followed by NHS trust administrative staff at 8.5 per cent or 8,635 (compared to 10.0 per cent or 8,932 the previous year).
- The highest percentage of written complaints by subject related to all aspects of clinical treatment. These increased by 0.8 percentage points from the previous year to reach 42.2 per cent or 42,727 of all complaints.
- The second highest percentage related to attitude of staff (at 12.2 per cent or 12,331, compared to 12.6 per cent or 11,332 the previous year). This was followed by delays or cancellations to outpatient appointments at 10.6 per cent or 10,710, compared to 10.9 per cent or 9,738 the previous year.

See:

[Data on written complaints in the NHS 2009-10](#)

[Written complaints about NHS hospital and community services in England see biggest annual rise in 12 years, new report shows](#)

[NHS Confederation response to NHS Information Centre statistics on complaints](#)

## **The Department of Health has published the NHS Vacancies Survey and the GP Practice Vacancies survey, 2010.**

The NHS Vacancies Survey, 2010 indicates that at 31<sup>st</sup> March 201, 0.5 per cent (4,667) of jobs across the NHS overall had been vacant for three months or more, compared to 0.6 per cent (5,529) the previous year and 1.6 per cent (14,876) in 2005. In addition there was a slight fall in long-term NHS job vacancies among major staff groups except for midwives and GPs.

Key data from the report indicates:-

- For midwives the three month vacancy rate was 1.2 per cent (255) compared to 1.0 per cent (191) the previous year and 1.8 per cent (348) in 2005. The total vacancy rate was 2.7 per cent (559) compared to 3.4 per cent (693) the previous year.
- For medical and dental staff (hospital doctors and dentists excluding training grades) the three month vacancy rate was 1.4 per cent (644) compared to 1.5 per cent (674) the previous year and 3.1 per cent (1,230) in 2005. The total vacancy rate was 4.4 per cent (2,113), compared to 5.2 per cent (2,367) the previous year.
- For qualified nurses the three month vacancy rate was 0.6 per cent (1,922) compared to 0.7 per cent (2,088) the previous year and 1.9 per cent (5,801) in 2005. The total vacancy rate was 2.5 per cent (8,153) compared to 3.1 per cent (10,014) for the previous year.
- For unqualified nurses the three month vacancy rate was 0.3 per cent (217) compared to 0.4 per cent (329) the previous year and 1.1 per cent (1,129) in 2005. The total vacancy rate was 1.2 per cent (996) compared to 2.3 per cent (1,838) the previous year.

The GP Practice Vacancies survey, 2010 indicates:

- For GPs the estimated three month vacancy rate was 0.5 per cent (32) compared to 0.3 per cent (14) the previous year. The total vacancy rate was estimated to be 2.1 per cent (125) compared to 1.6 per cent (79) the previous year.

See:

[NHS Vacancies Survey England 31 March 2010](#)

[GP Practice Vacancies Survey 2010](#)

[Slight fall in long-term NHS job vacancies among major staff groups except for midwives and GPs, surveys show](#)

## **Manual for cancer services, 2008\; psychological support measures**

The Department for Health (DH) has released 'Manual for Cancer Services 2008: Psychological Support Measures' which are the the final Psychological Support Measures published for inclusion in the Manual for Cancer Services. The draft measures can also be found on the Commissioning for quality and innovation (CQUINS)website.

See:

[Manual for Cancer Services 2008: Psychological Support Measures](#)

## **A second report on the End of Life Care Strategy has seen important developments come into practice.**

These have included a new national awareness week, an intelligence network, and e-learning on the issue for all health and social care staff. [The report](#) states that, whilst the programme will be subject to the next Spending Review, there is still £286m to be invested in the work for 2010/11.

See:

[End of Life Care Strategy: Second Annual Report](#)

## **Guidance for organisations who offer direct Choose and Book**

The Department of Health (DH) has published 'Best practice guidance for managing appointment slot Issues within Choose and Book' which is designed to give guidance to commissioners, Acute Trusts, Primary Care Trusts and the independent sector who offer direct Choose and Book services, and

particularly covers the process to follow when there are no appointment slots available with a chosen provider.

See:

[Best Practice Guidance for managing Appointment Slot Issues within Choose and Book](#)

## Government

### **Lib Dem unrest on health reform**

LGC reports that a *Times* article argues that pressure is growing within the Lib Dems for the Deputy Prime to seek changes to the Coalition Government's plans to allow GPs to commission care directly for patients, and are arguing for more accountability over hospital decisions, and how GPs spend the NHS budget. In addition, the Lib Dem leadership is also likely to face opposition over the coalition's schools reform, and the plan to introduce directly elected police commissioners.

LGC 23<sup>rd</sup> August 2010

If you would like a copy of this article, please contact The Information Point on 01622 694125 (ex. 4125)

### **The trial of a non-emergency phone number for people needing medical care has been launched in the north-east of England.**

*The Guardian* reports that the trial of a free 24 hour line currently running in the County Durham and Darlington NHS primary care trusts, enables people to dial 111 to get health advice and information about out-of-hours GPs, walk-in centres, emergency dentists and 24-hour chemists.

Manned by a team of trained advisors, the service is intended for use by people 'who need help quickly, and can't wait for an appointment with their GP, and is intended to relieve pressure on the 999 service. If successful, there will also be trials in Nottingham, Luton and Lincolnshire

It will also be given trials in Nottingham, Lincolnshire and Luton later this year.

Manned by a team of trained advisers, the service is intended for use by people who "need help quickly and can't wait for an appointment with their GP or don't know who to call".

Publicity for the advice line adds: "If we think you need an ambulance, we will send one immediately – just as if you had originally dialled 999."

The health secretary, Andrew Lansley, said earlier this summer that the 111 number was part of a drive to improve patients' access to urgent care services and "end the confusion over what services are available when".

The Secretary of State for Health, , Andrew Lansley, argues 'that the 111 number was part of a drive to improve patients' access to urgent care services and "end the confusion over what services are available when".

See:

[Trials of non-emergency healthcare advice line begin](#)

### **The LGC has reported on findings that local commissioning GPs have overspent their budgets by 2.5%.**

The details come from the GPs consortia which account for almost 25% of all GP practices, it had been hoped that by working as consortia overspending and underspending would cancel each other out. Stephen Dorrell, Chair of the Commons Health Select Committee, has expressed his concern.

Please contact The Information Point if you would like to see a copy of these articles.

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# Parliament

## HOUSE OF LORDS

### Summer Recess 2010 - Written Answers and Statements

[Monday 23rd August 2010](#)

#### **Child Exploitation and Online Protection Centre**

Question asked by Lord Corbett of Castle Vale

To ask Her Majesty's Government what plans they have to move the Child Exploitation and Online Protection Centre from the Serious Organised Crime Agency to become a non-departmental public body.[HL1881]

#### **Immigration: Detention**

Question asked by Baroness Stern

To ask Her Majesty's Government whether the UK Border Agency will review its practice of booking detainees on morning flights from Heathrow Airport, in view of their likely prior movement by road from an immigration removal centre during the night.[HL1395]

#### **House of Commons Library Standard Note on the problem of rough sleeping**

The House of Commons Library has published a Standard Note 'Rough sleepers' which provides background information the problem of rough sleeping and outlines Government policy on this issue.

See:

[Rough sleepers](#)

## Care Quality Commission

#### **CQC offer guidance on registration to support primary dental providers apply for registration**

The Care Quality Commission (CQC) report that following a series of pilot projects, there is information and help to help support primary dental providers preparing to apply for registration in the form of an extension of the national contact centre opening hours and forthcoming new guidance which provides more information on the application process. Providers of dental services will soon start applying for registration with CQC with all providers to be registered from 1 April 2011.

See:

[A new system of registration guide for providers of primary dental care services](#)

[Dental protection: Care Quality Commission](#)

[Registration support for providers of dental services](#)

[Primary dental care](#)

## Other Health Information

#### **NICE consultation on Colorectal cancer (metastatic) - bevacizumab: appraisal consultation'**

Following a request from the Department of Health (DH) request to produce guidance on using bevacizumab in combination with oxaliplatin and either 5-fluorouracil plus folinic acid or capecitabine for the treatment of metastatic colorectal cancer, the Institute for Clinical Excellence (NICE) has issued a consultation document 'Colorectal cancer (metastatic) - bevacizumab: appraisal consultation'. which summarises.

The document summarises the evidence and views that have been considered, and sets out the draft recommendations made by the Committee to enable NICE to invite comments from the consultees and commentators.

See:

[Colorectal cancer \(metastatic\) - bevacizumab: appraisal consultation document](#)

### **The Human Fertilisation and Embryology Authority (HFEA) are planning a significant shift in policy to make changes to the strict rules governing egg and sperm donation**

*The Guardian* reports that the Human Fertilisation and Embryology Authority (HFEA) are planning a significant shift in policy to make changes to the strict rules governing egg and sperm donation in order to reduce the chronic shortages of donated eggs and sperm and waiting lists at fertility clinics. In addition the policy would potentially reduce Internet sales, and the amount of childless couples forced to seek treatment abroad Britain.

Although HFEA members and leading fertility doctors agree that an overhaul of the structure of egg and sperm donation is necessary, experts are divided but are divided about what to do, and argue that radical changes could lead to women donating eggs purely for payment, and also the risk of siblings unwittingly marrying or having children together.

See:

[Egg and sperm donors may get thousands of pounds in fertility plan](#)

### **NICE decides against the use of avastin on the NHS**

The *BBC* reports that the National Institute for Health and Clinical Excellence (NICE) has decided against offering on the NHS the drug avastin which is used in treatment of advanced bowel cancer, as the cost does not justify its benefits.

Avastin can help patients with advanced bowel cancer which has spread to other organs, but NICE argues that avastin typically offered patients with advanced bowel cancer an extra six weeks of life, when added to chemotherapy drugs, according to clinical data. However, the NICE decision is also subject to further consultation and appeal.

See:

[Critics condemn bowel cancer drug rejection](#)

### **The Health Protection Agency (HPA) has released figures in the [STI annual data tables](#), which indicate that 15 to 24 year olds, and particularly young women, continue to be the group most affected by sexually transmitted infections (STIs) in the UK.**

The tables indicate that in 2009 a total of 482,696 new STI diagnoses were reported to the agency from sexual health clinics across the UK and community based chlamydia testing. This indicates a steady upward trend of 12,000 more cases than 470,701 new diagnoses in 2008.

See:

[STI Annual Data Tables](#)

[Sexually transmitted infections reach almost half a million](#)

### **Memory loss 'should not be ignored'**

People suffering memory problems should not delay seeking medical help, in case they have [dementia](#). Symptoms could include:

- difficulty remembering recent events
- finding it hard to follow conversations or TV programmes
- forgetting the name of friends or everyday objects
- repeating yourself
- feeling anxious, depressed or angry about your forgetfulness.

The Alzheimer's Society is sending leaflets and posters to 10,000 GP surgeries across England, Wales and Northern Ireland to promote early help.

The campaign follows one in 2009 which reached 80,000 people through the delivery of leaflets to GPs across the country.

The society predicts that in 15 years, one million people will be living with dementia. This number will rise to 1.7 million people by 2051

**The Local Government Chronicle (LGC) report that one of the prime concerns of Minister for Health Andrew Lansley and the House of Commons Health Committee is the prospect of GPs spending the NHS commissioning budget.**

Stephen Dorrell, Chairman of the Commons Health Committee Stephen Dorrell said the 2.5% net overspend was even more worrying considering it was created "in a year when the NHS budget was growing". He also said that a *Health Services Journal* (HSJ) analysis highlighted the need for GP consortia to develop "effective means for dealing with overspends" so that "the Treasury, the tax payer and the rest of the health service can be reassured the NHS can live within its means".

Mr. Dorrell also said that he would be opposed to using the kind of top-slicing mechanism strategic health authorities have previously used to control primary care trust spending, as those often meant resources were unjustly reallocated to over spenders, and instead, financial controls needed to boil down to "saying 'no' to things you would like to do" – a pressure which needed to be exerted by the structures of each GP consortium itself, if necessary by "transferring" functions and processes already developed by PCTs.

The Information Point have a subscription for Local Government Chronicle (LGC) and if you would like a copy of the article, please contact The Information Point on 01622 6964125 (extension 4125)

**Audit Commission report 'Improving data quality in the NHS: Annual report on the PbR assurance programme 2010'**

The Audit Commission has released the annual report 'Improving data quality in the NHS: Annual report on the PbR assurance programme 2010' which summarises the results of the Payment by Results (PbR) Data Assurance Programme since its inception in 2007.

For the last three years, the Audit Commission has looked at over £200 million worth of payments for inpatient treatments, and while the report finds that the accuracy of clinical coding has improved since 2007, and the coding error rate has dropped from 16 % to 11 % there remains wide variation between the best and worst performing trusts, even if the gap is narrowing.

Errors are continuing to affect payments.

See:

[Information and data quality in the NHS](#)

[Information and data quality in the NHS: Key messages from three years of independent review](#)

**The King's Fund has conducted a survey of clinical and medical directors to find out what skills they believed they need to face one of the toughest financial periods in the history of the NHS. Their findings can be accessed from the report ['Leadership needs of medical directors and clinical director'](#).**

The report argues that the National Health Service (NHS) is facing one of the toughest financial periods of its history during which it will need to maintain the quality of care. While clinical leadership will be critical as the service faces this challenge, the King's Fund has a wealth of experience in developing the skills of leaders in the NHS, and is constantly adjusting its approach to meet the needs of those leaders.

See:

[Leadership needs of medical directors and clinical directors](#)

**The King's Fund has published a report [‘Referral management: lessons for success’](#) which provides practical advice to those seeking to influence the content and pattern of GP referrals.**

The report draws on the current literature and new qualitative and quantitative research to evaluate the full range of referral management activities of GPs, from full-scale referral management centres to the ‘passive’ provision of guidelines to GPs.

The report argues that GPs make over 9 million referrals each year, triggering many billions of pounds of expenditure. But there is also significant variation in the quality and rate of referral between GPs and GP practices, and as the NHS faces a prospective funding gap and GPs take the lead for commissioning services, it is the perfect time to examine whether referral management in its many forms will help GP commissioners deliver savings and improve care.

See:

[Referral management: lessons for success](#)

**The trade union Unison has launched legal action against the Secretary of State for Health, challenging his refusal to consult with the public on the proposals in the NHS White Paper, which would implement the most fundamental changes to the way the NHS operates since it was created.**

The day after the White Paper was published, NHS Chief Executive Sir David Nicholson wrote to all NHS chief executives instructing them to start implementing the proposals ‘immediately’. UNISON wrote to Sir David saying this instruction was unlawful, and argued that no steps should be taken to implement the changes in any way, until the public have had the opportunity to consider and comment on them.

But in response, a Department of Health spokesperson said ‘the White Paper sets out a clear strategy and sustainable structure for the long-term future of the NHS. It gives NHS staff and the patients they serve a clear sense of direction and purpose. The Government is engaging fully with the public, healthcare professionals, local authorities and unions on how its proposals will be implemented.’

See:

[UNISON legal action on White Paper](#)

[Ministers tour the country to hear staff views on NHS White Paper](#)

**Report that number of patients undergoing surgery to help them lose weight has increased**

The British Medical Journal (BMJ) report that the number of people in England undergoing surgery, such as gastric banding and bypasses on the NHS to help them lose weight has increased ten-fold in less than a decade.

The BMJ report argues that more obese patients were now aware that surgery could help them, but that operations such as gastric banding and bypasses rose from 238 a year to more than 2,543 in 2007.

Experts at the National Institute for health and Clinical Excellence (NICE) recommended in 2002 that people classed as "morbidly obese" should be considered for surgery if other weight-loss methods had failed.

See:

[Ten-fold rise in gastric bands and other weight-loss ops](#)

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