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## Health Overview and Scrutiny Committee Bulletin No. 02 / 8 January 2010

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**The Department for Health (DOH) has launched a consultation document [‘The proposals to implement ‘generic substitution’ in primary care, further to the Pharmaceutical Price Regulation Scheme \(PPRS\) 2009](#)’ which seeks for views on options for the implementation of generic substitution in England.**

Further to engagement with national stakeholders during 2009, the DOH is consulting on three options for the implementation of generic substitution in England. The preferred option of the DOH is to introduce dispensing flexibility, but limiting the scheme in such a way that the arrangements only apply to a selected group of products on a select list.

(See:

[The proposals to implement ‘generic substitution’ in primary care, further to the Pharmaceutical Price Regulation Scheme \(PPRS\) 2009. Consultation document.](#)  
[Proposals to Dispense more Generic Medicines](#)

**Launch date: 5 January 2010.**

**Closing date: 30 March 2010.**

**The first national ‘Well-being and the whole child’ conference takes place on 22-23 February 2010 at the Hilton Metropole, Birmingham.** The conference will bring together leaders and practitioners from education, health, social care and other sectors to address the pressing issue of the well-being of children, young people and their families in the early 21st century.

Delegates will be able to listen to talks on current thinking, take part in debate, and share best practice on how to achieve happier, healthier, safer and more prosperous children and young people who enjoy their lives and achieve their goals.

(See:

[Conference will address well-being of children, young people and families](#)

**The Financial Times (FT) report despite efforts by the Government to make [clinical trials](#) cheaper, faster and easier to conduct, the UK's disproportionately strong historic role in the development of medicines is being undermined, and data indicates a declining role for the UK since the turn of the decade, with its share of global clinical trials falling from 6 % in 2002 to 2 % in 2007.**

The FT quote the latest figures from the Department of Health which indicates that the number of mid-stage, late-stage and post-approval clinical trials fell from 728 in 2008 to 470 this year, its lowest level in the past decade. Early-stage trials fell to 210, the lowest in five years.

The data were corroborated by figures provided to the FT by Quintiles, one of the world's leading clinical research organisations, which conducts trials for most significant drug companies. These show that the number of patients recruited into mid and late-stage clinical trials in the UK stagnated at 782 last year compared with 749 in 1999. By contrast, patient numbers during the same 10-year period almost doubled to 1,283 in France; trebled to 31,617 in the US and to 3,657 in Poland; and quadrupled to 2,117 in the Czech Republic.

**The Department for Health (DOH) has published '[National Cancer Programme bulletin: issue 3](#)' which aims to provide updated information about relevant policy and implementation news for the National Cancer Programme which will be of specific interest to NHS staff involved in cancer related projects. The Bulletin also offers further detail about particular issues relating to cancer.**

(See:

[National Cancer Programme bulletin](#)

**The Royal College of Physicians and NHS Confederation have issued a briefing '[Too much of the hard stuff: what alcohol costs the NHS](#)' which argues that the treatment of alcohol-related conditions cost the NHS approximately £2.7 billion in 2006/07, almost double the 2001 cost. The briefing outlines the extent of the problem and gives examples of where the NHS is managing problem drinkers effectively and efficiently.**

(See:

[Too much of the hard stuff: what alcohol costs the NHS: press release](#)

[Too much of the hard stuff: what alcohol costs the NHS](#)

[Rising alcohol addiction costs 'could cripple the NHS'](#)

**Scientists at the Scripps Research Institute in America argue that a study of 'lifeless' [prion proteins](#), which consist of aggregated misshapen forms of one of the body's own proteins, and are devoid of genetic material, can evolve just like higher forms of life. In the study, published in the journal Science, the scientists observed that prions can change to suit their environment and go on to develop drug resistance. The scientists argue that despite lacking genes, prions can exist as distinct strains with quite different properties. These unique features have wide implications in biology and evolution, as prions are associated with 20 different brain diseases in humans and animals. The scientists say their work suggests new approaches might be necessary to develop therapies for these diseases.**

**The Conservative Party have launched their draft manifesto '[Conservative draft manifesto 2010. Chapter 1: our reform plan for the NHS](#)' which focuses on the key issues of the NHS and the Conservative plans for healthcare**

(See also:

[Cameron launches our draft manifesto for the NHS](#)

[David Cameron: I'll cut the deficit, not the NHS](#)

As part of their Behaviour Change seminar, the Central Office of Information (COI) has produced a report '[Communications and behaviour change](#)' which draws on key sources from the disciplines of social psychology, economics and behavioural economics. The document is designed to provide those working in Government communications with an update on some of the latest thinking about what drives human behaviour and to launch the debate as to what this means for our approach to communications, from strategy development through to evaluation.

(See also:

[Communications and behaviour change](#)

**['The Prince's Trust YouGov Youth Index, 2010'](#) indicates that those young people who are out of work are significantly less happy with their health, friendships and family life than those in work. The study indicates that one in ten or 11% of young people claim that unemployment drove them to drugs or alcohol.**

According to the report, based on interviews with 2,088 16-to-25-year-olds, unemployed young people are also more likely to feel ashamed, rejected and unloved more of the time. If trends follow those of previous recessions, these can become permanent psychological scars.

Leading economist Professor David Blanchflower comments in the report:

Unemployment has a knock-on effect on a young person's self-esteem, their emotional stability and overall wellbeing. The longer the period a young person is unemployed for, the more likely they are to experience this psychological scarring.

(See also:

[The Prince's Trust YouGov Youth Index 2010](#)

[Jobless youngsters 'facing lifetime of poor health'](#)

**An American study published in the journal *Sleep* indicates that adolescents with parental set bedtimes of midnight or later were 24% more likely to suffer depression and think about committing suicide than adolescents that were set parental bedtimes of 10pm or earlier.** Such evidence leads researchers to suggest that earlier bedtimes could have a protective effect by lengthening sleep duration and increasing the likelihood of getting enough sleep.

The association was appreciably attenuated by self-reported sleep duration and the perception of getting enough sleep. Adolescents who reported that they usually sleep for five or fewer hours per night were 71 % more likely to suffer from depression and 48 % more likely to think about committing suicide

Lead author James E. Gangwisch, PhD, assistant professor at Columbia University Medical Center in New York, N.Y., said that the results strengthen the argument that short sleep duration could play a role in the etiology of depression.

(See:

[Earlier bedtimes may help protect adolescents against depression and suicidal thoughts](#)

**The Mental Health Foundation (MHF) report '*Be Mindful*' argues that mediation should be available on the NHS, and that people who suffer repeated episodes of**

**depression should be offered Mindfulness Based Cognitive Therapy (MBCT), a treatment based on meditation techniques, and clinically approved by the National Institute for Clinical Excellence (NICE).**

The Mental Health Foundation argue that MBCT is proven to cut relapse rates in half for those who experience more than two episodes of depression. Recurrent depression is extremely common, with 50% of sufferers having more than one episode, and after the second and third episode, the risk of relapse rises even higher to 70% and then 90%. But the MHF also argue that just 1 in 5 GPs have access to Mindfulness Based Cognitive Therapy.

(See:

[\*Meditation must be available on the NHS, says Mental Health Foundation  
GPs access to depression treatment 'is too narrow'\*](#)

**A new THINK! Campaign which builds on the previous drugs / driving Campaign focuses on raising driver's awareness of the potential effects of prescription and brand medicines on safety and driving performance.** This campaign is part of Government commitment to raising awareness of the safety risks involved in driving whilst using prescription and over the counter medicines, and is a pilot partnership with Boots in consultation with a number of organisations including MHRA, NPA, PAGB and BMA. One million leaflets will be distributed through 2,600 Boots stores while medicine bags will be labelled with stickers prompting drivers to check with their doctor or pharmacist that they are safe to drive while taking their medication.

(See:

[\*Drivers urged to check effects of medicines  
What about legal drugs?\*](#)

**Ed Balls Secretary of State for Children Schools and Families (DCSF) has launched the 'My Way' campaign focusing on improving attitudes towards children with special educational needs (SEN) and building their self esteem.**

The Minister argues that the 'My Way!' campaign will:

- Raise awareness of learning differences among children, teachers, schools, and parents. Around one in five school aged children need additional help in school of some form. Needing help with learning is not unusual and many children receive some additional support during their time at school.
- Improve attitudes towards children with learning differences among children who do not have special educational needs. Many children with special learning needs can feel different and become isolated at school and socially – bullying is a particular issue.
- Encourage and allow pupils to share their experiences of learning, to talk about how they like to learn, what they like about their school, and the differences and similarities that they notice.
- Inspire young people with SEN. Many successful people, both those who have become famous and those in everyday lives have experienced learning difficulties at school. 'My Way!' will share their experiences and those of successful schools, education professionals, parents and pupils.

(See:

[\*Henry Winkler leads campaign to boost confidence of children with special educational needs\*](#)

**Data regarding perceptions of anti-social behaviour from the forthcoming Youth Taskforce Survey indicates that most people in those areas where youth crime and**

**alcohol abuse are particular problems, show broad support for the Government's approach to youth crime, and feel that the causes of the issues that matter in their community are being tackled.** But the survey also indicates that there is still a lot of hard work to do to make sure no local residents are troubled by anti-social behaviour.

The Youth Taskforce, which drives delivery of the Youth Crime Action Plan (YCAP) intensive package in the 69 local authorities most blighted by youth crime and anti-social behaviour, and includes the Operation Staysafe partnerships, surveyed 2750 residents from across YCAP areas in November and December 2009. The full research report including findings from the residents' survey and qualitative research with young people will be published in February 2010.

(See:

[\*New survey data on perceptions of anti-social behaviour published\*](#)

**On the argument that here is a strong moral argument why local authorities and their partners work to improve the health of their communities and to reduce the inequalities gap, the IDeA through Healthy Communities Programme has published a review which looks at the evidence and research on the financial and non-financial impact of health improvement.** IDeA also argue that investing in preventative public health also makes sound business sense, and the programme plans to support the sector to understand where efficiency savings can be achieved and how to realise them.

(See:

[\*Developing a business case for health improvement\*](#)

[\*Valuing health: business case literature review\*](#)

**The Department of Health (DOH) has published 'NHS inpatient and outpatient waiting times figures, 30 November 2009' which indicate the following key points:**

Inpatient Waiting times: -

- The number of patients, for whom English commissioners are responsible, waiting over the 26 weeks standard for inpatient admission at the end of November 2009 was 16 (compared to the total of 616,000).
- The number of patients, for whom English commissioners are responsible, waiting over 13 weeks at the end of November 2009 was 45,300, a decrease of 4,700 (9.3%) from October 2009, and a rise of 12,300 (37.2%) from November 2008.

Outpatient Waiting times

- The number of patients, for whom English commissioners are responsible, waiting over the 13 weeks standard for a first outpatient appointment following GP referral at the end of November 2009 was 118 (compared to the total of 984,000).
- The number of patients, for whom English commissioners are responsible, waiting over 8 weeks at the end of November 2009 was 62,300, a decrease of 2,300 (3.6%) from October 2009, but a rise of 23,100 (59.0%) from November 2008.

For the full report:-

(See:

[\*NHS inpatient and outpatient waiting times figures, 30 November 2009\*](#)

**The Department of Health (DOH) report that the Medicines and Healthcare products Regulatory Agency (MHRA) has now put in place changes to medicines regulations to enable mixing of medicines prior to administration in clinical practice, effective from 21 December 2009.**

These changes will enable:

- Doctors and dentists, who can already mix medicines themselves, to direct others to mix.
- Nurse and Pharmacist Independent Prescribers to mix medicines themselves and to direct others to mix.
- Supplementary Prescribers to mix medicines themselves and to direct others to mix, but only where that preparation forms part of the Clinical Management Plan for an individual patient.
- Nurse and Pharmacist Independent Prescribers to prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists (and supplementary prescribers if part of a Clinical Management Plan).

(See:

[Changes to medicines legislation to enable Mixing of Medicines prior to administration in Clinical Practice](#)

**The Universities of Surrey and Leeds have produced a report to the Patient Safety Portfolio, Department of Health ‘[Care Home Use of Medicines Study \(CHUMS\)](#)’** which looks at the medication errors in nursing & residential care homes in terms of prevalence, consequences, causes and solutions.

(See also:

[Use of medication in care homes: dear colleague letter](#)

**The Department of Health (DOH) has produced a summary of current information ‘*Swine flu information sheet for asylum seekers, refugees and other foreign nationals in the UK*’** which is designed to be accessed by people who cannot speak or read English and who may not have access to a regular flow of news, i.e., an asylum seeker or refugee, a temporary worker in the UK or even a member of an established migrant group.

See:

[Swine flu information sheet for asylum seekers, refugees and other foreign nationals in the UK](#)

**The Department of Health (DOH) has published a letter from Colin Douglas, Director, NHS Communications, which states that the Department of Health has commissioned GFK, an independent research agency, to conduct a survey among NHS staff, including clinicians and nursing staff in primary and secondary care, administrative staff and senior clinical and non-clinical managers, across England.**

(See:

[NHS staff survey wave 4](#)

**The Department of Health (DOH) has published a ‘dear colleague’ letter from Steve Thorogood, Senior Campaigns Manager, NHS Immunisation Information.** The letter highlights a research programme to examine the attitudes and awareness of primary care givers to immunisation. The research will be carried out by the specialist market research agency TNS-BMRB, between 18 January and 21 February 2010.

(See:

[Immunisation survey](#)

**The Department of Health (DOH) have published a ‘dear colleague’ letter reporting that Primary Care Trusts (PCTs) are to continue to progress extended opening**

**hours in GP practices, particularly for patients of practices who are not offering this service.** The current DES rolls forward in 2010/11 and PCTs are asked to submit plans saying how they will make full use of the resources available for extended opening.

(See:

[GP Extended Opening Hours](#)

**The Department of Health (DOH) has published guidance [‘Education commissioning for quality’](#) which outlines an enhanced, comprehensive education commissioning system for non-medical and medical staff, sets principles for managing relationships between health and education more effectively and provides guidance to build strategic health authorities.**

See also:

[Education commissioning assurance framework](#)

**A survey conducted by Populus on behalf of the Department of Health (DOH) and Department for Children, Schools and Families (DCSF) to mark the launch of a new advertising campaign ‘Chlamydia, Worth Talking About’ which is supported by the National Chlamydia Screening Programme (NCSP) indicates that although last year nearly 60,000 one in five people don’t realise catching chlamydia can affect a woman’s fertility, and concludes that superficial knowledge and a casual attitude to the most prevalent sexually transmitted infection (STI) in England could be risking the nation’s sexual health. The survey found that:**

- Two thirds (65 %) don’t use a condom when they have sex with a new partner for the first time.
- Nine out of ten (90 per cent) don’t get tested for STIs before starting a new relationship, leaving themselves and their partner at risk.
- More than three quarters of young people (78 per cent) are aware that chlamydia is the most commonly diagnosed STI in England.

(See:

[Ignorance and indifference risks spread of chlamydia](#)

**The House of Commons Health Committee report [‘Alcohol’](#) argues that the drinks industry and supermarkets hold more power over government alcohol policies than expert health professionals.** In addition, the report says that the drinks industry is dependent on hazardous and harmful drinkers for three-quarters of its sales and if people drank responsibly, alcohol sales would plummet by 40 per cent.

**The full Government response to the child and adolescents mental health services (CAMHS) independent review [‘Keeping children and young people in mind’](#) sets out progress to date and plans for the future of children and young people’s mental health.** The response also gives examples of the outcomes expected from a good service as an aid for commissioners, providers and practitioners.

(See also:

[Child and Adolescent Mental Health Services Review](#)

[Government sets out vision for high-quality child mental health services](#)

**Researchers at the Health Protection Agency (HPA) argue that sunbeds should be off limits to the under 18s and should not be used for cosmetic tanning .**

In recent weeks sunbed use has come back into the public eye as the Welsh Assembly prepares to consider a plan to ban under 18s from using them, and the HPA's position on sunbeds is: 'Sunbeds emit UVR. Sunbeds cause tanning and can cause sunburn. There is no evidence to suggest any type of sunbed is less harmful than natural sun exposure. The HPA discourages the use of sunbeds for cosmetic tanning. Sunbeds should never be used by anyone under 18 years of age. If you are over 18 years of age and wish to use a sunbed then use a facility that provides guidance to users. Limit your use of the sunbed - don't have repeated sessions to build up a quick tan before a summer holiday.'

The HPA have also published guidance on protection from ultraviolet radiation [\*'Sunsense: Protecting Yourself from Ultraviolet Radiation Where does UVR come from?'\*](#)

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