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Health Information Bulletin No. 31 / 2nd September 2011.

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Health in Kent

Nurses in hospitals in East Kent have been given 'do not disturb' tabards to wear during drugs rounds

[East Kent Hospital NHS Foundation Trust](#), which runs Kent and Canterbury, William Harvey, and Queen Elizabeth the Queen Mother hospitals, says that the tabards are to be worn during the three daily drugs rounds to prevent nurses being disturbed and thus making mistakes. The rounds take approximately 30 minutes each.

The charity Age Concern has said the tabards could prevent some vulnerable patients approaching staff, and "It might be a couple of hours before someone else comes round."

The BBC report that a potential merger of Darent Valley Hospital and the NHS Trust in Medway because of financial pressures is under review.

Susan Acott, Chief Executive of Darent Valley Hospital argues that Dartford and Gravesham NHS, which runs Darent Valley Hospital had a £0.5m deficit four months into the new financial year, and the merger with Medway NHS would lead to useful economies of scale.

[Debt-hit Darent Valley Hospital considers NHS merger](#)

Department of Health

The Department of Health (DOH) has launched a consultation on the findings of the Fundamental Review of Data Returns. This covered all national data returns requested by the Department of Health in England and its Arms Length Bodies (ALBs) from NHS organisations.

The consultation '[A fundamental review of data returns](#)' proposes that up to 25% of all current data returns commissioned by DOH and its arms length bodies should be discontinued. The DOH argue that this will reduce the burden on the NHS and enable better front line patient care support.

For all the relevant documents see '[Fundamental review of data returns: A consultation on the recommendations of the review](#)'.

See also:

[Data consultation to cut NHS red tape](#)

Period of consultation: 30th August – 22nd November 2011.

Following the new set of clinical quality indicators introduced in April 2011 to replace the previous four hour waiting time standard, and measure the quality of care delivered in A&E departments in England, the Department of Health (DOH) has released data on the Accident and Emergency (A&E) clinical quality indicators, drawn from A&E data within provisional Hospital Episode Statistics (HES).

The data relate to A&E attendances in April 2011 and draws on just under 1.4 million detailed records of attendances at major A&E departments, single speciality A&E departments (e.g. dental A&Es), minor injury units and walk-in centres in England.

For all the relevant documents:

See:

[Provisional accident and emergency quality indicators for England](#)

The NHS Information Centre report that just over 148,000 written complaints about the health service were received by the Centre during 2010 – 11 and this represents a 2.4 % decrease.

The data reported through the two collections - family health services and hospital and community health services – and also includes for the first time published data about the subject area of complaint down to NHS trust level.

For all the relevant documents,

See:

[Data on Written Complaints in the NHS 2010-11](#)

See also:

[NHS Information Centre reports on just over 148,000 written complaints about the health service](#)

Responding to the latest NHS waiting time figures, Mile Farrar, the NHS Confederation chief executive has argued that NHS leaders are worried about losing hard won gains on NHS waiting times in the next 12 months.

In his response to the latest waiting time figures, NHS Confederation chief executive Mike Farrar said: 'The NHS has made huge progress on waiting times in recent years and nobody wants to see those hard-won gains lost.

'Our polling of NHS leaders has already shown 53 % were worried that patient access, which includes waiting times, would suffer over the next 12 months. This data is further evidence that patient access will be stretched as the financial situation gets increasingly pressured.

See:

[NHS Confederation comment on diagnostic waiting times](#)

[Diagnostic waiting times published](#)

[NHS referral to treatment waiting times statistics, June 2011](#)

The Department of Health has published a document which provides those considering a return to the health visitor service and higher education institutions with guidance on the health visitor return to practice framework

The document '[Health Visitor Return to Practice Framework: a guide for education providers](#)' sets out the focus of the framework which is on a return to practice (RtP) which is implemented through the Health Visiting Implementation programme which aims to deliver a new service vision for improving the health and well-being of children, families and communities.

The Department for Health (DOH) has released an information page which offers information on the waiting times of people referred by their GP with suspected cancer or breast symptoms and those subsequently diagnosed with and treated for cancer at NHS trusts in England

The reports presented on the website display the validated results of the monitoring of waiting times for cancer services in England, and include information on the number of people who attended outpatient appointments and the number of cancer sufferers who started treatment within 31 and 62 days.

For all the relevant tables see '[Cancer waiting times](#)'.

Parliament

The House of Lords Select Committee on Aids and HIV has released a report which argues that there are inadequate priorities currently focused on the prevention of HIV and AIDS in the UK and a new priority must be given to prevention policies if the epidemic is to be avoided.

The report '[No vaccine, no cure: HIV and AIDS in the United Kingdom](#)' argues that the numbers of patients accessing care has trebled since 2000 and that HIV and AIDS remains one of the most serious public health issues confronting the Government at the start of the 21st century.

See:

[New priority for prevention of HIV and AIDS called for by Lords Committee](#)

Government

Andrew Lansley, Secretary of State for Health has launched a call for new ideas for health apps to help patients make informed decisions about their care.

The Minister opened the invitation to healthcare professionals and app developers. You can now recommend your favourite health apps, and suggest ideas for new ones, on the Department of health (DOH) website.

Mr. Lansley said any that any ideas, including those around online maps, should relate to one of five themes: personalisation and choice of care and support; better health and care outcomes; autonomy and accountability; improving public health; and improving long term care and support.

See:

[Is there an app for that?](#)

In his response to the Treasury Select Committee report on PFI, David Stout, the deputy chief executive of the NHS Confederation has argued that the key task for Government now is to find way to offer cheap, flexible capital for the NHS

Mr. Stout has argued 'this report is really important for the NHS as it questions both the underlying assumptions and the value for money claims for PFI. What really matters now is how the Government responds to this report.'

See:

[Private Finance Initiative](#)

[NHS needs better access to flexible capital funding](#)

[Committee publishes report on Private Finance Initiative funding](#)

The think tank 38 Degrees has released the outcome of a legal review on the NHS reforms.

The decision of 38 Degrees to fund a legal review arose after the Government announced a 'listening exercise' as a result of the public opposition to Government plans to reform the NHS.

For all the relevant documents see ['NHS Expert Legal Advice'](#).

See also:

[NHS bill 'will let Andrew Lansley wash his hands of health service'](#)

In response to the NHS Future Forum, the Department of Health (DOH) has released new [amendments](#) which will enable further changes to the Health and Social Care Bill.

The amendments continue the process of taking forward recommendations made by the NHS Future Forum, as well as from the Government initiated wider listening exercise. The majority of amendments include changing the name of 'commissioning consortia' to 'clinical commissioning groups'

See:

[Further amendments in response to NHS Future Forum](#)

Care Quality Commission

The Care Quality Commission are currently redesigning the website to make searching easier, and have launched a survey to gauge opinion and comment.

The [survey](#) seeks views on what people like or dislike about the current format, and also asks for comments and ideas for new features.

See:

[Website satisfaction survey 2011](#)

Other Health Information

Research published in the *International Journal of Epidemiology* argues that the role of the duration of obesity as an independent risk factor for mortality has not been investigated.

The study aimed to analyse the association between the duration of obesity and the risk of mortality. Experts argue that the health hazards of obesity may have been grossly underestimated because we are not measuring the condition adequately. In the past, risk calculations have focused on severity. But the latest research suggests every additional decade of being obese more than doubles death risk.

See:

[The number of years lived with obesity and the risk of all-cause and cause-specific mortality: abstract](#)

The NCD Alliance argues that efforts to improve the prevention and control of non-communicable diseases (NCDs) are being hampered by countries that are refusing to set UN goals.

In a letter to UN Secretary General Ban Ki-moon, the NCD Alliance argue that efforts to combat non-infectious diseases like cancer, diabetes, cardiovascular disease and chronic respiratory disease are being crippled by a lack of cohesion. Over 80 % of NCDs occur in low- and middle-income countries and are a major cause of suffering, poverty and impeded development.

The Alliance argue that NCDs are the leading cause of death worldwide, causing 36 million deaths in 2008, and has called for co-operation ahead of the first ever UN meeting on the issue. .

See:

[Global health group urges co-operation to tackle 'non-communicable' diseases like cancer and heart disease](#)

A study funded by Cancer Research UK indicates a very low awareness in the UK of bowel cancer, the second largest cause of cancer deaths each year.

The research, published in *BMC Cancer* also found that the public were not fully aware that lifestyle factors like diet, weight and exercise can affect a person's risk of developing bowel cancer.

See:

[Assessing awareness of colorectal cancer symptoms: Measure development and results from a population survey in the UK: provisional abstract](#)

[Poor public awareness of bowel cancer](#)

A new survey by the Roy Castle Foundation indicates that the majority of women are unaware of the risks of lung cancer, and do not realise that lung cancer kills more women than any other cancer in the UK.

Although some 15,000 women in the UK die from lung cancer each year, the survey found that many respondents mistakenly believed that breast and cervical cancer caused more deaths, despite lung cancer claiming more lives each year than both these diseases combined.

In addition, despite most women being able to identify the warning signs, almost a fifth of those surveyed said they would not visit their doctor if they spotted these symptoms.

See:

[Women 'underestimate the risks of lung cancer'](#)

Research published in *Nature Chemistry* reveals how scientists have discovered how a molecule that was first discovered in bacteria blocks a protein which causes breast cancer to develop and spread.

Funded by the Biotechnology and Biological Sciences Research Council (BBSRC), scientists have revealed at the molecular level how thiostrepton - a naturally-occurring cancer-protector molecule - 'clamps' a cancer-causing protein called FOXM1, preventing it from working. Blocking this protein is argued to prevent the development of cancer at an early stage as well as block cancer growth and spread

See:

[Scientists discover how antibiotic molecule found in bacteria stops breast cancer](#)

The Royal College of General Practitioners (RCGP) has launched a 'one stop shop' guide to help patients get the most from their GP practice.

The guide '[It's Your Practice: a patient guide to GP services](#)' offers patients a diverse range of useful information which includes choosing and registering with a surgery and understanding the different services that are available, making appointments and getting the most from consultations.

See:

[Getting the most from your GP practice](#)

The International Longevity Centre UK (ILC-UK) has published a report arguing that there should be a gendered approach and response to dementia at the national and international level.

The report '[Women and dementia: not forgotten](#)' argues that women, in terms of numbers and impact, will disproportionately bear the burden of dementia in future years and a comprehensive gendered approach and response to the impact of dementia on women is now imperative.

The NHS Alliance is urging the Government to ensure that Clinical Commissioning Groups (CCG) are fully involved in the authorisation process and modernisation plans, as they argue that CCGs are in danger of becoming peripheral and the bottom tier of a commissioning hierarchy.

NHS Alliance put forward these key points:

- the authorisation process should be a dialogue rather than an arms' length assessment.
- there should be a dialogue in relation to the National Commissioning Board, its roles and responsibilities.
- other bodies (such as the NHS Commissioning Board/PCT cluster) should work with and support CCGs who are not ready, rather than taking over their commissioning responsibilities.

See:

[NHS Alliance calls for more CCG involvement in authorisation](#)

***The Guardian* reports that in an interview, Hamish Meldrum, chair of the British Medical Association (BMA) predicted that the Government's *Health and Social Care Bill* will result in the NHS reformed into a market based health system.**

Mr. Meldrum argues that the Government reforms were forcing all hospitals to become foundation trusts and as budgets were squeezed, the removal of the limits on income from private patients, would force trusts to attract fee paying private patients. With waiting times creeping up and the Government encouraging private care, Mr. Meldrum argues that patients would be back to a system where those with cash can jump ahead of those in need.

See:

[NHS plans will mean putting wealthy first, says doctors' leader](#)

As part of the King's Fund 'Enhancing the Healing Environment programme' the organisation has released a document 'Environments for care at end of Life' which highlights the growing awareness of the importance of the environment within health care.

'Environments for care at end of life' marks the completion of 20 schemes, including the Beresford Suite at QEQM hospital, designed to improve the environment of care for those receiving palliative care, their relatives and the bereaved.

See:

[Environments for care at the end of life: the King's Fund's Enhancing the Healing Environment Programme 2008-2010](#)

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