

## Healthwatch News

### Plans for the future of local services (The STP - Sustainability and Transformation Plan)

NHS England has asked local health and social care organisations to develop 5 year plans for NHS services. This is to take forward the *5 Year Forward View for the NHS*, which was published by NHS England Chief Executive Simon Stevens in 2014.

STPs have been set the task of thinking about improving 3 things:

- **quality of care** - there are sometimes unacceptable variations in the care available/provided to different people;
- **the health and wellbeing of local people** - the overall wellbeing of the population is key for ensuring that people need to use NHS services less;
- **the finance position and efficiency of services** - under current NHS funding levels agreed by the Government, a gap between funding for NHS services and demand will appear during the next 5 years.

For Coventry and Warwickshire, a group of NHS managers and local council officers has been considering what work should happen. Five work areas have been identified and are at early stages:

- 1) **Proactive & Preventative Care** - a focus on work to support better physical and mental health
- 2) **Urgent & Emergency Care** - delivering the national A&E delivery plan
- 3) **Planned Care** - this is when you need care but not immediately e.g. an operation
- 4) **Maternity and Paediatrics** - putting in place the national Better Births strategy and thinking about how services are organised

- 5) **Productivity & Efficiency** - looking at how back office functions in organisations e.g. finance and IT could be combined to save money.

Healthwatch Coventry and Healthwatch Warwickshire are observers on the STP Programme Board. This means we are able to input ideas on behalf of patients/the public but are not directly involved in STP decision making processes.



We have taken this role because it is important that plans are made for how the NHS will deliver care in the future. We believe that patients and the public must be part of the solutions. Looking again at how services are organised and delivered gives opportunities to make them much more patient focused.

We are looking for the following from the developing local STP plans:

- Proposed changes and the outcomes for local people explained in plain English with understandable evidence
- Real scope for the input of local people to bring changes to any plans
- Plans for talking to local people include how the views of less heard groups will be gathered
- Where existing services are being relocated, are there robust plans to ensure access to the services by users and carers and do these plans take into the account the needs of different people?

More information about the Coventry and Warwickshire STP can be found at [www.uhcw.nhs.uk/about-us/stp](http://www.uhcw.nhs.uk/about-us/stp)

NHS England have produced a short film explaining how and why STP proposals are trying to improve health and care for patients go to: [www.england.nhs.uk/stps/about-stps/](http://www.england.nhs.uk/stps/about-stps/)

## Healthwatch Pharmacy Survey

We have received 508 completed paper surveys and 81 online survey responses for our pharmacy survey. Work is ongoing to analyse the findings.

Our voluntary sector links also enabled us to increase the diversity of our sample through survey responses from members of the Roma community and focus and discussion groups with groups such as black and minority ethnic women and mental health service users.

## Social Care

### Enter and View report Cordelia Court Care Home

Healthwatch made recommendations regarding labelling lift buttons and taps, replacing a light cord, dealing with standing water in a shower and maintaining the activity co-ordinator role beyond current temporary arrangements. In their response the management addressed our recommendations.

### Day Centre users

A pilot has been organised with Gilbert Richards Day Centre whereby Healthwatch volunteers visited to talk to service users about their experiences of health and social care services.

## Visits to hospital wards

Healthwatch Coventry will be carrying out enter and view visits to a sample of wards at University Hospital Coventry. Our aim is to gather information about how the communication needs of people who need extra support are met. Our focus is people with a learning disability, sensory impairment or who do not speak English. We recently carried out a pilot visit to test our survey tools.

### Hold the Date in your diary Healthwatch Coventry annual meeting 2017

**Date:** Tuesday 11 July

**Time:** 9:45am - 1:15 pm

**Venue:** Queens Road Baptist Church



## Local News

### West Midland Mental Health Task Force report published

The findings of a West Midlands Combined Authority commission into mental health and its impact on the public sector have been produced in a published Action Plan called *Thrive West Midlands*.

Key themes covered are:

- Supporting people into work and whilst in work e.g. 'West Midlands Workplace Wellbeing Commitment' where employers sign up to demonstrate their commitment to the mental health and wellbeing of staff.
- Housing: Trialling a Housing First service with intensive mental health support.
- Mental health and criminal justice e.g. develop a programme that more effectively supports people with mental ill health as they prepare to leave prison and settle back in the community developing approaches to health care.
- Getting communities involved through a programme of community initiatives to raise awareness of mental health and wellbeing.

You can download a copy of the report at: [www.westmidlandscombinedauthority.org.uk/hat-we-do/commissions/mental-health/](http://www.westmidlandscombinedauthority.org.uk/hat-we-do/commissions/mental-health/)

### Adult lifestyle services

Coventry City Council is developing an adult lifestyle service to replace current work to change unhealthy lifestyle behaviours like smoking, physical inactivity, poor diet and obesity as well as to deliver the NHS Health Check programme. They are gathering community views via:

- A workshop on Wednesday 15 March 2017, 4pm-6pm in Committee Room 3 of the Council House - book your place at: [www.eventbrite.co.uk/e/development-of-a-family-health-and-lifestyle-consultation-workshop-tickets-32043202080](http://www.eventbrite.co.uk/e/development-of-a-family-health-and-lifestyle-consultation-workshop-tickets-32043202080)
- A survey will go live at the beginning of March which will be found at: <http://democraticservices.coventry.gov.uk/mgConsultationListDisplay.aspx>

## Report highlights future NHS spending levels



A new report from the Institute of Fiscal Studies has highlighted future NHS spending and concludes that:

- 2009-10 to 2014-15 saw the slowest growth rate in health spending since the mid-1950s when comparable data first became available, even though it continued growing as a share of public service spending due to the large cuts faced by other services. Department of Health spending is planned to grow at a similar rate over the five years from 2014-15.
- Plans imply that growth in Department of Health spending in the decade between 2009-10 and 2019-20 will be slightly less than required just to keep pace with population growth and ageing and that ignores significant other likely cost and demand pressures
- Adult social care spending has fallen by more than 6% since 2009-10 while the population aged 65 and over has risen by nearly 16%. Spending per person seems likely to continue falling.

To find out more go:

[www.ifs.org.uk/uploads/publications/budgets/gb2017/gb2017ch5.pdf](http://www.ifs.org.uk/uploads/publications/budgets/gb2017/gb2017ch5.pdf)

## New GP Contract agreed

NHS England, the Government, and the British Medical Association's (BMA) General Practitioners Committee have reached agreement on changes to the general practice contract in England.



The new agreement includes an increased focus on tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities.

GP practices which regularly close for mornings or afternoons on a week day will lose their eligibility for the current extended hours scheme claimed by most practices. Practices who club together with other GPs in their local

area to offer more evening and weekend appointments will be eligible for extra non-contractual funding over and above the current scheme.

Strengthening requirements in the 2016/17 contract, general practices will also help determine a new patient's eligibility for NHS healthcare. This will help with the identification of patients from the European Economic Area and should make it easier for the NHS to reclaim money from their home countries.

The new contract, to take effect from 1 April 2017, will see investment of around £238 million going into the contract for 2017/18. In addition, £157 million from a previous earmarked scheme will be transferred into core GP funding so that family doctors can be more flexible in how they care for the most frail.

NHS England has also agreed with the BMA that a group will be set up after April 2017 to discuss the future of the payment arrangements known as "QOF".

The investment announced will provide a pay uplift of one per cent for GPs with other agreed changes including:

- Increased investments into a scheme to help GP retention
- Improved payment arrangements to cover parental leave and sickness absence.

## Trusts to check patients' eligibility for NHS care

The Department of Health is considering new rules that could see NHS Trusts fined if they fail to check whether a patient is from overseas and eligible or not for free NHS care.

The Department of Health will put forward new legislation in March. Under the proposed new regulations, trusts will be required to charge "upfront and in full" overseas patients who are not entitled to free NHS care. Although trusts are able to do this currently, they are not required to do so by regulation.

The regulations will also introduce new charges for overseas patients for NHS funded reproductive services, such as IVF.



## Plans for fixed cap on legal costs for medical negligence cases

The Government intends to impose a new, fixed cap on all clinical negligence cases of up to £25,000 to prevent rising litigation costs within the NHS. Currently, there is no limit on legal costs that can be recouped. It is expected the new cap will help the NHS save up to £45 million a year.

Health Secretary Jeremy Hunt said:

*“Unfortunately, what we often see in lower cost claims is a deeply unfair system where unscrupulous law firms cream off excessive legal costs that dwarf the actual damages recovered. We believe this creates an adversarial culture of litigation, which is inflating insurance premiums and drawing away resource from the NHS”.*

## Health and care of people with learning disabilities



The report *Health and Care of People with Learning Disabilities Experimental Statistics, 2014-15* from NHS Digital finds that people with learning disabilities have poorer health and shorter life expectancy than those without.

The report includes data from almost half of all GP practices in England, and identifies differences in the treatment, health status and outcomes of people with learning disabilities compared with the rest of the population. Findings from the data collected from 2014-15 include:

- Females with a learning disability had an 18 year lower life expectancy than the general population, while males with a learning disability had a 14 year lower life expectancy than the general population.
- People with learning disabilities were 26 times more likely to have epilepsy, 8 times more likely to have severe mental illness and 5 times more likely to have dementia. They were also 3 times more likely to suffer with hypothyroidism and almost twice as likely to suffer diabetes, heart failure, chronic kidney disease or stroke.

The full report *Health and Care of People with Learning Disabilities* is available at: [www.digital.nhs.uk/pubs/LD1415](http://www.digital.nhs.uk/pubs/LD1415)

## Royal Pharmaceutical Society Campaign for better use of pharmacists

The Royal Pharmaceutical Society (RPS) is campaigning for improved care of people with long term conditions through the better use of pharmacists.



The RPS has published policy documents that focus on how the role of the pharmacist can be enhanced to prevent, identify, treat and support people with long term conditions, as part of a multidisciplinary approach.

The RPS is making key calls to action:

1. Pharmacists providing direct patient care should have the opportunity to train to become a prescriber, and use those skills as part of the multidisciplinary approach to managing and supporting people with long term conditions.
2. The patient journey will be made easier by enabling pharmacists to directly refer to appropriate health and social care professionals, improving patient access to care and reducing the number of unnecessary appointments.
3. All pharmacists directly involved in patient care should have full read and write access to the patient health record, with patient consent.

Find out more at [www.rpharms.com/our-campaigns/improving-urgent-and-emergency-care-through-better-use-of-pharmacists.asp](http://www.rpharms.com/our-campaigns/improving-urgent-and-emergency-care-through-better-use-of-pharmacists.asp)

## Consultation on care for patients with congenital heart disease

NHS England has launched a public consultation on how it will put in place new standards for hospitals providing congenital heart disease services in England.

The consultation, which runs to Monday 5 June 2017, aims to gather views from patients, families and clinical experts.

There will be face to face meetings around the country, webinars and an online survey. Find out more and how to take part at: [www.engage.england.nhs.uk/consultation/chd/](http://www.engage.england.nhs.uk/consultation/chd/)