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# New NHS Constitution makes staff pledges

**The NHS Constitution signals the beginning of a new relationship between staff and patients and is the first in the history of the NHS.**

Published this month, it sets out in one place what everyone – staff and patients – can expect of the NHS, and what is expected of them.

As well as reaffirming the enduring principles of the NHS, the Constitution includes a set of new values created by the public, patients and staff.

The values aim to inspire the sort of behaviours that put the needs of patients, the public and staff foremost in people’s minds. Individual organisations will develop and refresh their own values, tailored to local need.

**What can you expect from the Constitution?**

The Constitution is not just about patient services. It brings together a number of existing rights and duties as well as making four new pledges. These are:

- to provide all staff with clear roles

## The Constitution’s seven principles

- The NHS provides a comprehensive service, available to all.
- Access to NHS services is based on clinical need, not an individual’s ability to pay.
- The NHS aspires to high standards of excellence and professionalism
- NHS services must reflect the needs and preferences of patients, their families and their carers.
- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers’ money and the most effective and fair use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves.

## The NHS values

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities

- to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed
- to provide support and opportunities for staff to maintain their health, well-being and safety
- to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements; all staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- **Read the Constitution and supporting documents**

**Voicepiece**

# 2009 will be a transformational year

**Key developments at the end of last year give us plenty to focus on over the next 12 months, says Karen Middleton, Chief Health Professions Officer.**



**I hope that this New Year bulletin finds you all well rested following the Christmas break and ready to continue the transformational journey we are all on in 2009.**

A number of publications towards the end of last year set the context for many of us, not least of which was the *Operating Framework for the NHS in England 2009/10*. This is crucial reading for all AHP leaders and managers as it sets out national priorities for the coming year and areas for particular local attention. Your business plans for your services need to relate to these priorities.

This Operating Framework is of particular significance for AHPs because it clearly sets out the improved AHP service offer, which the Secretary of State announced at the Chief Health Professions Officers conference on

21 October, and how PCTs will be expected to deliver improved access to AHP services. This will certainly cast the spotlight on your services. In future bulletins we will be describing the work to support you in your endeavours to open up access and reduce waits.

The Operating Framework also highlights the importance of improving services for children. Before Christmas, we all had a stark reminder of the devastating impact a poor service can have on a child. The tragic death of Baby P in Haringey has highlighted how children at risk depend on the ability of all staff to identify and respond to signs of abuse, and on those with child protection responsibilities to make difficult judgements.

Child protection is everybody's business, wherever we work. There are many themes raised in the review relating to safeguarding children that are pertinent

for us all. For instance, challenges associated with communication, partnership working, record keeping and information sharing.

On 1 December, David Nicholson wrote to all NHS chairs, chief executives, medical directors and directors of nursing, asking them to review their arrangements for child protection, to strengthen clinical leadership in this area and to ensure that professional staff are receiving appropriate child protection training within their continuing professional development. It is vital that AHPs engage with this work locally.

Another publication before Christmas was the Government's response to the Bercow review of services for children with speech, language and communication needs. The

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implementation plan has particular significance for speech and language therapists but, while there will be national work to support the implementation of the recommendations, real success can only be achieved by local leadership and influence. The work in Sandwell (described on page 12) is clearly an illustration of this at work.

Leadership was a crucial element of Lord Darzi's review of the NHS and you will have seen details about specific plans we have to raise the profile of AHPs as leaders and to give you the opportunity to experiment as leaders in a range of scenarios described on page 4. I urge you to get involved in the challenge events. We say we have the capacity and capability to lead, so let us show how we do it!

Leadership is also a feature of the Transforming Community Services (TCS) programme, which is one of the most ambitious programmes of transformational change the DH has ever worked on with the service. The TCS programme hosted a launch event in London on 13 January, designed to help strengthen and benchmark the

business processes and staff capabilities of PCT community services.

The TCS programme will also be launching a series of guidance documents and resource packs. This will include a set of tools to support the transformation of community health through systems improvement and staff development and to help develop local implementation strategies. Further products, including the community quality framework and guides to high quality in six key areas of community service, will follow.

In addition to this, *Our health, our care, our say* has introduced policies to improve the quality of care in community settings and to improve choice and responsiveness through a range of alternative health and social care providers, including social enterprises.

The NHS Next Stage Review builds on this and recognises the contribution that social enterprises can make to transforming community services, freeing staff up to deliver innovative and responsive services, and to explore new ways of working in partnership. It also gives primary and community care staff

the right to request their PCT board consider social enterprise as a means of delivering some or all of their community services.

This issue of the bulletin includes further information on what social enterprises can offer to both staff and to the communities they serve (see page 6). I know that this is an area of interest to AHPs, and that many more will be inspired and encouraged to consider taking up roles in social enterprise, ensuring a strong professional voice across all types of services and a better result for patients.

### Links and info

- Read the Operating Framework
- Read David Nicholson's letter and review
- Read the Bercow Action Plan
- Read the invitation to the TCS launch

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# Your questions answered



**At the CHPO Conference, national support for local leadership delegates submitted so many questions; there simply wasn't time to deal with them all. We'll follow up on some over the coming months. Here, AHP Officer Shelagh Morris addresses the theme of leadership...**

**How does the DH aim to support and enable local leaders?**

The AHP professional leadership team is working closely with the DH leadership team as they support SHAs to develop leadership capacity locally.

A major initiative the AHP team is taking forward is the AHP leadership challenge events. Jo Partington has been seconded from Imperial College Healthcare NHS Trust as project manager for this work, which will see an event in each SHA in April/May, culminating in a national event in June at which a number of small

teams will be challenged to rise to the requirements of running health and social services.

Further details will be circulated via the SHA AHP leads and a number of other channels. They can also be found on the CHPO website [www.dh.gov.uk/chpo](http://www.dh.gov.uk/chpo)

**How do we ensure that as leaders we develop the necessary skills to promote our services?**

There is nothing wrong with learning on the job. AHPs need to take advantage of local opportunities to develop relevant skills. This will allow their services to contribute effectively to achieving organisational objectives in meeting the needs of their local population.

**How can we ensure that clinical capability and credibility are maintained while moving into wider leadership roles?**

*High Quality Care for All* identified a new professionalism whereby clinicians work as practitioner, partner, leader. The exact balance will depend on the particular role within the organisation but AHPs have many transferable competencies

that can be used in wider leadership roles to deliver quality services.

**What can we – as leaders – do to reduce the impact of the gloomy economic climate, particularly within mental health?**

AHP leaders across all clinical areas can foster and encourage innovation in service delivery to ensure AHPs are at the forefront of developing new roles and ways of working to deliver patient-centred, personalised care.

The [New Ways of Working website](#) is a useful resource for those working in mental health.

**How can we empower everyone to take on the leadership role?**

Recognition that leadership is part of roles at all levels, with individual patients negotiating and influencing packages of care or developing improved care pathways for patient groups within clinical specialties.

Leadership is an integral part of clinical, professional and managerial roles. It is important to recognise how leadership competencies developed in one role may also be transferable to other roles.

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# Clinicians are the right people to be leaders



**You don't have to stop working with patients to be a leader.**

Dr Gaye Powell, Head of Speech

and Language Services (Adults and Children), has been appointed clinical programme lead for children and young people for NHS Plymouth. She's also a practising speech and language therapist.

And, while she expects there to be changes to her current role, she aims to continue working with patients. In her eyes, clinicians are the right people to be leaders.

'You need to be rooted in practice to have a good idea of patients' needs,' says Gaye, who also has a PhD in developmental psychology. 'I see it as essential. It gives me credibility as a leader.'

Gaye will work with other clinical programme leads to drive the commissioning process, reporting to the Chair of the Professional Executive Committee, and she highlights tackling child obesity early and lowering the number of young people admitted to A&E among her priorities.

She has advice for other AHPs looking to progress.

'As a non-medic, it was really helpful to have my academic qualifications and research behind me,' she says. 'It gave me a lot of confidence.'

'You also need to keep abreast of national policies, and it's great if you can get involved in the forums regionally and nationally that decide their future direction.'

'Don't always wait to be asked – take the initiative and venture outside your comfort zone.'

## Take the lead

AHP leadership challenge events will begin in April 2009 to help colleagues progress their careers – and improve services to patients at the same time.

Teams of AHPs will take part in scenarios from different health and social care areas, from primary, secondary and community care.

'AHPs work in teams every day,' says Jo Partington, Leadership Challenge Project Manager.

'But we don't always see them as leaders. These challenges will push participants out of their comfort zone, help them to understand the "bigger picture", and provide networking opportunities across the regions.'

One event will be held in each SHA, and a winning team from each authority will compete in a national final in June. The challenge is open to teams of mixed AHPs, but individuals are welcome to apply and be placed in a team. For more information, contact your SHA AHP lead.

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# Your right to request to set up a social enterprise

## Staff now have the right to request to set up a social enterprise to deliver even better, more innovative services to their communities.

The right to request – which fulfils one of the commitments set out in *High Quality Care for All* – entitles primary and community care staff to present a business case to their PCT board to set up a social enterprise to deliver improved services.

The PCT is obliged to consider the request and, if approved, support development of the social enterprise with the potential to award it a contract to provide NHS services.

AHPs are in an excellent position to take advantage of the right to request. This may be for a particular profession, such as podiatry or physiotherapy, a specialism such as musculoskeletal physiotherapy, a particular care group, or a combination of these.

But what exactly is a social enterprise? Probably one of the most well-known is *The Big Issue*. While it is a business



Jamie Oliver is behind his own social enterprise – his chain of Fifteen restaurants

that sells magazines and makes a profit, its overriding aim is to address homelessness and it uses the money it generates to do this.

Any social enterprises created under the right to request would reinvest the profits they generate back into improving health services for NHS patients and local communities. But because social enterprise might not always be the right solution, a quality assurance framework will be put in place within PCTs to assess each case.

## Getting started

A new publication, *Social Enterprise – Making a Difference: a guide to the right to request*, has been launched to help staff get the information they need to make a request and set up a social enterprise.

In the guide, Karen Middleton explains: 'We know that the more engaged clinicians are with the development of their services, the more likely they are to be able to deliver high-quality care.'

'Social enterprise can provide a vehicle for that engagement and this guide describes the possibilities and ways to achieve this.'

## Transforming community services

The Transforming Community Services (TCS) programme is another key element of *High Quality Care for All* that is encouraging innovation so that care is of the highest quality and responds to the needs of patients and local communities. Its underpinning principle is to ensure

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community staff are fully involved in delivering the vision for primary and community care and it includes two key work strands:

**1 Clinical and service improvement**

Developing clinical and leadership skills and resources to deliver high-quality, evidence-based care and services that promote health and well-being and help to reduce health inequalities.

**2 Business improvement**

Strengthening the business process so that performance and outcomes can be benchmarked, quality increased and variation in performance reduced.

A number of TCS projects are already under way. The 6x6x6 programme focuses on six core clinical service areas, six priority 'high-impact' transformational changes needed in each of the clinical areas, and identifies six key 'transformational attributes' that individual professionals and organisations should try to cultivate to drive up quality in services.

These priorities will be published in the summer and will include tools to strengthen clinical skills and leadership, embed the new evidence-based child

health promotion programme, develop evidence-based practice and support innovation and best practice.

**Other TCS work includes:**

- a quality framework for community services
- a world class commissioning toolkit for community health services
- a national contract for community services
- a framework to pilot metrics and currencies and support local development of pricing
- management and technology systems
- advice on a range of organisational options for PCT provider services
- introducing a staff right to request to set up social enterprises to deliver services.

**Links and info**

- Download *Social Enterprise – Making a Difference: a guide to the right to request*
- Access more information about the Department of Health's social enterprise programme
- Visit the social enterprise website



Julie Parkes meets the Queen

**A date with royalty**

**On 18 November, a group of 25 AHPs went to Buckingham Palace for the NHS 60th anniversary celebrations.**

The group joined around 200 other clinicians for the two-hour event. Everyone was personally introduced to the Queen, who then took the time to chat with small groups.

'It was fantastic to meet and talk to the Queen,' said Julie Parkes, an AHP lead from the North-East SHA. 'We were honoured to see AHPs' contributions recognised in such a high-profile way. Everyone really appreciated the effort made by the Palace to stage a health-themed exhibition of artefacts.'

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# Going further to cut cancer wait times

## New cancer waiting times will give AHPs the chance to help more patients.

AHPs have been instrumental in the NHS hitting all cancer waiting times targets. That success led to the 2007 Cancer Reform Strategy which came into effect at the start of 2009.

While it will mean collecting extra data, the process has been made considerably less time-consuming and constraining for staff, enabling them to concentrate on what matters most – helping people to recover from treatment.

Adjustments will no longer need to be made when patients don't turn up or cancel appointments. Instead, cancer waiting times will be measured using the same processes as the NHS's existing 18-weeks programme.

### The benefits

Removing these adjustments – known as 'clock pauses' – recognises that patients want choice rather than trying to fit all cases into the same timeframe.

People often like to take time out to

reflect on their situation or to recover between courses of treatment, so the new reporting system factors this in. And clinicians will have time to consider complex cases without the pressure to change their clinical practice because of waiting time targets.

It will enable the NHS to better measure when people are waiting unnecessarily for treatment, making waiting times more meaningful and easier to explain. It will also mean comparisons can be made between different cancer specialties and providers' performance.

### Impact on figures

Removing 'clock pauses' is, however, likely to mean that performance figures won't look as good on paper.

It is important to stress to patients that this is because adjustments are no longer taken into account and not because of a drop in quality.

The change in reporting methodology has very little impact on the 31-day standard, but it does on the 62-day standard and will vary between tumour types.

The Department of Health will work with the Healthcare Commission to develop these standards in response to the reality of early reporting of waiting times.

National clinical leads will identify what's realistic for each tumour before setting the national operational standard, which will be for all tumour types. But it's expected that not every tumour treatment will meet this level of performance.

The first findings will be published in the spring.

### Success story

If current performance is maintained, these standards will be met and keep the NHS on course to make cancer services among the best in the world by 2012.

A decade ago, only two-thirds of patients referred urgently by their family doctor were seen within two weeks, and waits of several months between referral and treatment weren't uncommon. Now, nearly all patients are seen within two weeks, and treated within 62 days.

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CHO Karen Middleton says: 'I would like to take this opportunity to thank all the AHPs who have worked so hard to do their part in bringing down cancer waiting times.'

'The success in meeting this target will provide an excellent example for reducing waits in other areas.'

**The new standards are:**

- the two-week wait will include patients with breast symptoms, whether cancer is suspected or not (to be implemented from the end of 2009)
- the 31-day standard will cover subsequent treatments for all cancer patients, including those diagnosed with a recurrence (to be implemented from the end of 2008 for surgery and chemotherapy, and from the end of 2010 for radiotherapy and other treatments)
- the 62-day standard includes patients referred from NHS cancer screening programmes (breast, cervical and bowel), or referred by their consultant (effective from the end of 2008).

## Six of the best

**A landmark study is due to be published in January, focusing on speech changes among people with Parkinson's Disease (PD) and the implications for their assessment and treatment.**



Dr Nick Miller (pictured), Speech Language Therapist and Senior Lecturer at Newcastle University, led a six-year series of studies with a core team including doctors, AHPs and health service research experts.

'The report describes a national-level survey, the first of its kind, which gathered detailed information from 180 speech language therapists on the services they offer people with PD,' he explains.

'It looks at referral patterns, the evolution of management over the progression of PD, and how existing services match up with patients' expectations. The latter were examined in a parallel survey of 200 patients and their carers.'

The study also took into account the nature of services that speech therapists provide, patients' expectations of change and time taken for treatment, and how much it impacted the lives of patients and their families.

The report will be given to the Parkinson's Disease Society, which funded most of the research and will work with Parliament, health authorities and training schools to publicise its conclusions. It will also be submitted for publication in the *International Journal of Language and Communications Disorders*.

Dr Miller aims to carry out larger studies of interventions for PD, and the implications for service organisations.

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# Improving the health of children

**Children's health has been under an even brighter spotlight than usual in recent months, not least because of the death of Baby P in Haringey.**

## Children's plan one year on and workforce strategy

The Department for Children, Schools and Families (DCSF) has published a 'one year on' report on their Children's Plan.

The 10-year strategy aims to build on the fact that young people learn best when their families support and encourage them and when they are experiencing positive activities outside the school day.

been developed by all key government departments with responsibility for improving services for children and young people, including the Department of Health, the Department of Culture, Media and Sport, the Home Office and the Ministry of Justice.

It sets a framework within which everyone in the children and young people's workforce should be supported to help children and young people achieve the best possible outcomes.

## Review of child protection arrangements

The tragic death of Baby P highlighted how children at risk depend on the ability of all staff to identify and respond to signs of abuse, and that those with child protection responsibilities have to make difficult judgements.

On 1 December, David Nicholson wrote to all NHS chairs, chief executives, medical directors and directors of nursing, asking them to review their arrangements for child protection and to ensure that professional staff are receiving appropriate child protection training as part of their continuing professional development.

## Identifying children who may be being maltreated

NICE is asking healthcare professionals for feedback on its draft clinical guidelines on suspected maltreatment of a child.

The guidance is intended to improve child protection by promoting early recognition



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of suspected maltreatment, and provide a concise summary of the major features associated with maltreatment that healthcare professionals should look out for.

The guidance is not intended to enable the NHS to diagnose, confirm or disprove child maltreatment, but will provide a list of 'prompts' to help frontline staff identify children who may be being maltreated.

- **Contribute to the consultation**
- **Access the draft guidance**

**Change4Life**

Healthcare professionals across England are being asked to support the Change4Life campaign to help families eat well, exercise more and live longer.

On 19 December, ITV launched a TV advert encouraging viewers to take up the Change4Life challenge, and on 31 January Change4Life took over primetime television with the screening of ITV's *The Feelgood Factor*, a one-hour special devoted to healthier living.

The DH is developing resources for healthcare professionals, which will be available to download from the DH website in the coming months.



According to recent NHS statistics, a third of 10-year-olds are overweight. London has the highest proportion of overweight children, followed by Newcastle and Birmingham.

Around a million schoolchildren were weighed and measured during 2007/08 as part of the National Child Measurement Programme (NCMP), introduced in 2005. The information is then confidentially stored by the NHS Information Centre and analysed for trends.

- **Find out more about Change4Life**

**Counsellors to provide mental health help in schools**

Children's Secretary Ed Balls and Health Secretary Alan Johnson announced last

November that children's mental health services will be improved by measures including a national advisory council on children's mental health and psychological well-being and extra support for children in schools.

Between 2009 and 2011, a £20 million programme will expand a pilot scheme in which counsellors and other specialist staff are based on school premises to help children with problems such as aggressive behaviour and self-harming.

The measures are in response to an independent review by child and adolescent health services (CAMHS), which found that one in 10 young people now has a clinically recognisable disorder such as depression, anxiety, anorexia or severe anti-social behaviour.

Health Secretary Alan Johnson said: 'Ed Balls and I have asked them for an update on progress in one year. I want to hear that services for children with mental-health problems have improved dramatically in that time, along the lines recommended by [CAMHS's] comprehensive report.'

- **Read more about the review**
- **Read more about the Government's response**

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# Getting Bercow right

**Diana McQueen, Children’s Therapy Service Manager, provides a checklist to ensure Bercow implementation is a success.**

‘I have high hopes for Bercow. The review talks about the lamentable state of speech, language and communication skills, and the obvious impact this has – and will have – on future opportunities for children. At every level and in every place, we need strategies and the implementation of practical solutions to address the problems.

‘However, a high-percentage success rate involves dialogue between a myriad of

different professions and layers within services and organisations. Speech and language therapists (SLTs) have fought this crusade all our professional lives. Who else might we usefully get to sign up to the cause?

‘Don’t wait for national guidance – the possibilities for local impetus may well be lost and the timeframe for the extra resources for Every Child a Talker (ECaT) will begin to shrink. Instead, make yourself a mental checklist:

- Build relationships with the main players.
- Does your local authority have ECaT money? Find out who holds

the purse strings because they may not necessarily come to you.

- What are the plans for using the money? Open a debate.
- Encourage your children’s trust to nominate a ‘Bercow lead’.
- Consider what is already happening locally that may form a firm foundation for future ‘Bercow’ initiatives.
- Use your local networks to monitor developments across your region.

‘In Sandwell Local Authority, we have worked hard to establish a valuable and trusting relationship at all levels with our early years colleagues. They were swift to propose that the early language consultant in Sandwell should be a SLT and our local children’s trust has identified a senior commissioner to lead on Bercow across the borough.

‘Regionally, the SLT managers are supporting each other and encouraging their multi-disciplinary colleagues to keep up with initiatives on their doorsteps. Take heart: if we can, you can!’

## Bercow at a glance

The Government published its speech, language and communication needs (SCLN) action plan in December. This was in response to the July 2008 Bercow Report by John Bercow MP on services for children and young people with speech, language and communication needs. His 40 recommendations include:

- setting up a series of local pathfinder projects around the country that will assess speech, language and communication needs, decide which services are required and start to provide them
- appointing a ‘communication champion’ to raise the profile of speech, language and communications in schools and oversee the implementation of pathfinders.

### Links and info

- Download the report
- Read more about the action plan

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# 2009-10 NHS Operating Framework supports *High Quality Care for All*

**The 2009-10 NHS Operating Framework was announced in December, setting out the health and service priorities for the next 12 months, and the strategies for achieving them.**

In this year's framework, the message to PCTs is to maintain the national standards set out last year, while focusing on addressing local health needs.

It also contains specific references to delivering the vision set out in *High Quality Care for All* to ensure healthcare is safe, effective and personal to patients. The five national priorities continue to be making improvements in:

- standards of cleanliness and tackling healthcare-associated infections
- access to care through 18 weeks and increased access to GP services
- the health of adults and children and reducing health inequalities, with a specific focus on improving care for cancer and stroke patients
- patients' experience, staff satisfaction and engagement
- response to a state of emergency,

such as an outbreak of pandemic influenza.

AHPs support these targets by helping to ensure that services are improved across the system, and providing patients with more choice and control over managing their healthcare.

The three strands of the AHP service offer are to mandate collecting referral to treatment data from 2010, encourage patient self-referral and ensure the quality metrics framework has a clear focus on quality indicators related to AHP services.

### Funding boost for PCTs

To help PCTs achieve the priorities set out in the NHS Operating Framework, they will receive £164 billion in funding over the next two financial years – an average increase over both years of 5.5 percent.

Following an independent review by the advisory committee on resource allocation, the allocations are based on a new, more technically robust formula. A separate formula for health inequalities

has been developed which targets areas with the worst health outcomes.

NHS Chief Executive David Nicholson said: 'This year's Operating Framework sets no new national targets for the NHS. The priorities we set last year were what mattered most to staff, patients and the public, and they remain the same this year.'

'We now need to build on the movement generated through the NHS Next Stage Review, led by Lord Darzi, to put quality at the heart of everything the NHS does.'

'The revenue allocations to PCTs that have been announced... will enable the NHS to deliver on those priorities. PCTs now control over 80 percent of the total NHS budget, giving them the freedom and flexibility to spend according to the needs of local people.'

### Links and info

- [Read more about the NHS Operating Framework](#)

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**Quarter 2 report published**

The report provides a summary of the NHS financial position and performance against national priorities for July to September 2008.

Quarter 2 reports that the NHS has continued to deliver on key targets such as MRSA, 18 weeks and GP extended opening hours, while maintaining financial stability.

However, 11 organisations are forecasting a deficit in quarter two, compared with four in quarter one. This increases the forecast gross operating deficit at quarter 2 to £86 million compared with £45 million at quarter one.

● [Read the report](#)

**Government launches £500,000 partnership fund**

Staff can look forward to playing a bigger role in improving patient services – thanks to new Government funding. Launched at the NHS Employers conference in November, the Partnership Fund offers employers and unions the chance to bid for their share of a £500,000 pot to pay for local partnership working, including joint training sessions and workshops.

The initiative builds on work done at a national level by the Social Partnership Forum, which has improved working relationships between DH, NHS employers and trade unions.

● [Read more](#)

**Adult social care report shows steady improvement**

Adult social care services arranged or funded by local councils have improved for the sixth year running, according to the Commission for Social Care Inspection (CSCI).

Out of 150 councils, 131 ranked as good or excellent. The inspectorate found that staff at improving councils have focused on helping people maintain independence, preventing avoidable hospital admissions and giving people more involvement in their care.

Paul Snell, Chief Inspector at CSCI, said: ‘This year’s ratings show that in many councils people are better served because of strong management and leadership, and a political commitment to social care.’

● [Read more](#)

**Recruitment report shows progress**

It’s getting easier for non-medical professionals to get jobs in the NHS in Yorkshire and the Humber, according to the Non Medical Graduate Recruitment (NMGR) final report.

However, physiotherapy is still a hot spot. The PCT has set up a regional steering group to improve preceptorship models and enable more newly-qualified band 5 AHPs to work in the community.

The SHA AHP Lead will co-ordinate work on NMGR issues and on Modernising AHP Careers.

● [Read the full report](#)

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### Stroke strategy and stroke awareness campaign

A communications campaign will launch in February to promote stroke awareness among the public. Over three years, £12 million will be spent on advertising, public relations and direct marketing communications.

The announcement came a year to the day after the Department of Health published its [National Stroke Strategy](#), a 10-year framework setting out how stroke services will be improved.

- [Read more about the campaign](#)

### Government response to Dame Carol Black's review

On 25 November, the Government published its response to Dame Carol Black's review of the health and well-being of Britain's working age population, and outlined what recommendations will be taken forward.

They include a new electronic 'fit note' to replace the current medical certificate, a national education programme for GPs and the introduction of health, work and well-being co-ordinators.

- [Read the Government's response](#)

### Patients rate services in hospitals

Patients can now rate the service they receive in hospitals using a new tool on the NHS Choices website.

The tool allows them to review the services across five key areas: dignity and respect, cleanliness, co-operation between doctors and nurses, involvement in decisions around their care and whether they would recommend the hospital to friends and family.

Patients can also share their experiences with each other, empowering them to influence the quality of care they receive.

- [Find out more – visit the website](#)

### New campaign fights mental health stigma

Nine out of 10 people with mental-health problems have been discriminated against or stigmatised, but a new campaign is working to remove the stereotypes.

The Time to Change programme launched a national media campaign in January this year, which will be supported by 28 local community projects, run across England by Mind and Rethink.

As well as raising awareness for mental-health issues, the programme aims to lower reports of discrimination by five per cent by 2012.

- [Find out more](#)

### More choice and better quality healthcare

The Health Bill, introduced to Parliament on 15 January, includes measures to improve health services, give people more choice in healthcare and patients with long-term conditions greater control over the care they receive.

The Bill aims to modernise and strengthen the NHS by taking forward proposals in *High Quality Care for All*.

The Bill also places a duty on NHS service providers to have regard to the values set out in the new NHS Constitution (see page 1).

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## No Secrets review

The current review of *No Secrets* identifies 12 reasons why the NHS is interested in safeguarding security, including vetting and barring NHS staff and learning from investigations. It's also about how we empower people to say no to abusive situations and criminal behaviour.

- [Visit the website to download your copy of the document.](#)

## Improving cleanliness and infection control

There is now a compendium of good practice examples from the National Deep Clean Programme to help the NHS. *From Deep Clean to Keep Clean – Learning from the Deep Clean Programme* is available on the DH website.

The top five priorities in the 2009/10 Operating Framework for the NHS, based on what matters most to our patients, public and staff, include improving cleanliness and reducing healthcare-associated infections.

Action is now needed to embed deep cleaning into routine NHS activity, as many organisations already do, so that we can maintain the momentum that the national programme created.

- [Download the compendium](#)

## Independent evaluation of the modernisation initiative

Guy's and St Thomas' Charity recently published an independent evaluation report on this major service transformation in Lambeth and Southwark, which focuses on kidney disease, stroke and sexual health services.

This is an essential resource for anybody working in health service improvement. The report crystallises the learning from the programme by highlighting the challenges the project teams faced and the significant improvements that are now embedded in health services. It also catalogues the outcomes, including new models of care and greater choice and access to services, as well as new patient information.

The partner NHS Trusts in the two boroughs worked closely with patients and charities to ensure the changes benefited from existing knowledge, expertise and patient involvement.

- [Read more about the initiative](#)
- [Read a summary of the results](#)

## Putting patients first guidance

The recently published Real Involvement guidance provides advice on patients' right to involvement and when SHAs,

PCTs, NHS trusts and NHS foundation trusts must involve people in decisions.

The guidance has been issued to help the NHS meet its legal duty to involve patients in, for example, the planning and delivery of services.

The draft NHS Constitution, world-class commissioning and *High Quality Care for All* all highlight the importance of involving people more in decisions about their care and putting patients' wishes first.

- [Access the guidance](#)

## Acting on feedback – good and bad

On 12 December, the Health Service Ombudsman, Ann Abraham, published her report, *Improving public service: a matter of principle*, on how government bodies should handle complaints.

Ann says: 'I fully appreciate that when public bodies deliver services on a large scale, things can go wrong from time to time. The key is how they then deal with the mistake and put it right. Complaints are a valuable source of feedback and, handled well, provide an opportunity to improve both service and reputation.'

The six principles of good

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complaint-handling are: getting it right, being customer focused, being open and accountable, acting fairly and proportionately, putting things right, and seeking continuous improvement.

- [Download the publication](#)

### Updated NHS brand website

Save time and money by ensuring the information you send out reflects the NHS brand. With 95 percent-plus recognition, the NHS brand is a powerful tool to signpost NHS services to patients and the public – but only if it's used accurately and consistently. If you're preparing new patient information or updating your stationery, your first stop is the new and improved [brand guidelines website](#).

If you get stuck, call the NHS Identity Helpline on 0207 972 5250 for help and advice, or email [nhs.identity@dh.gsi.gov.uk](mailto:nhs.identity@dh.gsi.gov.uk)

### Parliamentary questions

The following questions all relate to AHPs. Click the links for details.

Physiotherapy:  
[HL168 – 17/12/08](#)

Radiography:  
[240903 – 9/12/08](#)

## Transforming Community Services

**Three new documents are available to help deliver the TCS programme.**

### *Transforming Community Services: Currency and Pricing Options for Community Services*

This document is intended as a resource to be used by commissioners and providers of community services to help create transparent models of funding, through the use of new currencies and better pricing at a local level. New currencies (the units of healthcare for which a provider is funded) and better pricing are key to transforming community services, enabling commissioners to offer incentives to improve quality and value. The use of new currencies with accurate pricing should also lead to more services being available closer to home for patients.

- [Read the document](#)

### *Transforming Community Services: Enabling new patterns of provision*

This enabling guidance is intended to help PCT providers of community services to move their relationship with their commissioners to a purely contractual one, consider what type(s) of organisations would best meet the future needs of patients and local communities, and how change can be managed to support the transformation of services to patients.

- [Access the guidance](#)

### *Transforming Community Services and World Class Commissioning: Resource Pack for Commissioners of Community Services*

This resource pack sets out the principles of good practice when commissioning community services, showcases examples of existing good practice through case studies in six clinical areas and signposts commissioners to the most pertinent and relevant information.

- [Download the pack](#)

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