

POLICY UPDATE

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CANCER SUPPORT

July 2014

Welcome to 'Policy Update', a monthly bulletin on the latest policy developments of relevance to those with an interest in cancer.

If you are reading this document on screen, the web addresses are hyperlinks which will take you directly to the relevant web pages or documents. If you would like any further information or have any questions or comments about 'Policy Update', please contact Anna Baranski, Policy Analyst, on 020 7840 2452 or email ksalarkia@macmillan.org.uk

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UK-wide

Monitor and Department of Health Framework Agreement

A report has been published detailing a framework agreement which defines the critical elements of the relationship between Monitor and the Department of Health.

The framework agreement focuses on how Monitor and the Department of Health will work in partnership to serve patients, the public and the taxpayer, and how Monitor and the Department of Health discharge their accountability responsibilities effectively.

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England

King's Fund publishes Quarterly Monitoring Report on NHS performance.

The King's Fund has published its Quarterly Monitoring Report (QMR) on NHS performance. The report shows the King's Fund's latest survey of finance directors reveals continuing pessimism about the financial position of health organisations and local health economies, as the NHS continues to face undiminished care needs, with no real increase in funding. The 2013/14 financial year ended with around a quarter of trusts and foundation trusts in deficit and almost a tenth of commissioning groups also in deficit.

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Department of Health publishes guidance for supporting adult carers through community nursing

The Department of Health has published guidance for district and general practice nurses, other health professionals and commissioners and providers regarding how community nursing can be used to improve the health and wellbeing of adult carers.

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Care providers who fail to treat vulnerable and older people with dignity and respect face ‘unprecedented turn-around programme’.

Care homes and home care providers treating vulnerable and old people without dignity and respect will be put on an ‘unprecedented turn-around programme’, Health Secretary Jeremy Hunt has announced in Parliament.

The move comes alongside evidence that a special measures scheme introduced in failing hospitals in the wake of the scandal at Mid Staffs has triggered ‘transformational improvements in services’.

From October, the 25,000 care home and homecare services in England will face a new inspection and rating regime that will ‘shine a light on poor care to drive up standards’.

From April 2015, services rated as inadequate face being put into special measures and given a limited time period to make improvements. If they fail to improve, the Care Quality Commission’s (CQC) Chief Inspector of Adult Social Care, Andrea Sutcliffe, will be able to close them down.

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Assisted Dying Bill: Lords second reading.

Members of the Lords, including doctors, lawyers, philosophers, religious figures and a Paralympian, have discussed the key purpose and principles of the Assisted Dying Bill, during second reading.

The bill seeks to enable competent adults who are terminally ill to be provided, at their request, with assistance to end their own life.

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Fundamental Standards for Health and Social Care Providers.

A Department of Health consultation has concluded that from April 2015, subject to parliamentary approval, all health and social care providers will be required to meet fundamental standards of care as a condition of their registration with the Care Quality Commission. There will be criminal penalties for failing to meet some of the standards.

The fundamental standards are intended to describe the basic requirements that providers should always meet, and set the standard of care that service users should always expect to receive. From October 2014, both requirements will apply to NHS trusts, foundation trusts and special health authorities.

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NHS must change to support care planning for long term conditions.

15 million NHS patients in England with long-term conditions such as diabetes, arthritis and asthma account for 70% of the annual expenditure of the NHS in England, the House of Commons Health Committee says in a report on a major inquiry into managing the care of people with long-term conditions.

The Committee reports that demographic and cost pressures on the NHS from patients with long-term conditions is only likely to increase in the coming years, with one projection estimating that the bill for treatment of long-term conditions will require the NHS to find £4 billion more each year by 2016.

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NHS must change to support care planning for long term conditions.

A review of choice in end of life care has been launched to make sure adults at the end of life, their carers and family have more choice. The review will be undertaken by an independently-led programme board chaired by Claire Henry, Chief Executive of the National Council for Palliative Care (NCPC) which is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland.

Leading experts in end of life care will join Claire to make up the board bringing experience from a wide range of perspectives, including: charity, health and social care, policy making, carer and personal experience of end of life care services. The review will provide advice to government on improving the quality and experience of care for adults at the end of life, their carers and those who are important to them by expanding choice.

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Northern Ireland

Plans to improve care standards for nursing homes.

Health Minister, Edwin Poots, has announced a public consultation on revised minimum care standards for nursing homes.

The standards set out the minimum requirements that providers of these services must achieve. They also set the level of service that the residents in nursing home care and their families and carers can expect.

Mr Poots said: "These standards mean that some of our most vulnerable adults will be assured of the minimum level of care they can expect to receive."

The final standards decided via the public consultation will be used by the Regulation and Quality Improvement Authority (RQIA) as part of its programme for the registration and inspection of nursing homes to assess and report on the quality of care delivered.

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Consultation on use of Health and Social information launched.

Another consultation launched by Health Minister Edwin Poots is focussed on the use of Health and Social Care information for secondary purposes.

The Minister said: “The Health and Social Care sector in Northern Ireland may currently share and use patient information, outside the provision of direct care, provided the individual’s identity remains protected. However, these current arrangements have limitations. Enabling identifiable information to be used in limited and controlled circumstances could assist in identifying patterns in diseases, responses to different treatments, and the effectiveness of different services. This could ultimately lead to economic benefits through improving the overall health and wellbeing of the population of Northern Ireland.”

Similar arrangements are already in place in other jurisdictions, where it is recognised that sharing patient information can deliver benefits in areas including the management of health and social care services; improved public health monitoring; accurate and detailed disease registries; and the effective monitoring of infectious diseases.

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Cancer waiting times targets published.

The Department of Health, Social Services and Public Safety has published the Northern Ireland Cancer Waiting Times Statistics Release for January, February and March 2014.

The 2013/14 Ministerial Target relating to waiting times for treatment following an urgent referral for suspect cancer states that 95% of patients urgently referred with a suspect cancer should begin their treatment within 62 days. During March 2014, 79.1% commenced treatment within 62 days of the referral being received by a Health and Social Care Trust. This compared with 79.1% in February 2014 and 78.5% in January 2014.

The indicator of performance relating to waiting times for receiving the first definitive treatment within 31 days of a cancer diagnosis, is also 95% and a decision to treat being taken. During March 2014, 97.4% commenced treatment within 31 days of the date on which the decision to treat was taken, in February 96.3% did so within 31 days, and in January 2014, 97.4 were treated within 31 days

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Scotland

Cancer waiting times targets published.

The release of the quarterly update of Cancer Waiting Times statistics in Scotland shows that between 1 January and 31 March 2014, both the 62 day and 31 day standards were missed. In the quarter ending 31 March 2014, 91.5% of patients started treatment within 62 days of urgent referral with suspicion of cancer. This compares to 94.6% in the period October – December 2013, and is below the 95% target. 96.2% of patients started treatment within 31 days of decision to treat, regardless of the route of referral. This compares to 97.9% in the period October – December 2013 but is above the 95% target for this standard.

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Government sets out rare diseases action plan

The Scottish Government has set out a new strategy to combat rare diseases, which are estimated to affect more than 300,000 people in Scotland.

A rare disease is defined as a life-threatening or debilitating condition that affects fewer than five people in 10,000. There are currently around 8,000 such recognised conditions.

The recent report entitled 'It's not rare to have a rare disease' has set out a series of suggested actions to bring about improvements in services and to empower people affected by rare diseases. The report also suggests ways to improve prevention, diagnosis and early intervention.

Each UK nation is developing their own plan of action as part of the UK Rare Disease Strategy. In turn this forms part of a Europe-wide drive to improve rare disease services.

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Wales

Wales to ban people smoking in cars with children in them.

First Minister Carwyn Jones and Health Minister Mark Drakeford announced this week that a ban on people smoking in private vehicles when children are present is to be introduced in Wales.

The ban will protect children from the avoidable harms associated with passive smoking, which can lead to a range of chronic diseases. Children are particularly at risk from exposure to second-hand smoke, in the confined spaces of a vehicle where they cannot escape from the noxious chemicals in tobacco smoke.

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Wales adopts Declaration of the Rights of Older People

Wales has become the first country in the world to adopt a Declaration of the Rights of Older People, which sets out the rights of older people in Wales.

The Deputy Minister for Social Services Gwenda Thomas said the Declaration is another world-leading step for Wales in the drive for equality and human rights.

The Declaration will help older people understand their rights more effectively and how they relate to current equality and human rights laws in Wales. It will help those responsible for the development and delivery of public services, by making clear how they can support and engage effectively with older people across Wales.

The Declaration, which has received cross-party support in the National Assembly for Wales, is based on the UN Principles for Older Persons and sets out what older people have said they value and what rights they feel would support and protect them.

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Hospital Mortality Data 'not a meaningful measure of quality care says independent report.

A recent independent report carried out by Stephen Palmer, Professor of Epidemiology at Cardiff University has found that hospital mortality data can be misleading and does not provide an accurate measure of quality of care.

The review examined whether risk-adjusted mortality, which is used in hospitals across Wales, is reliable and how it is being interpreted.

Prof Palmer's investigation has concluded that the current risk adjusted mortality index (RAMI) measure cannot be used as an effective 'smoke alarm' to warn about potential failings in care at a hospital. Alternatively, he believes the process of reviewing the medical records of all patients who have died in hospital – a system pioneered in Wales – provides a better, more robust way of assessing safety and quality of care at a hospital.

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