

news



Read inside an interview with Candy Morris who talks about her role as NHS champion for embedding research and development, the Government's response to the NHS Future Forum's recommendations and updates on commissioning, provider development, workforce planning, informatics and public health

update

"I do not underestimate the impact of the changes on you and your families. I – along with my colleagues who are creating the organisations of the future - will do all that we can to keep you informed and to retain the great talent and skill we have in the NHS workforce, up and down the country."

First of all, I want to thank you for the enormous amount of work you are all doing, particularly when we are operating in a very complex environment and when the NHS is subject to such scrutiny and debate in the media and elsewhere. It is remarkable that you have not only taken the service forward but you are continuing to make real improvements for patients. Quarter Two 2011/12 figures show that between July and September 2011, the Service maintained or improved against the eight quality areas, while being on track to deliver its financial savings this year. Thank you for all your hard work right across the system.

We are now at that point in the transition where we need to be actively setting out what the new organisations will look like, so we can give everyone affected by change as much clarity as possible about the opportunities available. We need to enable individuals to make the necessary decisions about their

future, perhaps difficult decisions, perhaps exciting ones. This week, we took that forward for the NHS Commissioning Board Authority by publishing its proposed structures at national, sector and local office level.

I am sure you have all looked at the document. I believe, and I hope you agree, the structure we are proposing gives us the greatest stability for the transition period to the future system. I believe too that the NHS Commissioning Board offers some exciting and varied roles in the local offices, for example, leading direct commissioning for local populations and working with health and wellbeing boards and clinical commissioning groups to get the best outcomes for our patients.

I understand too that for many of you, the publication has perhaps raised as many questions as it has answered. I do not underestimate the impact of the changes on you and your families. I – along with my

colleagues who are creating the organisations of the future – will do all that we can to keep you informed and to retain the great talent and skill we have in the NHS workforce, up and down the country.

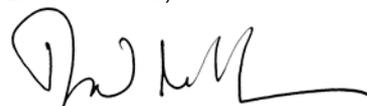
However, this scale of change is necessary if we are to meet the productivity and efficiency savings we must make, alongside the real improvements in the quality of outcomes we offer our patients. A health system built for growth could not survive in the financial period we have entered, where we must learn – and are learning – to live within our means. It is to the testimony of all of you that the Service has already made £2.5bn of savings in the first six months of 2011/12.

As we publish **the month**, I know those affected by the changes will be receiving a personal letter from their chief executives, setting out where they believe individuals' functions will be moving in the future. For some, this may not yet be clear. I know an early draft of the letter was shared with the media. This is unfortunate when there is a real and genuine commitment to do our best by our staff and to give people as much information as possible as we move forwards in this complex environment. It is especially complicated when the new system's organisations are all developing at different speeds.

Finally, I would like to highlight the publication at the end of last year of my NHS Chief Executive's review of innovation in the service. The review reminds us of some of the great achievements in the Service, particularly some of those 'breakthrough' innovations, such as in children's wheelchair services, telehealth and fluid management. The review sets out new ways for us to rapidly improve the way we share and adopt these innovations, that not only improve our productivity but greatly improve the quality and experience of services for patients. I strongly recommend the review to each of you.

These are unprecedented times for the NHS and I am sure for the thousands of committed staff up and down the country too. In these complex circumstances, I believe it is my job to make sure we share information as quickly as we can, to get everyone to a place where they can make decisions about their future. Thank you again for all of your hard work and your ongoing commitment to our patients.

Best wishes,



Sir David Nicholson
NHS Chief Executive

update

Download the quarter, Q2 2011/12

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131955

Access the NHS Commissioning Board Authority board papers

www.commissioningboard.nhs.uk/2012/01/26/board-meeting-020212/

Read the NHS Chief Executive's review of innovation

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

NHS Future Forum calls on healthcare professionals to lead way on patient-centred care

The NHS Future Forum has given its second set of reports to Health Secretary Andrew Lansley which it set out a series of recommendations to improve the quality of patient care and achieve better outcomes.

NHS Future Forum Chair Professor Steve Field said:

“We are making robust and ambitious recommendations to the NHS and to the Government. We have heard an enormous amount of support for the shift to patient-centred care but also frustration that this has not yet been achieved. This must now become a reality for patients across England and health and social care professionals must lead the way.”

The Government has responded to the NHS Future Forum and accepted its recommendations.

Highlights from the NHS Future Forum’s reports include:

Integration

- Integration should be defined around the patient, not the system – outcomes, incentives and system rules (ie competition and choice) need to be aligned accordingly.
- Health and wellbeing boards should drive local integration – through a whole-population, strategic approach that addresses local priorities.
- Local commissioners and providers should be given freedom and flexibility to ‘get on and do’ – through flexing payment flows and enabling planning over a longer term.

Education and training

- The new local education and training boards must have the governance in place to deliver strong partnerships across healthcare providers, academia and education.

- Quality must be at the heart of education and training with systems in place at all levels to reward high quality education and embed continuing professional development.
- There needs to be a review of the principles and aims of the Tooke Report into medical education.
- A properly structured process to support individual nurse and midwife development in post-qualification career pathways should be developed nationally.

Information

- Patients should have access to their online GP-held records by the end of this Parliament.
- The NHS must move to using its IT systems to share data about individual patients and service users electronically in the interests of high quality care.
- The Government should set a clear deadline within the current Parliament by which all information about clinical outcomes is put in the public domain.

NHS’s role in the public’s health

- The NHS must do more to prevent poor health, so it can reduce health inequalities and continue to provide high quality care for future generations.
- Every healthcare professional should make every contact count – use every contact with the public to help them improve their health. This should be a core staff responsibility in the NHS Constitution.

Cont’d/...4

NHS Future Forum calls on healthcare professionals to lead way on patient-centred care (Cont'd)

NHS's role in the public's health (Cont'd)

- The NHS must do more to support the wellbeing of its own staff too, helping a workforce of 1.4 million to live healthily and spread healthy messages with family, friends and patients.

Last year, over a four-month period, the NHS Future Forum listened to more than 12,000 people and attended more than 300 events. In this phase, the NHS Future Forum set out to listen to more patients and carers and sought more input from local authorities, housing and social care providers.

Find out more about the NHS Future Forum results
<http://healthandcare.dh.gov.uk/forum-report/>

Commissioning update

Clinical commissioning groups (CCGs) are at the heart of NHS modernisation plans. They put healthcare professionals in the driving seat so they have greater freedom to design services on behalf of patients - delivering better quality and integrated care.

The Government's ambition for the NHS is dependent on the successful development of highly effective CCGs, who will be authorised by the NHS Commissioning Board to plan and buy services on behalf of their local communities.

The development process for CCGs has been progressing over the last few weeks with a series of events around the country for emerging CCG leaders. The events, held in December 2011 and January 2012, were co-produced with the SHA clusters and aimed to give every CCG clinical leader access to a core set of development opportunities.

They also enabled emerging CCG leaders to:

- learn about what their peers have been working on since becoming pathfinders and what the impact of this activity has been;
- discuss their current issues and help develop solutions;
- ask questions about the operating environment, such as the emerging work on governance and authorisation; and
- open a dialogue with the NHS Commissioning Board Authority.

Feedback from the events has been positive with delegates finding the workshops and information sessions particularly useful and welcoming similar events in the future.

For those CCG leaders unable to attend, or for any other staff interested in the commissioning agenda, further information and outputs from the sessions are on the Pathfinder Learning Network.

Find out more about the Pathfinder Learning Network:

<http://healthandcare.dh.gov.uk/category/pathfinder-learning-network/>

Transforming the provider landscape

Tripartite Formal Agreement (TFA) – Performance and escalation process

In partnership with strategic health authority (SHA) clusters, the Department of Health (DH) has developed a new performance and escalation process to support the delivery of the foundation trust (FT) pipeline. This is part of the joint work between DH and SHA clusters to ensure NHS trusts meet their agreed milestones laid out in their Tripartite Formal Agreements (TFA) - their published commitments to achieving FT status. Each of the SHA directors of provider development and their teams have been closely involved in designing and agreeing the process. Work is now underway to coordinate this with the NHS Performance Framework for NHS trusts which already exists.

The TFA process will be a key part of the single operating model for provider performance management which is being developed to support NHS trusts through the application process to become an FT. During 2012/13, SHA clusters will continue to hold NHS trusts to account as part of their existing performance management role, prior to the full establishment of the NHS Trust Development Authority.

SHAs define a Red/Amber/Green (RAG) rating each month following a conversation with each individual trust. A number of factors are taken into account to agree the RAG rating, including TFA milestones as well as general performance matters. DH then has a monthly monitoring call with each SHA cluster to review the ratings across the country. The DH provider development team will also work closely with DH finance and performance to ensure consistency across teams.

If an NHS trust is given a 'red' rating for three consecutive months, the newly approved escalation process will start.

Secretary of State for Health has reiterated his commitment to delivering an all-FT landscape and confirmed he will use his powers to intervene where necessary to secure strong board leadership.

So, when a trust enters the escalation process, the trust and SHA cluster will meet with the DH team to discuss the issues and agree next steps, which will include agreeing a new submission date for their FT application. This would also mean the trust could lose some autonomy and board leadership would also be discussed.

Nine trusts have now entered the new escalation process.

Development modules for the Board Governance Assurance Framework now available

DH recently published a Board Governance Assurance Framework (BGAF) to support NHS trusts in assuring their trust boards are appropriately skilled and fully prepared for FT authorisation. All NHS trusts must complete the BGAF before they submit their FT application to DH.

Three development modules, included in the Framework, covering financial issues, organisational strategy and values, and quality and governance are now available via the DH website for trust use.

Plans for the NHS Trust Development Authority progressing

DH has published its plans and operating processes for the NHS Trust Development Authority (NTDA), whose core purpose will be to support the progress of NHS trusts through the process of applying for foundation trust (FT) status; often referred to as managing the FT pipeline.

Cont'd/...7

Transforming the provider landscape (cont'd)

provider development

Plans for the NHS Trust Development Authority progressing (Cont'd)

It will also be responsible for appointing the chairs and non-executive directors to NHS trusts as well as trustees for NHS charities, where the Secretary of State for Health has the power to make these appointments.

The NTDA will be established as a special health authority in June 2012, responsible only for the design and establishment of the NTDA as an organisation. In October 2012, it will take on the appointments function from the Appointments Commission. Then from April 2013, subject to Parliamentary approval, it will assume its full responsibilities and SHA clusters will no longer exist.

Recruitment for the chair will begin soon. The People Transition Policy will also be published shortly, which will provide further guidance for staff in DH, the NHS and arm's length bodies who may be interested in working for the NTDA.

Discussing provider readiness

Chief executives, chairs and non-executive directors from NHS trusts and NHS foundation trusts have been meeting to discuss the challenges they face in preparing for the new provider landscape.

Discussions have included the challenges of achieving system-wide transformation, introducing service change and ways to effectively communicate change to patients and their families.

Two out of five planned seminars, in partnership with NHS Confederation and facilitated by Nigel Edwards, now with the King's Fund, have taken place. The remainder will run between now and the end of March 2012.

If you would like more information about these seminars, please contact louise.creighton@dh.gsi.gov.uk.

Update on Any Qualified Provider (AQP)

As of April 2012, commissioners will start to offer patients the choice of any qualified provider in at least three services, which have been selected based on local priorities. Increasing patient choice will in turn improve the quality of care and access, incentivising providers to be innovative and more responsive.

Patients will be able to see which local services will be available to them through 'any qualified provider' on a new user-friendly and interactive map, which is available to view on the new AQP resource centre on the NHS Supply2Health website.

It will be a challenging task, particularly given the changes taking place across the health system. To provide support and guidance to commissioners, DH has supported the production of a series of AQP implementation packs covering eight clinical areas developed by the NHS for the NHS.

NHS colleagues have responded positively to the implementation packs, DH is exploring with the NHS and clinical commissioning groups (CCGs) where further packs may be most useful.

Commissioners are advised to work with CCGs and patients to set outcome-based service specifications for these services, based on national guidance and examples of best practice, to encourage potential providers to deliver the highest possible quality of service.

Cont'd/...8

Transforming the provider landscape (cont'd)

provider development

Update on Any Qualified Provider (AQP) (Cont'd)

Once they begin to assess potential providers, using the national qualification process and questionnaire, commissioners may also find it useful to refer to other supporting material on NHS Supply2Health website, including frequently asked questions.

The process for qualifying providers will operate at three levels. DH will host a central team to undertake initial compliance. Each region will host Qualification Centres of Excellence to undertake the service specific review of providers on behalf of participating commissioners. The Centres will be virtual teams who will undertake the majority of the service specific qualification tasks on behalf of commissioners in England, reflecting where experience has been developed through preparing the implementation packs. These are virtual teams that will undertake the majority of the service specific qualification tasks on behalf of commissioners in England and largely reflect where experience has been built up from preparing the Implementation Packs.

SHA cluster

SHA cluster	Services
North	Adult hearing Continence
Midlands and East	Musculoskeletal services for back and neck pain Podiatry Wheelchairs
South	Psychological therapies Diagnostic care closer to home
London	Venous leg ulcers and wound healing

Finally, the local commissioners will complete the process, formally qualifying providers to deliver services for patients in their areas.

Adverts for services will be placed on the NHS Supply2Health website over the next few months.

Access the Development modules for the Board Governance Assurance Framework www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131547

Read more about the NHS Trust Development Authority www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131776

Read more about the AQP resource centre www.supply2health.nhs.uk/AQPResourceCentre/Pages/AQPHome.aspx

New approach to education and training

Liberating the NHS: Developing the Healthcare Workforce - From Design to Delivery, published earlier this month sets out a new policy framework for the education and training system to be put in place, subject to Parliamentary approval.

The new system puts employers and professionals in the driving seat and gives them the national support they need to identify and anticipate the key workforce challenges, and to be flexible and responsive in planning and developing their workforce.

The development of the Local Education and Training Boards (LETBs) provides a real opportunity for employers to work with their professional leaders and education partners to shape the education, training and development of their future and present NHS workforce. LETBs will have the responsibility for deciding what skills and workforce they

need and for investing the £4.9bn central education and training funding to meet their local priorities. But this can only happen if providers step up to this role and demonstrate that the LETBs can handle this responsibility. The SHA clusters are already working with local employers to support the development of the LETBs.

Health Education England will be established later this year as a special health authority. It will have a key role to play in authorising the LETBs and allocating resources for them to invest in education and training locally.

The reforms outlined this week provide an unrivalled opportunity to improve the quality of education and training of the healthcare workforce.

Read *Liberating the NHS: Developing the Healthcare Workforce – From Design to Delivery*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132076

Informatics Directorate update

Work is progressing to develop the future strategy for informatics across health, including identifying at a high level where the responsibility for national informatics functions will sit within the new health and care system. The Informatics Directorate has been collaborating closely with SHA colleagues as they define the local informatics strategy for the future.

At a national level the emerging picture is one that features an informatics strategic capability in the NHS Commissioning Board and a system-wide delivery function, the location of which is yet to be determined.

Following a review of all programmes and services, the portfolio of activities delivered by the Informatics Directorate

and NHS Connecting for Health has been baselined. This sets out the status for all the activities the Informatics Directorate is engaged in and where necessary sets out an action plan to ensure correct sponsorship and ownership of programmes.

The Informatics Directorate is taking steps to change working practice. The Joint Plan for the partnership with Intellect (the body that represents IT suppliers) has been revised and the updated version published. Raw data on systems installed across the NHS has also been made openly available, with the aim of enabling information intermediaries to add further analysis and insight on those systems for the benefit of NHS users.

For more information on NHS Connecting for Health:
www.connectingforhealth.nhs.uk

High level design of new public health system

public health

The Department of Health (DH) published at the end of December 2011, a series of web-based factsheets describing the key aspects of the design of the new public health system - details of how Public Health England (PHE) will operate; the new role and responsibilities in public health for local government and an overview of how the whole new system will fit together.

On 23 January 2012, DH published the Public Health Outcomes Framework setting out key indicators of public health.

Further information, which will follow soon, will include details on funding for public health and a consultation on a public health workforce strategy.

Publication of all these products will complete the high-level design of the new public health system. Work on the detail

will continue, particularly to map current functions and structures to the new design of PHE and to provide detailed transition planning for the transfer of public health from primary care trusts to local government.

When fully implemented in April 2013, these reforms will see local government taking the lead for improving health and coordinating local efforts to protect the public's health and wellbeing and ensuring health services effectively promote population health. A new executive agency, PHE will deliver health protection, public health information and intelligence and services for the public. It will lead for public health and support the development of the wider public health workforce. The NHS will continue to play a full role in providing care, tackling inequalities and ensuring every clinical contact counts.

Read the web-based factsheets
<http://healthandcare.dh.gov.uk/public-health-system/>

Access the Public Health Outcomes Framework
<http://healthandcare.dh.gov.uk/public-health-outcomes-framework/>

Patient and Public Engagement team update

patient empowerment

Innovation in engagement : how the NHS can use social media to help build engaged communities

Using social media such as Facebook and Twitter to reach and hear the views of not often heard people and communities can be an efficient and effective way to secure good engagement outcomes.

These are the early findings from two projects in Brighton and Cheshire, funded by DH to consider how social media might help emerging clinical commissioning groups embed innovative engagement in their commissioning.

Brighton worked closely with its voluntary and community partners to encourage a two-way dialogue between the NHS and less engaged communities, so that it was able to capture swiftly a rich array of views and feedback about local services and priorities from people who would not have participated in traditional consultations.

Hannah Sherlock, Chairperson, Brighton and Hove Maternity Services Liaison Committee said:

“It has been quite a challenge to encourage a broad range of parents from different communities to get involved. But through using social media we hope we will be able to reach a much wider audience. After all, posting your views on Facebook only takes a couple of minutes, which is asking much less of a commitment than giving up a few hours to attend a committee meeting or fill in a consultation response.”

Similarly, Vale Royal Commissioning Group in Cheshire has harnessed the benefits of new technology as a way of developing a two-way dialogue with patients and public that has many cost and time advantages over other traditional forms of engagement.

Radical service change and an engaged public go hand in hand

Patients and public who are meaningfully engaged from the outset as partners in service change and design can often be more radical and freethinking than health clinicians and managers. That’s the learning from clinical commissioners in Lincolnshire who strived to engage their local population and built high levels of public support for changes to urgent care services.

Martin McShane, Director of Strategy and Health Improvement at NHS Lincolnshire (and an ex –GP) supported clinicians in engaging with local people about the changes to urgent care services in Louth and Skegness. The proposals, which involved closing an A&E and developing a primary care led urgent care centre in its place, secured more than 80 percent public support.

“If we explain and take time to properly engage the public in the issues and the problems, my experience again and again is that they will be more innovative, they will be more challenging and they’ll be prepared to be more radical than the professions or management in the NHS.”

To find out more about the projects and how social media might help your organisations build engaged communities, visit the [Commissioning Zone](#) or the [Pathfinder Learning Network](#)

To find out more about the key lessons in leading service change from Lincolnshire, a useful guide [Publicly Engaged GP leadership](#) is available on the Commissioning Zone.

Hear more from Martin McShane about the important role of clinicians in engaging patients and public on the [Commissioning Zone](#)

Championing research in the NHS

Candy Morris is supporting Professor Dame Sally Davies as NHS champion for embedding research and development across the NHS and also promoting informatics as a key driver for change. She is senior responsible officer (SRO) for development of the Health Research Authority [HRA], and for the national Interoperability Investment Programme [IIP]. This is the first of a series of articles.

Why are we focussing on promoting research in the NHS?

Health research plays a key role in improving the health and wealth of our nation, providing evidence needed to underpin health policy and health care – and contributing to the UK’s economic competitiveness through the life science industries. Recent publications by Sir David Nicholson, the Prime Minister and the Department for Business, Innovation and Skills emphasise this.¹²³

There are undoubtedly many brilliant people in the NHS, academia and life sciences in the UK. But burdensome regulation, among other things, has become a barrier to conducting research and recruiting patients into clinical trials; industry has been frustrated by lengthy regulatory processes and lower returns on investment; and patients haven’t benefitted from participating in clinical trials, and the early adoption of breakthroughs.

This is changing by streamlining health research regulation through the new HRA, mandating the promotion of research and the uptake of research evidence, and supporting the adoption and diffusion of innovation across the health service, as well as providing better access to patient data. But there is more to do for the NHS to become comprehensively research active – with proven benefits to outcomes and value.

How can clinicians and managers working in the NHS help transform the way research is conducted?

Patient groups, industry, academia, researchers and indeed the NHS itself are telling me that some of the biggest obstacles are within the NHS. Clinicians have a vital role to play in promoting and participating in clinical research. But they can lack positive support, simple processes to follow, protected research time and resources. We need to change the prevailing culture that sees research as an optional add-on rather than mainstreamed core business. As the NHS White Paper, Equity and Excellence: Liberating the NHS states, research is vital to improving health outcomes and reducing inequalities. This is even more evident when budgets are under pressure as research identifies new ways of preventing, diagnosing and treating illness.

That is where my ‘champion role’ comes in. We are influencing key decision makers to articulate the links between quality improvement and research, and we are encouraging trusts to identify clinical ambassadors to promote research and innovation with peers. We are working to harness ‘patient power’ and achieve greater pull through the system to increase participation in clinical trials, and create more informed consumers.

Cont’d/...14

¹ Innovation Health and Wealth

² Investing in UK Health and Life Sciences

³ Strategy for UK Life Sciences

Championing research in the NHS (cont'd)

Contact me at candy.morris@southeastcoast.nhs.uk to tell me what two or three things you believe would make the biggest difference and where I should focus my personal time.

What role will innovation and the recent NHS Chief Executive's Innovation Review play in driving change?

Research is vital to the continuous improvement of care in the NHS. For patients to have the best possible outcomes they need to have access to the latest diagnostics, treatments and medicines. Adoption and spread of innovation will be key to ensuring patients across the NHS receive the latest evidence-based care and treatment. By creating partnerships between research institutions, academia, the NHS and the life sciences industry we will develop new ways of caring for people that will lead to dramatic improvements in quality and outcomes – and also create productivity savings that will ensure the NHS can meet the growing demand for health services affordably.

The Innovation Review sets out a programme of action to make innovation and its adoption central to the activity of all clinicians working within the NHS.

How do you see informatics driving the research and innovation agenda?

To improve clinical research and the spread of innovation, the NHS needs better and more accessible information at all levels. We've made great strides to improve access to data, information sharing within the NHS, and provision of public information for patient choice.

For example, nationally the NHS is creating a series of databases on clinical trials and a web portal for innovation. The NHS has also established secure data linkage services between primary and secondary care data to improve knowledge of which interventions work.

The IIP aims to ensure that information is shared amongst clinicians, NHS staff, social services and patients so that care is integrated. We hope to launch an Information Sharing Challenge to support local projects shortly.

How will patients benefit?

Patients will increasingly be offered opportunities to participate in clinical trials and gain early access to new treatments. Innovation will ensure the spread of best practice to other patients. Patients will also benefit from better access to personal records, and greater information sharing within the NHS.

Look out for the March issue where Candy will be talking about the role of patients in driving the benefits of health research in the NHS.

Framework agreement for NHS Commissioning Board Authority in place

27 January 2012

The Department of Health and the NHS Commissioning Board Authority have jointly signed a framework agreement that sets out the relationship between the two organisations.

www.dh.gov.uk/health/2012/01/cb-framework/

Healthwatch England membership consultation

26 January 2012

Stakeholders and the public are being asked to contribute to the development of the Healthwatch England membership regulations.

<http://healthandcare.dh.gov.uk/healthwatch-member/>

Independent experts to help improve health results for children

26 January 2012

An independent group of experts has been established to help develop a new strategy for improving care for children and young people.

<http://healthandcare.dh.gov.uk/children/>

Public health outcomes framework sets out desired outcomes

23 January 2012

The new public health outcomes framework, which is published today, sets out the desired outcomes for public health and how these will be measured.

<http://healthandcare.dh.gov.uk/public-health-outcomes-framework/>

Views wanted on guidance on joint strategic needs assessments and health and wellbeing strategies

19 January 2012

Support for health and wellbeing boards and their partners in developing joint strategic needs assessments (JSNAs) and health and wellbeing strategies has been published in the form of draft statutory guidance.

<http://healthandcare.dh.gov.uk/draft-guidance/>

Advice on appointment of directors of public health

5 January 2012

Advice on the appointment of directors of public health and on transferring those already in post from the NHS has been issued by the Department of Health and Local Government Association.

<http://healthandcare.dh.gov.uk/public-health-directors/>

New start date and funding for local HealthWatch

3 January 2012

Further details on the establishment of local HealthWatch bodies, including a new start date and extra funding, have been set out by Health Minister Andrew Lansley.

<http://healthandcare.dh.gov.uk/local-healthwatch/>

Application of competition law to NHS foundation trusts

13 January 2012

The Department of Health wrote to the Office of Fair Trading (OFT) seeking views on the application of competition law to NHS Foundation Trusts further to the OFT guidance 'Public bodies and competition law: A guide to the application of the Competition Act 1998'.

<http://healthandcare.dh.gov.uk/competition-trusts/>

Building the NHS Trust Development Authority

5 January 2012

Outline plans and operating processes for the NHS Trust Development Authority (NTDA) have been published by the Department of Health.

<http://healthandcare.dh.gov.uk/ntda/>

Register with a GP practice of your choice – pilot announced

30 December 2011

The announcement today aims to make it easier for commuters in the pilot areas, who are often away from their local area during the working day, to see their doctor where it suits them.

<http://healthandcare.dh.gov.uk/gp-practice-pilot/>

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news in brief

New public health system takes shape as more details published

20 December 2011

More details on the design of the new public health system, including the role and responsibilities of local government in public health, the operating model for the new executive agency Public Health England and an overview of how the whole system will work, are published today.

<http://healthandcare.dh.gov.uk/public-health-system/>

Getting to grips with governance: board governance assurance framework for aspiring NHS foundation trusts

15 December 2011

Aspirant foundation trusts boards (FTs) will now receive extra guidance to help develop strong and sustainable governance arrangements, through the launch of a new board assurance framework.

<http://healthandcare.dh.gov.uk/board-assurance/>

Conference 2012 update

Date	Name of conference	Where	Website
2-3 February	Risk and Patient Safety 2012	Cavendish Conference Centre London	www.healthcareconferencesuk.co.uk/risk-and-patient-safety
28 February	Electronic Prescribing in Hospitals	Mayfair Conference Centre London	www.healthcareconferencesuk.co.uk/electronic-prescribing-in-hospitals
29 February	Advances in Medical Science	Central Hall Westminster London	www.publicserviceevents.co.uk/206/advances-in-medical-science
22 March	A New Approach to Mental Health	Manchester Conference Centre	www.publicserviceevents.co.uk/203/a-new-approach-to-mental-health
29 March	Resigning Local Services	Central Hall Westminster London	www.publicserviceevents.co.uk/208/redesigning-local-services

events

29 March	Health & Social Care Conference	One Whitehall Place London	http://govknow.com/event-detail.html?id=106
17 April	A New Strategy for NHS Procurement: Securing the Future of NHS Services	Manchester Conference Centre	www.publicserviceevents.co.uk/211/a-new-strategy-for-nhs-procurement
19 April	Public Sector Pensions	The Barbican London	www.publicserviceevents.co.uk/210/public-sector-pensions
30 May	Health and Wellbeing: Tackling Long-Term Conditions	The Barbican London	www.publicserviceevents.co.uk/214/health-and-wellbeing

Disclaimer: The Department of Health is not responsible for the organisation of any of the above events and cannot be held responsible for the content or quality of any events listed.