

White Paper outlines shift from secondary care to primary care

Plans to move services from hospitals into the community are outlined in the Government's new White Paper "Our health, our care, our say — a new direction for community services".

Speaking at the launch of the paper, Health Secretary Patricia Hewitt said that over the next 10 years, she wants to see five per cent of resources moving from secondary to primary care, in order to make primary and community services more responsive to people's needs.

This shift could see specialisms such as ear, nose and throat and dermatology carried out in new community hospitals and GP surgeries. Ministers want to see health firms and voluntary organisations running GP practices, and nurses, pharmacists and other health professionals being given more responsibility.

The paper states that some community hospitals are under threat of closure, as primary care trusts consider the best configuration of services in the area. PCTs making decisions



Minor procedures are to be conducted in new generation community hospitals

about the future of community hospitals will be required to demonstrate to their strategic health authority that they have consulted locally and have considered options such as developing new partnerships and new ownership possibilities. SHAs will then test PCT community hospital proposals against the principles of the White Paper.

Ray Fitzpatrick, chair of the Hospital Pharmacists Group of the Royal Pharmaceutical Society said: "Hospital

pharmacists should not perceive this as a threat but should see it as an opportunity for greater integration with their primary care colleagues which can only lead to improved patient care."

The paper goes on to state that PCTs will be invited, where appropriate, working with local authority partners, to bid for capital support for reinvestment in a new generation of community hospitals providing diagnostics, minor surgery, intermediate care and basic primary care.

brief

■ A code of conduct for those implementing "payment by results" has been published by the Department of Health. The code outlines core principles and expectations as to how the system should operate, and aims to guide resolution of disputes. All NHS bodies operating payment by results are required to comply with the code, which will apply from April this year. The code can be accessed via *PJ Online* (www.pjonline.com/links/hp).

■ People living in England have, on average, report being in better health than those living elsewhere in the UK, according to a new report published by the Office for National Statistics. "Focus on health" looks at health issues including smoking, drinking, sexual health and cancer, and highlights variations in reported general health status by social group. It can be accessed via *PJ Online* (www.pjonline.com/links/hp).

■ Robert Duthie, emeritus Nuffield professor of orthopaedic surgery at the University of Oxford, died on 25 December, aged 80 years. Professor Duthie was chairman of the joint subcommittee of the standing medical, nursing and midwifery and pharmaceutical advisory committees which produced "Guidelines for the safe and secure handling of medicines", commonly referred to as the "Duthie report".

■ The Department of Health has published an information paper covering matters that may be included in the new regulations following changes to the Medicines Act and related NHS legislation in the Health Bill. The paper can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Health research strategy announced

A new national health research strategy was announced at the end of January by Jane Kennedy, minister for quality and patient safety.

The strategy "Best research for best health", aims to provide patients with better access to new medicines and treatments, and to support health and social care researchers throughout England. It sets out how the Department of Health will spend over £650m per year on research and development, with the funding directed at relevant high-quality patient-based research.

As part of the strategy, every patient will have access to clinical trials and have the opportunity to participate in studies involving new medical therapies.

The health research infrastructure of the NHS is being improved by the establishment of the National Institute for Health Research, the National School for Primary Care Research and NHS research networks across England.

Measures will also be introduced to tackle the bureaucracy that is impairing research. Research passports will be introduced with the aim of avoiding repetition of credential checks by different health authorities and a national expert advice line will be set up to advise researchers on the interpretation of the law.

The Department of Health will also work closely with the national programme for IT — Connecting for Health — to

ensure that data collected from the NHS meets the needs of researchers and enables patients to access opportunities to participate in clinical trials.

Research programmes are to be expanded and the NHS research networks will be funded on a population basis.

Ms Kennedy says: "The requirement to conduct research and development for the improvement of health and medical treatments was one of the founding principles of the National Health Service. The NHS has a key role to play in determining the future health and wealth of this country, and the Government is determined to harness its capacity to make the UK the best place in the world for health research."

NHS trusts not meeting MRSA targets

Half of the NHS trusts in England are falling behind the target of reducing the levels of methicillin-resistant *Staphylococcus aureus* infection by 50 per cent by 2008, recent figures show.

The Health Protection Agency has published data showing that although many trusts have made significant reductions to infection levels, cases of infection increased by 1.5 per cent from April to September 2005 compared with the same period in 2004.

Twenty trusts have been identified as experiencing particular difficulties in meeting the target, and the Department of Health has announced that it will be setting up a team of specialists to work with these trusts. The

support teams will help trusts identify the issues currently preventing a reduction in MRSA levels and help develop action plans with realistic timescales.

Speaking at a recent seminar in London, Jane Kennedy, Minister of State for quality and patient safety, said that although improvements are needed in some trusts, many have made good progress, for example, with the roll out of hand hygiene campaigns.

"People will soon be able to see that the NHS has raised its standards and that they can receive treatment with confidence," she said.

Trusts will be assessed on their performance in meeting the MRSA targets as part of their 2006 health checks.



Hand hygiene campaigns have been rolled out in many trusts

Improvements needed in NHS cancer plan

Clear inequalities in cancer outcome remain between socioeconomic groups, with higher mortality rates in deprived areas and higher survival rates in London and the South.

This is a finding of a new report by the House of Commons Committee of Public Accounts on the progress of the NHS cancer plan.

The plan, published in 2000, established 34 cancer networks in England which involve collaborative working between strategic health authorities, acute and primary care trusts, the voluntary sector and local authorities, to improve

provision of cancer services to patients.

However, the new report found that relationships between constituent organisations can be difficult and that commissioning of cancer services is not sufficiently joined up in some network areas.

It states that a third of cancer networks have, at best, an adequate relationship with the primary care trusts that provide their funding, and that the creation of NHS foundation trusts brings the risk of more limited partnership working.

The report says that 30 per cent of networks visited by the National Audit Office did not

have comprehensive plans for providing cancer services in their area.

Increased funding for cancer services is reaching the front line and being spent directly on funding new drugs, staffing and new services, although staffing of some posts is proving to be difficult. The report states that 25 per cent of lead pharmacist positions that have been created in cancer networks remain unfilled.

The report also highlights variations in the availability of cancer drugs. It states that unacceptably wide variations in use of National Institute for Health and Clinical Excellence

approved cancer drugs persist between different parts of the country. For example, the use of trastuzumab (Herceptin) for metastatic breast cancer in eligible women ranged from 90 per cent to fewer than ten per cent.

The report recommends better monitoring of performance against cancer plan targets, and says that cancer networks should make clear in their delivery plans how inequalities are being addressed. It recommends that the cancer plan is updated to take into account the NHS structural changes since it was published.

The report can be accessed via *PJ Online* (www.pjonline.com/links/hp).

New cases of HIV being diagnosed in the UK remain high

Data published by the Health Protection Agency shows that new cases of HIV being diagnosed in the UK remain high.

There were 5,560 new cases diagnosed in 2005, and this figure is expected to rise to 7,750 when late reports for the year come in. In 2004 there were 7,181 new HIV cases reported.

Valerie Delpuch, from the Health Protection Agencies HIV department said that homosexual men remain at the highest risk of acquiring HIV, with evidence that transmission is continuing at a substantial rate. However she noted that a higher rate of HIV testing within this group of people is

likely to have contributed to the rise in the number of new diagnoses.

The HPA predicts that the number of new HIV diagnoses among heterosexual men and women will remain high but relatively stable with the number of diagnoses expected to be 4,392 for 2005 compared with 4,347 in

2004. Diagnoses among injected drug users are expected to increase to 182 new cases, compared with 131 cases in 2004. However, the HPA estimates that a high proportion of people remain unaware of their infection.

The figures can be viewed on the HPA website (www.hpa.org.uk).