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UK NHS tops survey of health services in 11 major countries

By Michael Burton

The UK's health sector has received an unexpected boost by coming top of the Commonwealth Fund's analysis of health services in 11 different industrialised countries including the US.

The survey based its analysis on 72 indicators that measure performance in five domains important to policymakers, providers, patients, and the public: care process, access, administrative efficiency, equity, and health care outcomes.

The top-ranked countries overall are the UK, Australia, and the Netherlands. In general, the UK achieved top performance in all the domains compared to other countries except health outcomes, where it ranked 10th despite experiencing the fastest reduction in deaths in the past decade.

The UK, Australia, and New Zealand are the top performers in the care process domain and the UK, Australia, New Zealand and Norway for administrative efficiency. The UK is also top in affordability and



equity of health systems.

The report says major investment in the NHS in the early 2000s increasing spend from 6.2% of GDP to 9.9% as well as reforming primary and cancer care contributed to its better performance.

Nigel Edwards, chief executive of the Nuffield Trust, said: 'It is good to see that the NHS does manage to succeed in delivering

some of its main policy goals. However while the NHS does well on a number of measures including efficiency, affordability, equity and some aspects of the process of care, it performs poorly in terms of outcomes.'

In 2014, total health spending accounted for 9.9% of GDP in the UK, more than the OECD average of 9.0%. European countries to which the UK is often compared, like

France and Germany, typically spend a greater proportion of national income on health. The US spends far more on health care than other high-income countries, with spending levels that rose continuously over the past three decades. Yet the US population has poorer health than other countries.

Mr Edwards added: 'There is sometimes an attempt to blame the British population for its poor diet, high obesity rates and reluctance to go the GP with symptoms that require attention. There is some evidence that this last point is true. The higher rates of deprivation and the UK's high rates of income inequality may be an issue in some cases.'

'However, the claim that the influence of Government on health in parts of the UK is malign does seem plausible. In recent years, the English NHS has undoubtedly had more reorganisation and restructuring than any health system in Europe – even those subject to some of the most rigorous austerity regimes post 2008.'

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comment



By Michael Burton

Judging by its media coverage the NHS is in constant crisis. However the experience by the vast majority of users is mostly positive. Indeed the NHS isn't quite the basket case we might have supposed when compared with other industrialised nations' health services.

A survey by the Commonwealth Fund, comparing the US health service with ten other countries puts the UK's NHS at the top for four of its five main categories. Interestingly the US, which has the highest spend on health which is virtually all private, comes out regularly at the bottom of performance. Its health sector, because of the bureaucratic insurance system requiring an army of accounts staff, is also inefficient, and high health inequalities mean poorer outcomes.

More money does not therefore always mean a higher performance. Recent figures from the OECD also put the UK around the middle of its membership for performance with spending as a proportion of GDP slightly higher than the OECD average.

There is however one category in the Commonwealth Fund survey in which the UK performs badly, namely outcomes, or keeping people alive. This is clearly rather important though the reasons are more complex, ranging from the UK's health inequalities to poor access to GPs and a lower level of professionals in hospitals compared to other European countries.

Overall the survey is good news for the NHS. It does not however remove the budget pressures on the system even though these are faced by all other advanced industrialised countries with ageing populations.

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Trusts fail to meet A&E targets on treating patients

By Paul Dinsdale

NHS Trusts are taking longer to treat patients attending accident and emergency departments, although ministers and health officials have made A&E waiting times a top priority.

Latest official performance figures show that in May, hospital-based A&E units in England treated only 84.6% of patients within their four-hour target time, despite a requirement to treat 95% in this period.

The figure is down on both the previous month (85.7%) and May last year (85.4%). Medical leaders warned the figures showed that the NHS could be in for an even tougher winter later this year than it experienced in 2016-17.

Trusts' performance has declined since March, when Jeremy Hunt, the health secretary and NHS England's



Hospitals are failing to meet A&E and acute-care waiting time targets

chief executive, Simon Stevens ordered them to improve, while simultaneously downgrading the duty to give 92% of patients non-urgent surgery within 18 weeks of being referred. Mr Hunt said at the time that hitting the 95% target was 'critical for patient safety'.

Dr Taj Hassan, president of the Royal College of Emergency Medicine, said:

'It's concerning that the early summer period has seen a drop in four-hour performance and bodes ill for winter.' He also said A&E units needed long-term investment if they were to cope with the growing number of walk-in patients seeking medical help.

The figures revealed that hospitals, again, missed a large number of key waiting time

targets in May. The number of patients waiting for a planned operation, such as cataract removal, hernia repair or hip replacement, rose in May to 3.8m – the highest since December 2007.

Experts expect it to exceed 4m, possibly as soon as next month, partly as a result of the 92% target being downgraded by Hunt and Stevens.

Only 90.4% of the 1.38m people who underwent such treatment in May had been waiting under 18 weeks, below the 92% spelt out in the NHS constitution.

Hospitals breached two of the eight waiting-time targets for treating cancer patients. In all, 2,390 patients did not receive their first proper treatment within 62 days of being urgently referred by their GP.

Another 1,646 patients with suspected breast cancer did not get to see a consultant within 14 days.

Record payouts by NHS on damages claims for negligence



More than £1bn in damages for medical negligence was paid out by the NHS last year – a record high, largely due to maternity problems, according to official figures.

Patient groups said the figures showed the need to improve safety in hospitals, with particular concerns about the rising costs caused by catastrophic errors in childbirth.

Doctors' representatives said the trends showed the need to cap costs in order to limit the amount

being spent on lawyers.

The figures from NHS Resolution showed £1.7bn in total was spent on negligence claims – with almost £700,000 spent on legal costs. The total figure has almost doubled since 2010/11, the statistics showed.

Peter Walsh, chief executive of charity Action against Medical Accidents, said the NHS was spending too much on litigation, because it was failing to improve its safety record, and spending too much fighting cases it should not be defending.

'The human cost of these perfectly avoidable errors is far greater than the financial cost,' he said.

'Most of these costs would be avoided if the NHS investigated incidents better, recognised when they were at fault and settled claims earlier.'

Fewer 999 calls to be classed as 'life-threatening'

Fewer 999 ambulance calls are to be classed as life-threatening and needing an urgent response in the biggest shake-up of the service for 40 years.

The move by the NHS in England – and agreed by ministers – will result in around 8% of call-outs being classed as needing the fastest response. Currently, half of all call-outs are classified this way, but many are not emergencies – or patients could be realistically expected to wait longer for paramedics to arrive.

NHS managers said it would free-up crews to reach them more quickly. They said the targets being used now were 'blunt' and 'dysfunctional' and meant too many ambulances were being dispatched just to meet these targets, rather than prioritising patients appropriately.

The changes have been backed by medical experts after being carefully piloted on 14m 999 calls over the past 18 months. In one of the pilot sites, cardiac arrest patients received a response 30 seconds more quickly than they previously did, the evaluation by Sheffield University found. If this was repeated across the country, it could save 250 lives, say experts. Wales has already introduced a similar system, while Scotland is piloting its own version.

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GPs in Scotland demand more funding

The Royal College of GPs has called on the Scottish Government to address 'long-standing underfunding' of GP practices.

It has also criticised the 'confusion surrounding £500m of future spending commitments. The comments were made in a written submission to the Scottish Parliament's health and sport committee.

The Scottish Government said it had already committed to investing 'a further £500m in primary care by the end of this parliament', but the Royal College of GPs (RCGP) called for confirmation of exactly how much it would spend on general practice in the next four years.

It follows a statement by Health Secretary



Shona Robison after the Scottish Government announced its share of health spending would be increased to 11% of the overall health budget by 2021.

Ms Robison said: 'This forms the first stage of the Scottish Government's commitment to provide an extra £250m in direct support of general practice, per year, by 2021 – increasing the overall investment in primary care by £500m.'

The RCGP said doctors 'do not yet have understanding of what "in direct support" may mean, and the point has been raised with Scottish government that the term is too broad and lacks sufficient clarity'.

NHS rated top healthcare system in survey

By Paul Dinsdale

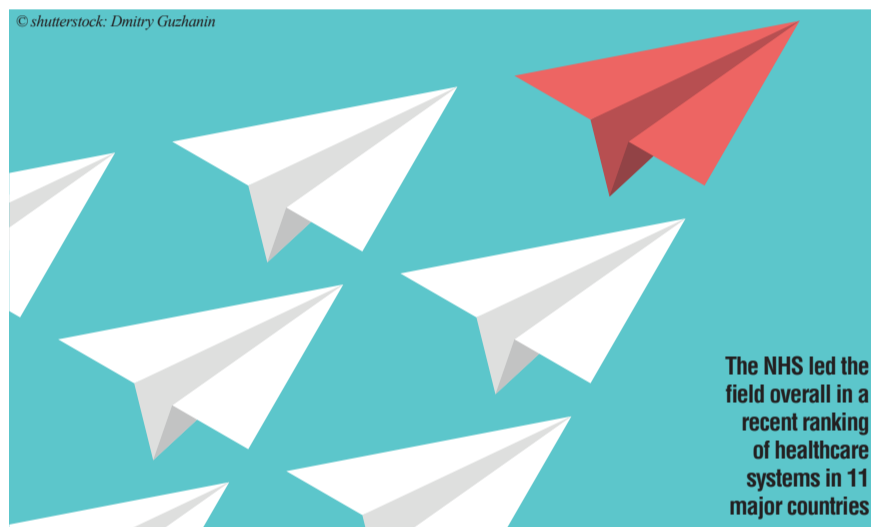
The NHS has been rated the best, safest and most affordable healthcare system out of 11 countries analysed and ranked by experts from the influential Commonwealth Fund health think tank.

This is the second time in a row the study, which is undertaken every three years, has found the UK to have the highest-rated health system. Surprisingly, the NHS has retained the top spot, despite the longest budget squeeze in its 69-year history, serious understaffing and disruption caused by a radical restructuring of the service in England in 2013.

Its ranking is even more notable because the think-tank found the UK to put the fourth smallest amount of GDP into healthcare among the 11 countries. While the US spends 16.6% of its national income on health, the UK comes near the bottom, investing just 9.9%. Only New Zealand (9.4%), Norway (9.3%) and Australia (9%) put in less.

The UK emerged with the best healthcare system overall, just ahead of Australia, with the Netherlands in third place. A group of experts assessed them against 11 criteria designed to measure the effectiveness of different health systems.

'The UK stands out as a top performer



The NHS led the field overall in a recent ranking of healthcare systems in 11 major countries

in most categories except for healthcare outcomes, where it ranks with the US near the bottom,' according to the *Mirror, Mirror 2017* report from the US-based Commonwealth Fund.

'In contrast to the US, over the last decade the UK saw a larger decline in mortality amenable to healthcare than the other countries studied,' the report says. Experts see this as a key measure, because it captures how well a health system is doing at preventing,

detecting and treating illness.

Health secretary Jeremy Hunt praised the NHS's top ranking: 'These outstanding results are a testament to the dedication of NHS staff who, despite pressure on the frontline, are delivering safer, more compassionate care than ever,' he said.

'Ranked the best healthcare system of 11 wealthy countries, the NHS has again showed why it is the single thing that makes us most proud to be British.'

Hospitals fail fire-safety checks



Two more hospitals have failed fire safety checks, which were required in the aftermath of the Grenfell Tower fire.

Buildings at Newcastle upon Tyne and University College London Hospitals NHS trusts have been found to have combustible cladding. They now have to take action and continue with 24-hour fire warden patrols in the meantime.

It brings the total of failed sites to five, although none of the buildings has patients staying overnight. One is an office building, while the others are used to see and treat patients during the day.

In all the cases, bar one, the cladding is being removed. The exception is UCLH, where a building at the National

Hospital for Neurology and Neurosurgery has failed tests. Other options are being explored because of the size of the building involved.

Thirty-eight of the highest-risk sites have been checked. NHS managers said the review of sites would now be expanded to other hospitals, with another six added to the high-priority list.

A spokesperson for NHS Improvement, the regulator in charge of carrying out the checks, said: 'Patient safety continues to be our absolute priority, and we'll make sure the NHS is supported to carry out the urgent fire-safety checks required.'

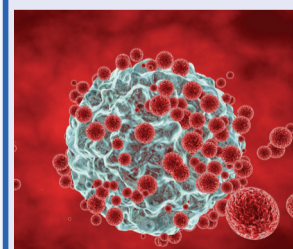
The urgent checks were ordered by Health Secretary Jeremy Hunt following the Grenfell Tower fire. In Scotland, health boards have confirmed combustible cladding has not been used on any buildings.

briefs

■ A new academy to train radiologists and imaging professionals is to be created in Wales with £3.4m of Welsh Government funding. The new National Imaging Academy for Wales will be based in Pencoed, Bridgend, and is due to be up and running by mid-2018. Health Secretary Vaughan Gething announced that the academy would 'play an important role in helping to increase the number of trained radiologists'. It will provide specialist training, in partnership with the existing provision at hospital sites throughout south Wales. The academy will be fitted with workstation suites, simulation training and a lecture theatre.



■ Cancer survival rates in the UK still lag behind those of other European countries, research suggests, with a need for earlier diagnosis and improved access to treatments. A report by the Association of the British Pharmaceutical Industry (ABPI) is the latest to highlight the problem, with previous research, suggesting that UK survival rates for breast cancer are a decade behind countries including France and Sweden. 'It is quite clear that outcomes in the vast majority of cancers are not where they need to be in the UK,' said Richard Torbett, executive director of the ABPI. The research, lead by the Swedish Institute for Health Economics, expands on previous work, which looked at a number of studies to assess the state of cancer care across Europe between 1995 and 2014.



Cancer attacking a cell

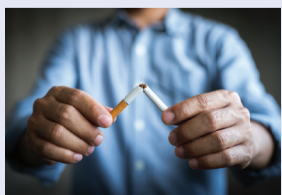
briefs

■ Rising rates of life expectancy are grinding to a halt in England after more than 100 years of continuous progress, says a leading health expert. University College London expert Sir Michael Marmot said he was 'deeply concerned' by the situation, calling it 'historically, highly unusual'. He said it was 'entirely possible' austerity was to blame and the issue needed looking at urgently. The Department of Health said ministers were providing the necessary support and funding to ensure life expectancy continues to increase. Using Office for National Statistics projections for babies born since 2000, Sir Michael, who has advised the government and World Health Organisation, showed the rate of increase in life expectancy had nearly halved since 2010 in England.



Life expectancy rates in the UK have stopped rising

■ The Government has announced plans to cut smoking rates among adults in England from 15.5% to no more than 12% by 2022. Its long-awaited tobacco control plan, which was due to be published last summer, also targets a reduction in the number of 15-year-olds who regularly smoke, from 8% to 3% or lower; and a fall in the proportion of pregnant women smoking, from 10.5% to no more than 6% over the same period. It also seeks to reduce the 'inequality gap', whereby smoking rates are highest and most damaging to health among the least well-off. Half of the nine-year difference in their life expectancy is caused by smoking.



NHS to recruit 2,000 more GPs by 2020



NHS England is increasing the target for its overseas recruitment programme from 500 to around 2,000 GPs by 2020.

It is understood this includes both GPs from the EU and other overseas countries, and comes as part of the government's pledge to deliver 5,000 more GPs by 2020.

The 'GP Forward View' had committed NHS England to recruiting up to 500 GPs

from overseas in a bid to help achieve the goal.

NHS England chief executive Simon Stevens said: 'Although there are some good signs of progress on increases in the GP training scheme, there are real pressures around retirements, and so the conclusion we've come to is that in order to increase the likelihood of being able to have 5,000 more doctors in general practice, we are going to

need a significantly expanded industrial-scale international recruitment programme. We intend to launch that in the autumn.'

NHS England has offered a £30m contract tender for companies to bid to help recruit GPs from the EU earlier this month, expanding the programme from an initial £20m budget. The contract runs from 25 September this year for three years until 2020.

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Shortage of junior doctors is 'a wake-up call' to sector



The 2016 junior doctors' contract has not helped the NHS recruit the number of young medics it needs

By Paul Dinsdale

A shortfall in the number of children's junior doctors in the UK should be a 'wake-up call' for the NHS, says the Royal College of Paediatrics and Child Health.

A study shows that children's units are struggling to fill nearly one in five places on their rotas. Almost 90% of children's units said they were concerned about how they will cope.

'Large gaps in the workforce have a serious impact on doctors and vital hospital services,' said spokesman Dr Simon Clark.

The latest figures are based on an annual survey by the Royal College of Paediatrics and Child Health focusing on rota gaps and vacancies. The survey was carried out online earlier this year, with nearly two-thirds of the 211 paediatric and neonatal units responding.

It found there were not enough junior doctors to fill 18.6% of places on rotas, with the most problems among the most senior posts where the vacancy rate was 23.4%. The average rota should

have just over nine junior doctors.

It means NHS managers are having to resort to filling their rotas by using locums or asking more senior doctors, including consultants, to fill the gaps.

Survey respondents said the imposition of the junior doctors' contract in England last year and the introduction of locum pay caps have worsened the situation.

In addition, the UK's decision to leave the EU has left many non-UK doctors and trainees concerned about their ongoing rights in the UK labour market.

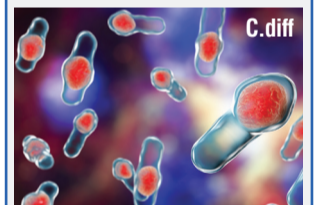
Non-UK qualified doctors currently make up two-fifths of the professional paediatric workforce, a report on the state of child health found in April, but the number of applicants applying to train in paediatrics who are European Economic Area graduates has fallen by 58% in two years.

Children's junior doctors train for approximately eight years, before reaching consultant level.

Improvements required at Wales' main hospitals

Major improvements are needed at north Wales' three main hospitals to reduce the risk of infection, a report has found.

Gill Harris, Betsi Cadwaladr University Health Board's (BCUHB) executive director of nursing and midwifery, said targets for 2016-17 were missed.



This was despite a 25% drop in Clostridium difficile (C. diff) cases and a 9% fall in MRSA cases. The health board has hospitals in Wrexham, Bangor and Bodelwyddan.

In her report, Ms Harris said: 'Rates of infection in BCUHB remain too high and the health board is committed to protecting people from infections.'

'Improvements are needed across a wide range of key clinical practice standards, including the care of invasive devices and antimicrobial prescribing, and the focus of work within BCUHB is on these aspects of care.'

In 2013, Wales' largest health board, which cares for 694,000 people in north Wales, was severely criticised for how it handled an outbreak of C. diff, after 30 patients died while suffering with the infection at Glan Clwyd Hospital in Bodelwyddan, Denbighshire.

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In the wake of the recent cyber attack on the NHS' systems, the government has allocated 21m to help protect patient and hospital data in the future

NHS Trusts are given extra cash for cyber security

By Paul Dinsdale

Hospitals responsible for treating patients from major incidents, including terrorist attacks, are to receive £21m to improve cyber security in the wake of the WannaCry assault on NHS IT systems.

Jeremy Hunt, the health secretary, has promised the extra money to try to stop future malware attacks disrupting operations and appointments in key medical centres.

The £21m will be shared between hospitals in the NHS's network of 27 major trauma centres across England, including those in London and Manchester, which gave specialist care to people badly injured in the Westminster Bridge, Manchester Arena and London Bridge terror attacks, and the Grenfell Tower fire.

The WannaCry attack began on 12 May and

disabled computers in organisations across the world, including the NHS. Hackers demanded money to unfreeze the computers. It prevented 48 hospital trusts in England and several GP surgeries in England and Scotland from accessing patient data, and led to operations and appointments being cancelled and delayed.

Hospitals receiving the new cyber security funding include King's College, St Mary's and the Royal London in the capital, as well as the Manchester Royal Infirmary. Recipients will use the cash to update their IT systems, improve staff training and become more resilient to any future cyber attacks.

'The NHS has a long history of safeguarding confidential data, but with the growing threat of cyber attacks, including the WannaCry ransomware attack in May, this government has acted to protect information

across the NHS,' said Lord O'Shaughnessy, the health minister.

'Only by leading cultural change and backing organisations to drive-up security standards across the health and care system can we build the resilience the NHS needs in the face of a global threat.'

The move was unveiled as part of the government's response to a report into NHS data security published earlier this year by Dame Fiona Caldicott, the national data guardian.

NHS Digital will also assist efforts to strengthen the service's IT security. It will broadcast alerts to warn hospitals about threats to cyber security, setting up a hotline to deal with any incidents that occur, and carry out on-site assessments to test readiness to resist an attack.

Vulnerable patients 'could lose overnight care'

Many vulnerable people with learning difficulties could lose overnight supervision, a mental health charity has warned.

Mencap says the HMRC has ruled carers sleeping overnight to provide safety and reassurance should be paid the national minimum wage for all hours. It says the total bill for back pay, which is due by September and in some cases dates back six years, could be £400m.

The Government says carers should be paid fairly. The national minimum wage for those aged 25 and over is £7.50 an hour, which will increase to £9 by 2020.



While on night shifts, most employees providing care in people's own homes are allowed to sleep, providing they can be woken to deal with any incidents.

According to minimum wage legislation, employers must take into account shifts where staff are allowed to sleep as long as they are 'at work and under certain work-related responsibilities'.

Until recently, many overnight carers were paid a flat rate allowance for a 'sleep-in', with additional wages paid for work carried out.

Smaller care charities were on the brink of disaster as a result of the changes, said Derek Lewis, chair of Mencap. The charity lost an appeal in April this year, against a ruling that it was wrong to have paid a support worker £29.05 for a nine-hour sleep-in shift.

Spending on non-NHS providers rises

The Government's spend on purchasing healthcare from non-NHS bodies rose by 4.8% in 2016/17 compared with the previous year.

The annual accounts from the Department of Health (DoH) revealed the amount grew by almost £630m, from £13.08bn in 2015/16 to £13.70bn in the financial year ending 30 March.

At the same time, DoH spend on GP contracts grew by 2.3%

– or £175m – from £7.76bn to 7.94bn. This was higher than the overall expenditure increase across the DoH, which was 1.5%, from £50.06bn in 2015/16 to 50.80bn in 2016/17.

The accounts also reflect a move of £1.2bn from the DoH's capital budget to its revenue budgets, which the auditor general warned would 'have implications for the resilience of the service'.

They explained this was

directly linked to the expected rise in NHS Resolution costs of clinical negligence payouts on behalf of NHS trusts, following the discount rate reduction in March.

The accounts revealed that, on the whole, the DoH had lived within its budget controls, but it added that 'difficulties in getting the NHS' finances on a stable footing have been publicly acknowledged' and 'there remains much to do'.



Enabling efficient care in turbulent times

Dr Graham Evans shows how implementing an enterprise-wide electronic patient record is providing the foundations for joined-up health and care

With the STP process heralding much change for how care is provided across England's regions, individual NHS trusts need to show how they are making the most of technology to support a flexible approach to care delivery and providing the building blocks for change.

North Tees and Hartlepool NHS Foundation Trust (NTHFT) is one of the many organisations involved with the potential reconfiguration for hospital services across England as the NHS looks to achieve the ambitions of the *Five Year Forward View*, and deliver new models of more integrated and efficient care.

For us, like many other trusts, this means re-purposing existing facilities, consolidating expertise and exploiting technology to better co-ordinate care provision and deliver care closer to home.

To make this happen, it is important that the right building blocks are in place. At NTHFT, this has meant replacing multiple legacy systems with an electronic patient record that brings information together in to one, unified, enterprise-wide solution.

The aim of this streamlined approach is to support a more seamless care experience for patients and more operational efficiency, not just for the trust, but potentially for integration with the regional health and care system as a whole. We can now provide richer clinical information at the point of care and provide the foundation for joined-up care as we enter a future of re-designed health and care systems.

It means we can deliver the tools for our staff and patients, so we can achieve the ambition that 'care is what we do, and not where we go'.

The starting point for this has been an enterprise-wide Electronic Patient Record (EPR), which is an essential part of this process that we should all be moving towards.

The trust implemented phase one of its EPR programme in 2015-16, with the replacement of the organisation's Patient Administration System (PAS) with TrakCare from InterSystems. This included the roll-out of supporting electronic documentation, such as electronic discharge summaries.

The EPR programme has helped to align and integrate a range of clinical information systems, and in so doing, the

Information and Technology Services (IT&S) directorate can enable informed organisational decision making through more reliable access to information, from multiple sources, for frontline staff.

This unlocks the power of information to improve decision making at the point of care, and helps to achieve our strategic intent of developing IT services that add value to the patient, in terms of improved outcomes, experiences and support. It is also consistent with the trust's lean improvement philosophy, that aims to get the right things to the right people at the right time, and so improve flow and eliminate wasted resources?

For example, we are now integrating primary with secondary care information, interoperating with TrakCare using the Medical Interoperability Gateway. We have a contextual link within the TrakCare application that allows our

governance, involving all stakeholders across the region, and by building on a strong technological foundation, we can move forward confidently and collaboratively.

In hospital care, a solid infrastructure and appropriate clinical and line-of-business systems are essential. For other, less mature organisations, you need to be agile and responsive to help meet their needs. We have chosen to deploy an enterprise-wide solution to enable this flexibility.

If you have the ability to move and change quickly, you can then deliver things more responsively, and this can be an essential part of addressing any cultural or organisational barriers that may emerge. We can show people the positive impact of new ways of working, and help unite disparate individuals and organisations in a shared vision of the future.

'Pressures, new and old, are being felt across the NHS. The current systems are not prepared for the high demands they face. Scarce resources mean we have to work smarter and more efficiently'

hospital clinicians to see the GP record directly at the point of care, providing the information required to help deliver more informed, better care. Naturally, this process and access is undertaken within an appropriate governance and consent arrangements.

Through interoperability and integration, we can deliver a holistic view of the patient for clinicians, wherever they need to deliver care. It also means we can keep patient and service user's information safe, secure and up-to-date, and is helping us to achieve the ambition of being paper-free – or, more likely, paper-light – at the point of care by 2020.

I know from my previous work at both NHS England and the North East strategic health authority that technology is not a solution on its own. People and process are equally important. New systems can mean different ways of working and organisational cultures can present barriers.

This can be a challenge for regional care planning. But, with strong

Pressures, new and old, are being felt across the NHS. However, the current systems are not prepared for the high demands they face. Scarce resources mean we have to work smarter and more efficiently, and this is where technology brings a different paradigm in care provision. If you look at other industries, such as banking or travel, there is an emphasis on self management. Consumers transact online. The NHS has not yet fully embraced the digital opportunity.

But I am very optimistic that we have the right building blocks in place to address this. The North East is my passion, and I hope to bring pragmatism and vision to the future of healthcare in this part of the region. By bringing together people, process and technology, we have the foundations to drive the new models of care central to the future of the NHS.

Dr Graham Evans is chief information and technology officer for North Tees and Hartlepool NHS Foundation Trust



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Untangling the acronyms in BCF guidance

Paul Smith separates the key points from the acronyms in NHS England's recently published guidance on how the Better Care Fund should work in the future

The legislation for Disabled Facilities Grant (DFG) dates back to 1996 and the Housing Grants, Construction and Regeneration Act. This prescribes who is eligible for a grant and what it can pay for, including the application of a means test and setting a maximum amount – currently £30,000.

In 2008, the Government recognised these rules can be too prescriptive and don't always allow home adaptations to be carried out in the most effective way. So it said that if a local authority publishes a housing assistance policy in accordance with the Regulatory Reform Order (RRO), it can use the DFG allocation on anything in the policy.

This gives councils a great deal of discretion in how they go about adapting homes. Surprisingly, a Freedom of Information request by Foundations found around half of local authorities don't have a current policy. For those that have adopted a policy, five themes stand out:

- Cutting bureaucracy – the DFG is renowned for its complex application form and requirements, so some councils have introduced simpler adaptation grants. With cut-down paperwork, simpler criteria and, in some cases, no means testing, these authorities have been able to reduce their administration costs and complete adaptations faster.
- Hospital discharge – delayed transfers of care due to social care issues have been well documented, but some patients are delayed because their home isn't safe for them to return to. DFG funding has been used to

pay for handyperson services for smaller jobs, such as moving a bed downstairs, or fitting grab-rails.

- Help to move – for some people, their home isn't suitable for them, regardless of how many adaptations are made. But there may not be many other options available, especially if they own their own home or rent privately. DFG funding can be used to help them find and move to a more suitable home.
- Minor repairs – poor housing conditions have been shown to have a detrimental effect on the health and wellbeing of the people living there, with mental health problems often reported. Some councils have decided to include urgent repairs alongside adaptations to make sure the home is safe as well as accessible.
- Dementia-friendly environments – the previous prime minister's Dementia Challenge suggested DFG funding could be used to make changes – from safety devices on cookers to retro-decoration – that allow someone with dementia to stay at home for longer by improving safety and minimising confusion.

Foundations' role is to help improve the delivery of DFG and we've been touring the country with our DFG Champions Roadshows. There are also lots of resources on the Foundations, including guidance on how to develop an RRO policy, at: www-foundations.uk.com.

Paul Smith is director of Foundations, the national body for home improvement agencies



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The apprenticeship renaissance

In the Black Country diverse NHS trusts have come together to create the Black Country Academy which is offering training to hundreds of apprentices for careers in the health sector. **Danny Wright** reports

It's the time of year when thousands of young people are busy planning their options and next steps while eagerly, and nervously, awaiting GCSE and A-level results. Fortunately young people now benefit from a host of pathways open to them rather than just the traditional routes. With the resurgence of apprenticeships, work-based, vocational courses are realistic and exciting choices.

You may be forgiven for thinking that all the recent media coverage means apprenticeships are something new! However the 1960s saw over a third of boys leaving school enter into an apprenticeship, historically linked with trade, before these numbers began to decline. The creation of the modern apprenticeship sought to reinvigorate the model, with the inclusion of relevant and accepted qualifications, with some success but never to the levels before.

For the most part apprentices have previously suffered what can be best described as a PR problem. Twenty five years ago I was nervously awaiting results, pretending I had a plan, but the prospect of an apprenticeship was not even a consideration. Apprenticeships were viewed by many, including my parents and teachers, with little more than contempt. Packaged as an alternative to traditional routes, most thought the programmes demeaning; 'you'll spend the next year sweeping the floor and making tea' was the normal response to any enquiry. Although those negative views were not always true and there were success stories of young people entering apprenticeships at 16 and working their way up to directors and chief executives, the negativity was enough to put many, including myself off the idea.

For me the results went my way and a traditional route of A-levels and eventually university was laid out. However, if was in the same position again now, would I have thought about apprenticeships more?



So why now are we hearing so much about apprenticeships? The answer lies with the apprenticeship levy introduced

Rather than employers seeing apprenticeships as a civic duty or community project, they are embedding the employment and advancement of apprentices in their workforce plan

in May. The levy has given organisations serious targets and most significantly, through direct funding put the employers in the driving seat more than ever before. The levy, though garnered with criticisms

around the funding and the pressure it could create on organisations, has actually created a new vigour in the approach to apprenticeships. Rather than employers seeing apprenticeships as a civic duty or community project, they are embedding the employment and advancement of apprentices in their workforce plans.

For the apprentices themselves the levy has given birth to exciting new standards, no longer tied to level 2 and 3. Employers are involved in trailblazers creating high level apprenticeship standards, degree level and beyond. At the heart of the levy is a commitment that all apprentices will have opportunities to progress after successful completion, either onto a higher standard or substantive job role. All of these elements are being embraced by the NHS, viewing the changes as an opportunity to shape a strong, new workforce for the future.

In the Black Country, a nationally unique partnership has been forged, diverse NHS trusts coming together to create exciting and progressive opportunities under the banner of the Black Country Academy. Through this partnership in the space of a short few months hundreds of young people have been given the opportunity to not only train, but to earn, gain valuable experience and forge long term careers in one of the biggest employers in Europe.

So in answer to my question, would I have considered an apprenticeship when I was 16? Having only recently repaid my student debt from degree and postgraduation courses at university, I think the answer is easy.

Danny Wright is manager of the Black Country NHS Apprenticeship Academy

Training
as unique
as you



Find out more at www.nhsapprenticeshipacademy.co.uk

We're an award-winning Academy that represents a unique partnership of the seven NHS Trusts within the Black Country. Our aim is to offer innovative apprenticeships in a range of levels and disciplines, delivered by NHS professionals at the highest standards.

We've got the jobs.

93% of the NHS' apprentices go on to gain permanent employment after they have completed their apprenticeship.



Black Country
Apprenticeship Academy