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Celebration and Challenge

Stephen Dorrell
Chair

Dorson West, Public Policy Projects, ACJ, Hospital Times

The 70th anniversary of the NHS is both a cause for celebration and a great challenge.

We should celebrate the fact that the NHS is a British success story. Its foundation represented a commitment that the post-war generation would find the resources to invest in a completely new and untested approach to health policy.

The commitment was to provide free access to care, but the ambition went well beyond that. Its purpose was to provide universal healthcare and secure what we now describe as healthy outcomes for citizens.

Anurin Bevan put it this way in his book “In Place of Fear”:

“Preventable pain is a blot on any society. Much sickness and often permanent disability arise from failure to take early action, and this in its turn is due to high costs and fear of the effects of heavy bills on the family....

“Society becomes more wholesome, more serene, and spiritually healthier if it knows that its citizens have at the back of their consciousness the knowledge that not only they themselves, but all their fellows, have access to the best that medical skill can provide”.

Bevan described his ideas as socialism in action, but support for the principle of universal healthcare goes well beyond those who would describe themselves as socialists.

Take but one example, The Economist has been a champion of British liberal thought since 1843, but in April this year it argued in its main editorial that universal healthcare is “sensible, affordable and practical” and that there is a “principled, liberal case for universal healthcare”. The front cover of the same edition proclaimed

the objective “Within reach – universal healthcare, worldwide”.

So, when we celebrate 70 years of the NHS, we celebrate an idea which has developed its own life – independent of its political roots. It has won endorsement across the political spectrum, and across a wide range of social and cultural divisions, at home and abroad.

When Danny Boyle celebrated the NHS in the opening ceremony of the London Olympics he was celebrating a unique British achievement, but he was also celebrating an idea which has the same universal appeal as the Olympic ideal itself.

But celebration is like a drug; it can dull the senses and undermine our capacity for clear thought. It is right to celebrate the achievements of the NHS, but then we must move on to challenge ourselves to ensure that the principles of universal healthcare are properly applied for the next 70 years.

That is partly about money and the Government’s commitment to increased resources for the NHS over five years represents an important step forward. But although it is welcome, the government’s commitment to growing resources for the NHS is only a partial answer to the challenge.

Earlier this year the IFS and the Health Foundation published a joint report, sponsored by the NHS Confederation, which analysed the financial requirements of the health and care sector over the next 15 years. Their report was widely recognized to be the most authoritative recent analysis of this subject and concluded that the resources available for health and care services need to increase by 4% per annum if rising demand is to be met.

Measured against this analysis the Government’s announcement falls short on two counts.

Firstly, if we look past the spin and compare apples with apples (i.e. we include the amounts required for training and equipment) the government has promised 3% per annum to the NHS. That is a substantial sum, and more than it has received since 2010, but it is less than the long run trend of NHS spending, and – critically – less than the IFS analysis shows is required if the NHS is to meet the demands placed upon it.

Even more seriously, however, the IFS confirmed what everyone who works in health and care services already knew. The NHS cannot improve outcomes for citizens and deliver universal healthcare if it seen in isolation from the rest of local public services, and from social care in particular.

The Government’s announcement therefore repeats the mistake which has been made by successive governments throughout the history of the NHS of believing that the commitment to deliver universal healthcare is made simply by supporting the NHS.

If it is to be successful the NHS must be part of the fabric of local services, linked to social care, social housing and other services. When they fail citizens suffer an unnecessary and avoidable deterioration in their quality of life and demand is diverted to the NHS.

The challenge facing the NHS of the next 70 years is to learn these lessons and work more closely with other public services to deliver improving health outcomes.

Stephen Dorrell



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Welcome

It is a remarkable thought but with all the celebrations around the 70th anniversary of the NHS an often overlooked early chapter in the story is the element of continuity with the pre-1948 healthcare era. I was born in 1947 - a year before Aneurin Bevan steered his legislation onto the statute book setting up a state funded health service. My mother gave birth at home in Hull under the care of her pre-NHS GP Dr Rymer and also present were my father and aunt. There was already a family connection with health care because my maternal grandfather was a GP and treated local families for free—a practice also adopted by my father’s sister’s husband who qualified as a doctor in the UK and then returned to his home city of Mumbai.

Remarkably I continue to have both a personal and professional link to the NHS in its 70th year. As I write, I am an in-patient at The Queen Elizabeth Hospital, Kings Lynn, using a laptop not a sit-up-and-beg typewriter for this issue of Hospital Times. With a new Secretary of State for Health and Social Care in post in Matt Hancock there will be a new focus on technology in the NHS with increasing use of artificial intelligence and robotics. At least as difficult and challenging will be bringing NHS staff and their statutory and other partners into supporting lasting change rather than change for changes sake.

As I sit up in my hospital bed I can see overwhelming evidence that pen and ink and paper records still prevail in many parts of the NHS. Over the next 70 years, there needs to be more progress in all branches of the NHS in adopting state-of-the-art technology.

There is evidence of effective change. The ambulance service which brought me here used an electronic device for recording patient data and history. What is less evident is whether those records are transferred electronically over to the hospital. Indeed it seems that in feedback the medical professionals used paper based records which appeared to be extremely inefficient.

No one who has recently experienced in-patient treatment in hospital could doubt the dedication and commitment of NHS staff and their statutory partners; there is plenty evidence of that here at the Queen Elizabeth Hospital. However, their job would be made so much easier if they had access to some of the technology available both for prevention and treatment. Most importantly there is substantial potential for improved patient outcomes.

It is clear from the pioneering work of NHS Improvement under its new Chief Executive Baroness Dido Harding that in many parts of England consultation about lasting change in the NHS is being conducted successfully with community groups, local authorities and the wider public.

In tomorrow’s NHS the healthcare service as whole will face major challenges with a growing number of elderly people living longer. It must work hard to train staff with the skills needed in the health and care service of the future and improve their morale. Finally we must make more progress to eliminate health inequalities between north and south, urban and rural and engage effectively with local communities.



John Whelan
Group Editor

hospital times

Ben Howlett
Managing Director
Dorson West
Public Policy Projects, Accountable Care Journal and Hospital Times
Ben.howlett@dorsonwest.com

Carl Hodgkinson
Account Executive
Accountable Care Journal and Public Policy Projects
carl.hodgkinson@dorsonwest.com

Jason Reed
Sales Manager
Hospital Times
jason.reed@dorsonwest.com

Joe Everley
Design
19-Ninety
joe.everley@19-ninety.com

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GDPR and update to our Privacy Policy



Following the introduction of GDPR in May 2018, Dorson West has updated its Privacy Policy and Data Compliance. If you would like to update your information, or you decide to no longer hear from any of the Dorson West brands, you have the option to opt out of receiving communications from us.

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Novaerus Closes infection control loop with Defend 1050 – an all-in-one air disinfection and purification device

Novaerus has announced the launch of the Defend 1050 – a portable, easy to use device ideal for rapid disinfection and purification of the air in large spaces and high-risk situations such as operating theatres, ICUs, IVF labs, emergency and waiting rooms.

Hospital pathogens infect nearly six million patients each year, antibiotic resistance is on the rise, and compliance with hand hygiene and surface cleaning protocols well below standard. Now more than ever, healthcare facilities must deploy innovative technologies that address airborne pathogens and particulate to supplement hand hygiene and surface cleaning to reduce the risk of direct and indirect transmission of infection.

The Defend 1050 brings long-awaited innovation to the infection control market with ultra-low energy plasma technology – a highly powerful, yet extremely gentle method of rapid

pathogen destruction – combined with a high performance multi-stage filter system from Camfil®.

The all-in-one Defend 1050 can be operated continuously around patients and staff to kill airborne pathogens, adsorb odours, neutralise volatile organic compounds (VOCs), and trap particulate as small as 0.3µm.

Independent tests completed to date show that the Defend 1050 at max. speed reduces:

- Influenza A by 99.9 per cent in 10-20 minutes (28.5m³ space)
- Staphylococcus epidermidis by 99.9 per cent in 15 minutes (30m³ space)
- Aspergillus niger by 99.99 per cent in 30 minutes (15.9m³ space)
- Nitrogen Dioxide (NO₂) by 100 per cent in six minutes (16m³ space)
- VOCs at a clean air delivery rate (CADR) of 596 m³/hr

- PM1.0 at a CADR of 860 m³/hr (19.7m³ space)
- PM2.5 at a CADR of 870 m³/hr (19.7m³ space)

The Defend 1050 combines six coils of Novaerus' patented, NASA-tested, ultra-low energy plasma technology with a M5 pre-filter, a genuine H13 HEPA filter certified in accordance with EN-1822, and carbon/molecular filter from Camfil, a world leader in high quality air filtration.



Since 2009, Novaerus has been researching and developing plasma technology that is unmatched in its ability to safely destroy airborne pathogens that lead to infection in populated indoor spaces. The patented technology uses short-exposure, ultra-low energy plasma that has been tested and shown by several respected laboratories – including Airmid, Aerosol, Microbac, ARE, and Ames – to deactivate pathogens on contact.

Many air cleaning methods in use by healthcare facilities rely on filters to capture pathogens. But without deactivating those pathogens first, the filter can become a safe haven for viable pathogens to colonise. The Novaerus plasma technology solves that problem by killing airborne pathogens before they become trapped in the filter.

The Defend 1050 can be moved easily by staff and plugged into any power outlet. It has five fan speeds to accommodate different room sizes and noise level requirements.

Click here to download our free white paper about the limitations of hand hygiene and surface cleaning in the superbug era and how closing the loop by disinfecting the air is the future of infection control.

www.novaerus.com

NHS Improvement Chair brings new thinking to the health service

The Chair of NHS Improvement who is eight months into her key NHS job Baroness Dido Harding, gave a lively and well-received presentation to delegates at the Health plus Care conference. After all in her spare time she is a jockey and race horse owner.

She referenced the major changes in technology especially the switch in many trusts from analogue to digital opening up new horizons for the NHS and described her own journey so far as a “steep learning curve.”

As a former Chief Executive of the Talk Talk telecom group and with extensive past senior management experience in retail with both Sainsburys and Tesco, Baroness Harding, aged 50, is well qualified to bring new thinking from the private sector to the NHS which she nevertheless described as “the best healthcare system in the world, making her incredibly proud to be British.”

However, her obvious passion for her new role at NHS Improvement has not blinded her to major shortcomings in the NHS which

she believes “could be much more efficient and the waste isn’t good anyway. We still need more money, but the very best people are self-critical. Gold medal winners do it better.”

She reflected: “The reality is that we are all living longer and the proposed increase in funding will never be quite enough to ensure better patient outcomes. If there is one answer it is integrated patient pathways and closer linkage between NHS Improvement and NHS England through service redesign involving collaboration between commissioners and providers.”

However, Baroness Harding acknowledged that the NHS was “far from best practice” and needed more coordination rather than more regulation. “We need to move from the regulatory to the player-coach system and she listed several areas where improvement was needed:

- financial levers
- performance management
- driving improvement in the back office
- joint working at a local level
- digital revolution for the benefit of patients



Baroness Harding was forthright on the human challenges of technology adoption because in the past there had been a culture of resisting technology in the NHS on the basis that “it isn’t my

problem – leave it to the CTO.” Finally, she said that with 157 trusts there was a need for a more central handle on procurement to achieve economies and a change in the weather.

Jeremy Hunt pledges to fight for more resources in the social care system

Notwithstanding the commitment by the Prime Minister to award an extra £384 million a week for the NHS, Health and Social Care Secretary Jeremy Hunt has vowed to “do battle” with the Treasury to secure

the money he needs to reform the social care system and free up hospital beds, without which he thinks that the extra money for the NHS will be wasted.

He says: “There is a total understanding across government

that the health and social care systems are interdependent and that to make this settlement work we also need a long-term plan for the social care system as the next step. We know that the success of the NHS plan depends on doing the right thing for social care as well.”

However, Hunt is not a one trick pony on how NHS resources should be spent. He argues strongly for a workforce plan to train enough doctors and nurses. Before the 70th anniversary of the NHS on July 3 he will also outline plans to exploit new technology and to improve mental health care. He says: “In 10 years’ time we will be talking about how technology has transformed health. We have three of the world’s top 10 medical research universities. We invented IVF and Cat scanners. We decoded DNA. We can capitalise on it. That means using artificial intelligence to diagnose diseases, and “genomics to customise care.”

Responding to the NHS funding announcement, Niall Dickson, chief executive of the NHS Confederation, which represents organisations across the healthcare

sector, says: “This represents a significant improvement compared to recent years and both the Prime Minister and the Health Secretary deserve credit for securing a longer-term settlement.

“But we must be realistic – this sum falls way short of the 4 per cent a year figure which the independent report we commissioned said was required to bring ‘even modest improvements’ given the huge additional demands on the NHS.

“We also remain concerned about the fate of social care. The government says it will ensure the NHS does not come under more pressure because of social care pressures – that must mean major public investments in social care. If it is serious about this the government needs to put its money where its mouth is.

“The NHs will do everything it can to make this settlement work, but we are not in a good place and it will take time to turn services around. And if this is all we can afford we must be realistic about what can be achieved.”



Government campaign will focus on urgent shortage of black, Asian and minority ethnic organ donors as one in five who die waiting for a transplant is now from these communities

Arising proportion of people who die in need of a transplant is from a black, Asian or ethnic minority background despite more families in these communities supporting organ donation.

Figures from NHS Blood and Transplant show that 21 percent of people who died on the waiting list last year was from a black, Asian or ethnic minority background compared with 15 percent a decade ago.

The Government has announced a new campaign in England to address the urgent need for donors revealed in NHS Blood and Transplant's annual report into organ donation in black, Asian and minority ethnic communities.

The campaign aims to increase donation rates by raising awareness and breaking down barriers to donation within these communities. The Government has commissioned NHS Blood and Transplant to deliver the campaign with support from the National BAME Transplant Alliance (NBTA).

Health Minister Jackie Doyle-Price said: "I am delighted that this year more people than ever from black, Asian and minority ethnic backgrounds have received life-saving transplants. This shows

great progress, but the fact remains that if you are from any one of these communities you are more likely to need a transplant, for the simple reason that you are more likely to suffer from a disease that requires a transplant. At the same time, you are less likely to get a transplant than if you were white.

"This campaign will be a driving force to save more lives. The Government, MPs, faith leaders, charities, campaigners, influencers, friends and families, all have a role to play to address myths and barriers and bring attention to the lifesaving power of donation.

"Our project will include a community investment scheme to enable local groups to deliver this vital work. For now, I would ask on behalf of everyone who has received a transplant, and everyone who is waiting for the life-changing news that an organ has been found - sign up to donate and give the gift of life."

The parents of a three-year-old boy who saved the lives of two children through organ donation are urging more black, Asian and ethnic minority families to support donation. Aari Patel died in 2016 following an accident at home. His parents Jay and Sina asked at the hospital whether their son could be an organ donor.

"The doctors were surprised we raised donation before being asked. But if Aari couldn't be helped any further, Sina and I felt strongly that we wanted Aari to help others. We did not want another family to suffer losing their child or loved one," said Jay, from Croydon.

"We received a letter informing us Aari's organs had saved the lives of a boy and a girl. Aari was our shining star, and it is an enormous comfort to know he helped those two children."

Jay added: "Too many people say no to donation because they think their faith prevents it. There are myths and misunderstandings. We must talk more about the subject with those we love, family and friends, young and old. If more people in our communities supported organ donation, more lives in our communities would be saved."

The NHS Blood and Transplant report reveals only seven percent - 114 - of donors last year were from black, Asian and ethnic minority backgrounds. This figure is increasing however, thanks to more black, Asian and ethnic minority families saying yes to donation when asked in hospitals.

But family refusal continues to be the biggest obstacle to organ donation among these communities. Only around half as many families support organ donation compared with families from a white background.

Anthony Clarkson from NHS Blood and Transplant said: "While it is encouraging that more black, Asian and ethnic minority families are supporting donation - making more lifesaving transplants possible - change is not happening fast enough and too many lives are being lost.

"Although many black, Asian and ethnic minority patients are able to receive a transplant from a white donor, others may die if there is no donor from their own community.

"We are asking more people from these communities to talk about organ donation and share their donation decision with their families. Words save lives."

NBTA Co-Chairs Kirit Mistry and Orin Lewis said: "On behalf of our members we welcome the Government's commitment to

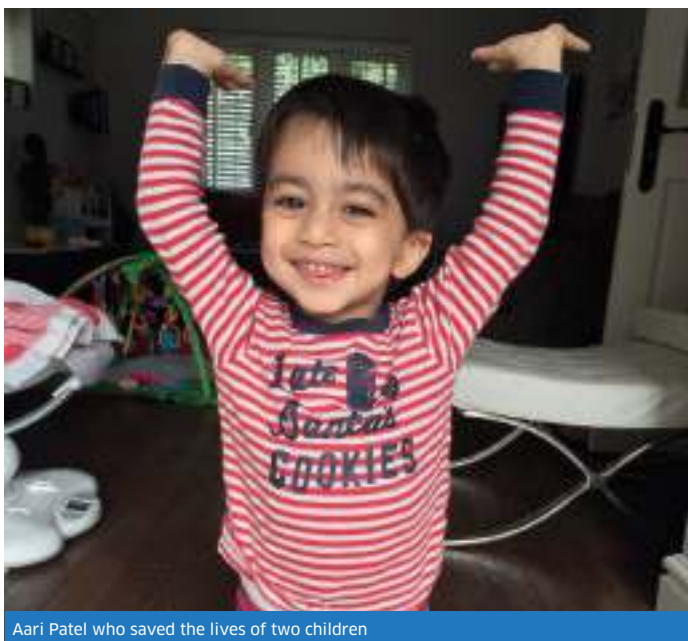
launching a campaign to increase organ donors from black, Asian and ethnic minority communities.

"We are also encouraged to be given the opportunity to work in partnership to engage recipients, donors, communities, organisations, and stakeholders to help shape this campaign from a culturally and faith-based sensitive perspective.

"NBTA as the co-ordinated voice for black, Asian, mixed race and minority ethnic communities in transplant donation will help to build trust and create dialogue to inform our communities of the need for more organ donors from these backgrounds, and spread the message of organ donation is a gift of life so help save more lives."

NHS Blood and Transplant can reassure people:

- It is always the priority of the treating medical team to save a patient's life. It is only when the treating medical team in the hospital and the family have accepted that no further treatment can help, and it is not in the patient's best interest, that end of life care choices are considered.
 - If someone has registered a decision to donate on the NHS Organ Donor Register, or if deemed consent applies in Wales, this information is shared with family members and the family are asked to support donation going ahead. If the patient has not registered a decision to donate, family members will be asked to make a decision on their relative's behalf.
 - The major religions in the UK support the idea of organ donation and transplantation.
 - Organ donation is a highly controlled area and is regulated by the Human Tissue Authority. The sale of human organs or tissue is illegal in the UK.
- The full report into organ donation for black, Asian and minority ethnic communities in 2017/18 can be viewed at <https://nhsbtdbe.blob.core.windows.net/umbraco-assets/1849/bame-organ-donation-and-transplantation-data-2017-18.pdf>
- Please join the NHS Organ Donor Register at www.organdonation.nhs.uk



Aari Patel who saved the lives of two children



Prime Minister sets out agenda for an NHS long-term funding plan

Prime Minister Theresa May outlined a long awaited proposed long-term funding plan for the NHS in a key speech delivered at the Royal Free Hospital in London ahead of the 70th anniversary of the NHS. This would deliver a £20.5 billion annual increase to the NHS budget by 2023.

However, the agenda isn't just about more money for the NHS. Mrs May says she is prepared to introduce legislation to roll back unpopular reforms to the NHS. This relates to the legislation introduced by the Health and Social Care Act 2012 which created hundreds of clinical commissioning groups (CCGs) responsible for planning and purchasing health services distinct from hospital trusts that provide the care.

This move would potentially smooth the path for plans to integrate health and social care services, due to be unveiled in the autumn, which leaders say are vital to deal with an ageing population with many chronic conditions. It would also benefit the provision of mental health services. Returning to the reforms, Mrs May said: "I think it is a problem that a typical NHS CCG negotiates and

monitors over 200 different legal contracts with other different parts of the NHS."

Building a consensus in parliament

The Prime Minister added that she would "try to build the broadest possible consensus in parliament, so we can truly create an environment in which the NHS can get on and deliver the long-term 10-year plan." This plan, she said, "must tackle waste, reduce bureaucracy, and eliminate unacceptable variation with all these efficiency savings reinvested back into patient care." She added that this plan must ensure that every penny is well spent. The Prime Minister also made clear that she wants the NHS to make better use of advances in technology to ensure that ill people can make quicker recoveries.

Over the next few months, the NHS is expected to pull together the 10-year plan on what services and improvements can be expected with the money provided. Simon Stevens, Chief Executive of NHS England, has a pivotal role in this and he supports a move to accountable care organisation (ACO) bodies

that would oversee the health budget for a geographical area. He is also seeking to integrate his organisation with the watchdog NHS Improvement but at present reform is being frustrated by the Health and Social Care Act.

On paying for the changes Mrs May said that some of the £20.5 billion would be covered by cash which the UK will no longer send to Brussels after it leaves the EU. The rest would be raised from taxpayers. She said: "Taxpayers will have to contribute a bit more in a fair and balanced way to support the NHS we all use."

Chris Dalton, chief executive of NHS Providers, which represents hospitals, said: "The existing legislation continues to be a barrier for more integrated care and causes unnecessary bureaucracy, so we welcome the prime minister's offer for NHS leaders to develop proposals for how the current legislation can be simplified."

Making the case for mental health

Sean Duggan, chief executive of the Mental Health Network (MHN), part of the NHS Confederation, said: "We welcome the prime minister's commitment

to the NHS as her number 1 priority and within that the emphasis on improving mental health. She has challenged those who work inside the NHS to come up with ideas about how the long-term plan should look, and we will continue to work with the Department of Health and Social Care through the Mental Health Policy Group, to ensure that MHN member views are fed into the long-term plan."

Responding to the prime minister's speech Niall Dickson, chief executive of the NHS Confederation, said: "The prime minister has thrown down the gauntlet and made clear that the NHS and its staff can now help to shape its future. This is hugely welcome.

"The new money represents a major investment guaranteed over five years and quite rightly government and society will expect the NHS to deliver. But we must set realistic goals and make clear that there will be hard choices ahead. The danger is that we overpromise and under deliver. The biggest challenge will be to make sure we do not just put more money into existing services but instead reform the way services are run."

Over 70 per cent of people with liver disease in the UK don't know about it

Although over 60,000 adults in the UK have cirrhosis (scarring) of the liver, nearly 75 per cent don't know it, according to research published in the *Lancet*. For many, the first indication is following admission to A&E when

the disease is very advanced, and the chance of survival is low.

This week is National Love Your Liver Awareness week, and the British Liver Trust has launched a new version of an online screening tool ([https://www.britishlivertrust.org.uk/our-](https://www.britishlivertrust.org.uk/our-work/love-your-liver/love-liver-health-screener/)

[work/love-your-liver/love-liver-health-screener/](https://www.britishlivertrust.org.uk/our-work/love-your-liver/love-liver-health-screener/)) so that people can find out if they are at risk.

Deaths from liver disease have increased by 400 per cent since the 1970s yet most cases are entirely preventable with the major risk factors, alcohol, obesity, and viral hepatitis, accounting for up to 90 per cent of cases.

Professor Nick Sheron, a liver expert from the University of Southampton involved in the research, says: "Liver disease develops silently with no signs or symptoms and is the second leading cause of years of working life lost. If current trends continue it will become the leading cause of premature mortality in the UK. Yet, most people with fatal advanced liver disease only become aware that they have a liver problem when they are admitted as an emergency. We MUST diagnose these people much earlier."

The Love Your Liver awareness campaign, promoted by the British Liver Trust, aims to reach the one in

five people in the UK who may have the early stages of liver disease, but are unaware of it.

Judi Rhys, Chief Executive, British Liver Trust says, "Helping people understand how to reduce their risk of liver damage is vital to address the increase in deaths from liver disease. Although the liver is remarkably resilient, if left too late damage is often irreversible. I would urge everyone to take our online screener on our website to see if they are at risk."

The British Liver Trust's Love Your Liver campaign focuses on three simple steps to Love Your Liver back to health:

- Drink within recommended limits and have three consecutive alcohol-free days every week
- Cut down on sugar, carbohydrates, and fat and take more exercise
- Know the risk factors for viral hepatitis and get tested or vaccinated if at risk

Finding out your risk of liver disease only takes a few minutes. It could be the most important thing you do today.



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Debate poses unanswered questions about the future of adult social care

The annual Health Plus Care London event convened a distinguished panel to debate unanswered questions about the future of adult social care with a nod towards the issues around social care for younger people particularly those with mental health issues.

The panel comprised Cllr Issi Seccombe, chair of the Local Government Association's Community Wellbeing Board, Andrea Sutcliffe, Chief Inspector of Adult Social Care, CQC, Aidan

Kehoe, Chief Executive, Royal Liverpool and Broadgreen University Hospitals Trust, Michael Adamson, Chief Executive, British Red Cross, and Paul Burstow, Chair, Social Care Institute for Excellence.

The first challenge to the panel came from the chair Roy Lilley, health policy analyst and commentator on the NHS who suggested that the long awaited Green Paper on adult social care may just get "kicked into the long grass" by next Christmas instead of being published in the autumn.

Burstow, a former MP and Minister of State for Health, responded first urging that the Green Paper is honest about the systems, examines pay mobility, and how extra money is to be raised while the NHS adapts to new technology.

He was followed by Kehoe who argued for a "people-based wish list" informed by a debate about "what sort of society we live in" with social care and the NHS as one part of the debate particularly around workforce planning with 191,000 vacancies across the sector.

Cllr Seccombe drew attention to the stress local government is under in respect of adult social care with "900,000 people no longer getting social care in the community which means "it is hardly surprising that they end up in A&E." She argued that what is needed is "consultation with the public which means a big conversation." Until the recent local elections, the main priority for voters was roads and highways but now it is social care with "people wanting to grow old with confidence." She added that with the Care Act the mechanisms are in place but by 2020 there would be a £2 billion gap. What was needed was for decision makers to put politics aside and find the solution – "after all austerity can be

the mother of invention."

Sutcliffe said there was no value in just having "a bunfight about the money". She added that "we have to look at social care not just for adults but for young people as well, a workforce plan is of no value if it is more of the same. We need a better appreciation of the stigma faced by people who work in adult social care and in that regard, we have a long way to go."

Adamson broadened out the discussion by saying it was no good to pay lip service about focusing on the person because there needed to be a breakthrough by concentrating on people and place with an emphasis on such areas as prevention, exercise, and diet to eliminate the waste in the system with 1.5 million people unnecessarily in hospital beds.

Final round up from the panel included these brief thoughts:

- Adamson – "focus on people and place."
- Burstow — "public health looks at wellbeing not just social care."
- Kehoe — "work together"
- Sutcliffe — "be ambitious and curious."
- Seccombe — "health less social care is running a bath minus the plug."



Simon Stevens turns his focus to social care reform

Simon Stevens, Chief Executive of NHS England, has emerged as a key player in delivering the policy and resources changes for the Government to determine in the autumn budget review especially with regard to social care. He was involved in a lengthy meeting at Downing Street with the Prime Minister and Health and Social Care Secretary of State last week prior to the Prime Minister's announcement of an extra £384 million a week for the NHS.

As a civil servant Stevens is not free to engage directly in the political debate but nevertheless he has a long summer ahead of him working on how the NHS can square the circle on improving both NHS England and achieve greater integration with social care taking into account the role of local authorities.

Last week Stevens addressed the issue of NHS funding at the NHS Confederation conference in Manchester where he said that it was a "tremendous economic bargain" at £6.60 per person per day, 30 per cent less than the spending in Germany.

However, he added, it would need "a change of gear" to cope with future challenges, including a move away from the use of outpatient clinics to monitor long-term conditions.

Ian Dalton, his counterpart at NHS Improvement, said that 80 new district general hospitals would be needed in the next decade unless there were drastic changes. He said: "It's clear that the NHS is at a pivotal point in its history."

With days to go before the 70 anniversary of the NHS on July 3 few would disagree. However, the NHS Federation considers that the annual NHS winter crisis now lasts all year. Niall Dickson, chief executive of the body, which represents NHS trusts and health authorities, said: "Without new ways of delivering services and sustained investment, NHS and care services will simply not be able to cope. We are not currently doing enough for the old, the sick and the vulnerable, and as things stand it will get worse."

Returning to Stevens and his

part in the policy and resources changes it is clear from government announcements that he has a big role to play in ensuring that additional NHS resources are not wasted. This is designed to deliver real change – Stevens speaking for himself made an impassioned plea at the NHS Confederation last week for solutions to the current childhood mental health epidemic driven by social media. Stevens who has two children asked some searching questions around the role of technology companies, social media, and the impact they are having on childhood obesity.

However, Stevens is being charged by government to publish in November a highly detailed plan on what the Secretary of State for Health and Social Care describes as "big milestones on productivity, efficiency and waste." It is clear that this mandate involves ensuring the bringing forward of a long-term funding plan for the social care system and integrating it with the NHS.

If anyone can deliver this mandate for NHS England it is Stevens with his range of contacts across the political spectrum. His career is not only outstanding for his academic credentials, and working in the NHS, but his past political experience involved four years as a Labour councillor in South London and later as health adviser to Tony Blair. He is also a close friend of the current Foreign Secretary Boris Johnson.



New Secretary of State for Health and Social Care tells NHS staff, I value you, admire you, will fight for you and I will champion you

In his first speech as new Secretary of State for Health and Social Care, Matt Hancock committed to investing in technology to reduce mistakes in prescribing, make tracking patients easier and allowing patients to access more services from 'home'.

Three priorities:

1. Introducing a technological revolution
2. Improving the relationship with NHS staff
3. Preventing people becoming ill

He also recognised that with a shortage of qualified staff and low levels of morale in existing staff representing an urgent problem for the NHS, the relationship between NHS staff and Government needs repairing.

Lastly, the Secretary of State pointed to a wider focus on wellbeing including both physical and mental health, with greater investment in primary care and community pharmacy to support social prescribing and early intervention to avoid hospital admissions.

"A technology revolution is coming" says Matt Hancock

At his local hospital West Suffolk NHS Foundation Trust, Matt Hancock outlined his plan for boosting technological innovation in the NHS. During his speech the Secretary of State promised a technological "transformation" of the NHS as he proposed to give patients barcoded wristbands and ordered hospitals to scrap paper prescriptions.



He stated: "From today let this be clear: tech transformation is coming. I want to drive that culture change, and I want to work with everyone across the NHS and social care system to embrace the next generation of technology."

The Health and Social Care Secretary focussed on patient safety - calling for patients to be given barcoded wristbands that can help staff track them and what treatment they have had as they move around hospitals, as well as supporting technology to manage medical supplies and the effectiveness of equipment. He also wants hospitals to install electronic prescribing systems, saying that this can halve fatal medication errors, such as patients being given incorrect doses because pharmacists cannot read doctors' handwriting.

He added: "Our health system is uniquely placed to become the most advanced health system in the world — one where technology addresses the user need — making care better for patients, but just as importantly making life easier for staff."

Officials estimate such measures could save the NHS up to £1 billion over seven years by reducing mistakes and the Secretary of State wants to see these savings secured more quickly.

£412 million will be made available to improve patient care and allow more patients to access health services at home. He also made clear that a "further £75 million is available to hospital trusts to put in place state-of-the-art electronic systems which save money and reduce potentially deadly medication errors by up to 50 per cent when compared to the old paper systems".

He will also attempt to repair relations with NHS staff, who had an often-strained relationship with his predecessor following years of disputes over junior doctor's pay and other matters. Mr Hancock stated to staff: "I value you. I admire you. I will fight for you and I will champion you."

Preventing people from becoming ill is his third priority, to help make best use of a £20 billion boost promised by Theresa May. He wants to "reduce the over-prescription of unsophisticated

drugs in favour of approaches such as social prescribing which address someone's physical and mental wellbeing [and] to make the investment in primary care and community pharmacies so people don't need to go to hospital."

ANALYSIS

This speech represents a clear outline of the new Secretary of State's personal priorities and combines his predecessor's focus on patient safety, with his own passion for technology. It will be welcome news for NHS staff to hear his desire for a new way of working with them, but after many years of tensions with his predecessor Jeremy Hunt, it may take a while for these positive words to encourage the much-needed numbers into the workforce.

The day before his speech the new Secretary of State tweeted to suggest a dramatic shift in tone from his long-standing predecessor.

It was always a given that Jeremy Hunt would place patient safety at the top of the list when it came to his priorities as Secretary of State. The W1A-esque easel photographed in their Victoria Street offices showing three points that would be included in his speech raised eyebrows given its failure to even mention patient safety.

This speech showed that Matt Hancock has got to grips with his new brief relatively quickly with adequate amounts of detail thrown in. He is a fast learner and will learn a lot from listening to key decision makers as he grows in to the new role. The fact that the speech highlighted patient safety means that he is in 'listening mode'. However, vif the new Secretary of State is to make an impact, he will have to do a lot more than his predecessor to facilitate change. It was shrewd to say that he was "heartbroken" at the low morale of NHS staff, it will certainly help to encourage somewhat sceptical managers embrace innovation.



The new Secretary of State addresses staff at West Suffolk Hospital



State-of-the-art £6 million health facility opens its doors to patients

A brand new £6 million health and wellbeing centre that will bring adult and children's services together under one roof has opened its doors to patients in Hertfordshire.

Property and construction consultancy Ingleton Wood, which specialises in the healthcare sector, led the project and converted the former council building at Marlowes in Hemel Hempstead into a modern, state-of-the-art building.

The £6 million development is a joint venture between Hertfordshire Community NHS Trust (HCT) and Hertfordshire Partnership University NHS Foundation Trust (HPFT). The programme will see both adult and children's physical and mental health services co-located, allowing them to work closer together for the benefit of patients.

Tom Cahill, HPFT's CEO says: "Mental and physical health are very closely linked. This joint project is part of our wider vision to continue to innovate, offering treatment and facilities of the very highest quality. Working together and sharing our expertise will provide more integrated care, improving the overall experience and wellbeing for our service users."

Cost effective solutions with tight budgets

The facility, which was adapted from two derelict 1980s office blocks, was originally deemed too expensive

through the NHS procurement route under P21. In response, Ingleton Wood provided a series of cost-effective solutions to keep the project to a tight budget, including the installation of new cooling and ventilation systems, resulting in a more efficient and environmentally friendly building.

Services to be provided in the new building include bladder and bowel care, diabetes retinal screening and cardiology, as well as the children's medical team, dentistry and speech and language therapy. Adult and children's mental health services will also be available.

Paul Cavalier, Partner at Ingleton Wood, says: "It was great to be involved with such a landmark project, working in partnership with trusts that lead the way by combining healthcare services in a cohesive and pioneering manner. "We are delighted to have delivered a modern facility that will be of huge benefit to service users – both within Hemel Hempstead itself and the surrounding area."

Clare Hawkins, CEO at HCT, says: "Since its official opening, the Marlowes Health & Wellbeing Centre has proven very popular with patients, service users and staff alike.

"Ingleton Wood's refurbishment has transformed the building and equipped it with up-to-date-facilities which is greatly appreciated by everyone who uses this centre. The design is bright

and light, with large windows in most of the clinic rooms. Overall this creates a very therapeutic and pleasant environment."

Established in the 1960s, Ingleton Wood has six offices across the East of England and London, employing close to 200 staff.

With commissions ranging from new build and refurbishment projects to master planning and survey work, the Practice has expertise in a range of sectors including education, healthcare, housing, local authority and commercial.

For more information visit www.ingletonwood.co.uk

Managing homework operations for better care

The government's upcoming green paper on social care is set to highlight key principles for reform, including quality, addressing

the workforce concern, and the challenge of fragile economics. While these issues are well documented, practical solutions have not yet been forthcoming.

To combat this The Access Group, one of the UK's leading integrated business software providers analysed homework provision data across the 12 months to May 2018 to unlock some valuable information held within its Care Management software. This platform is in use by around 25 per cent of UK homework providers and the data is anonymised. It covered 3,890 registered locations, 141,101 recipients of care, and scheduled 115,220 care workers. There was a balanced spread of organisations from single to multi-branch, private and state funded. The data was validated by the UK Homework Association. In the specified period the software was used to process £1.6 billion of invoices for homework services.

Unprecedented pressures on homework providers

Steve Sawyer, Director of Health and Social Care at The Access Group, says: "What we're seeing is unprecedented pressure on homework providers. Our hope is that using integrated business management software will enable more organisations to achieve greater efficiency savings, reduce operational costs and improve profit margins, helping operators to help themselves. Making a profit is necessary for the social care sector.

"Our research shows that having greater funds enables homework providers to offer better rates of pay, attracting more experienced carers, boosting vital staff retention rates and business sustainability, ultimately benefiting the people they support, as evidenced by the profile of the providers which have been rated overall 'Outstanding' by the CQC."

The Access Health and Social Care division works with care providers across the UK, ranging from domiciliary and home care agencies to care homes, nursing services, supported living, housing associations, complex care, learning difficulties and mixed service providers



Fiona Daly ignites debate on sustainable development in the NHS



Fiona Daly, Sustainability Head,
NHS Improvement

Implementing Sustainable Systems – Health and Care – may seem like a routine topic for a conference, but Fiona Daly from NHS Improvement brought it to light with her passion and commitment to change. In her own words, she said she joined NHSI because “I care. I care about the NHS, I care about people, and I care about our future.”

Fiona is National Sustainability Lead and EFM Workforce Lead/Operational Productivity at NHS

Improvement. That sounds like a mouthful. She works across the provider sector which amounts to 236 NHS trusts. This involves helping the NHS to meet its short-term challenges and secure its future which means meeting the NHS 2020 objectives. Her priorities are in quality, finance, operational performance, strategic change, and leadership and improvement capability. Even half of that would be enough for most people.

Her brief takes a strong steer from Lord Carter’s Review in 2016 on efficiency in hospitals and how large savings can be made in the NHS, but Daly and her colleagues must use a sports person’s phrase picked up the ball and run with it. She has 16 years’ experience in EFM (mainly hard FM) and sustainability as well as having worked in both the public and private sectors together with eight years in a provider trust.

Data driven change and behavioural change

Fiona is far from overwhelmed by the task she faces believing that sustainability can respond. This involves data driven change,

engagement with national and local behaviour change programmes, reduced Opex costs of £78 to £138 million, and driving behaviour to improve outcomes and reduce system demand. If that wasn’t enough she is also focusing on fuel poverty, air pollution, and food education programmes plus importantly measurable improvements in patient experience and public perception.

So, what gets her up in the morning? She replies: “I joined NHSI because I am driven to deliver impact. I love complex problems and helping to solve them. I know there is a huge opportunity, I believe sustainability responds to a number of current challenges. I believe in the NHS and want to do whatever I can to ensure it is here in the future.”

Fiona passionately believes that the people in NHS Improvement are the key to success, but this isn’t just about estate managers and finance buffs important though they are. She emphasises that nursing plays a key role in how buildings are operated and used, and perhaps critically what items are bought and thrown away. She says: “Developing

knowledge and expertise of our national workforce around sustainable development is key and will shape the future culture of our NHS and then adds, “the best things happen when we join together in our thinking and our approach.”

Yet Fiona also welcomes the hard targets NHS Improvement is setting the NHS. She says: “Our aim is to take £150 million off our annual energy, water, and waste spend – currently at £720 million by 2021 – reducing financial pressure on our clinical service. Our aim is to deliver healthy, resilient, sustainable healthcare estates.”

Fiona is tough on the whole area of organisational leadership. She says: “Organisations are to report annually on their progress toward sustainable development. Strong leadership in sustainable development is a demonstrable measure of a well-led organisation.” She emphasises that the three pillars of sustainability are to drive and deliver accelerated positive environmental, social and economic benefit for which she adds “we know our workforce are key.”

E-mail: Fiona.daly1@nhs.net

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Stevens sets out top five priorities for the NHS

Following the Government's announcement to increase NHS funding over the next 5 years and its request that the NHS develops a '10-year plan' for how this additional funding will be used, Chief Executive of NHS England, Simon Stevens, has put forward five key priorities that will constitute a core part of the development of the NHS over the coming decade. These identify mental health services, cancer, cardiovascular disease, children's services and health inequalities as the five key areas of focus for the future development of NHS services.

Improvements in mental health will specifically target children and

young people's services. This long term objective being will be pursued with an increased emphasis on addressing mental health problems within schools.

Following up on previous NHS targets to improve cancer outcomes, Stevens has stressed the importance of improving screening services to achieve earlier diagnoses and interventions. In addition to this, he has put forward a new focus on cardiovascular disease in light of evidence that the NHS is lagging behind on outcomes in this area.

The final two priorities are much broader and consist of a renewed focus on improving children's services and on reducing health inequalities across the entire population, in particular, eliminating discrepancies in life expectancy between different socioeconomic groups.

Stevens has stated that the '10-year plan' will contain additional priorities. In particular, he raises the need to address current barriers to the sustainability of the NHS, recognising that prioritising prevention and addressing wider determinants of public health and wellbeing is crucial in managing demand.



Central to this is the commitment to further develop and accelerate the spread of new care models oriented around integrating and simplifying local health and social care services in order to build resilient communities.

This commitment to transforming and integrating health and social care services has been echoed by Chief Executive of the NHS Confederation, Niall Dickson who said: "There are real opportunities of course but to make the system sustainable we need to drive forward with new ways of providing care in the community and reducing pressure on hospitals."

Simon Stevens will spend the coming months sketching out key priority areas for health and the NHS over the next decade with Prime Minister, Theresa May, stating that the details of the new '10-year plan' will be agreed between the government and the NHS later this year.

ANALYSIS

Central to creating a sustainable NHS for the future is the need to focus funding on the transformation of health and care services in a way that addresses prevention and maximises resilience within communities.

Achieving this is likely to require engagement across government as well as partnerships with local authorities to target broader factors that determine individual levels of health and wellbeing such as poverty, housing and access to employment.

Simon Stevens has already highlighted the important role of schools in improving mental and physical wellbeing outcomes for young people. However, if the NHS is to meet the wider objectives of tackling health inequality and increasing prevention and community resilience, prioritising greater engagement with wider public services will be necessary.

The crucial challenge will be ensuring that the additional funding is not simply used to fill current finance gaps within the NHS but can be applied in a way that will bring about sustainable long term transformation of its services.

Next Steps on the NHS Five Year Forward View



Cyber security: "The stakes have never been higher"



Andrew Tsonchev, Director of Technology, DarkTrace

On the 70th anniversary of the NHS Accountable Care Journal Editor, Dan Male talks with Director of Technology, Andrew Tsonchev at DarkTrace on the rapidly transforming cyber security landscape.

Networks across healthcare services are like digital jungles. The attack surface of our clinics and hospitals is expanding across the virtual to the physical. With MRI scanners and new biotech innovations being connected to the internet by the day, as well as clinical data, including prescription and

blood type data, being uploaded to cloud platforms, the cyber security landscape in the healthcare sector is transforming rapidly. Protecting the critical medical information of millions of UK citizens and medical systems, has never been more challenging.

There are broadly two types of attacks facing the NHS and most organisations around the world: the fast-moving on the one hand, and the low and slow on the other. Last year's WannaCry was a clear example of the first kind of attack that caused widespread chaos across the NHS. WannaCry was a self-propagating type of ransomware that infiltrated 20,000 computer systems in over 150 countries. Significantly, the cyber-attack spread like wildfire, infecting networks in seconds, jumping from machine to machine, encrypting files and shutting down entire systems in minutes. As we saw with this attack, modern threat actors are able to cause mass damage and disruption to services in record speed, leaving vulnerable people at risk.

As we saw with Singaporean healthcare group, SingHealth, only last week, healthcare services – as fundamental parts of national critical

infrastructure- are also subject to deliberate and targeted attacks. These attacks are much slower as the perpetrators take their time to identify blind spots in the network and silently bypass traditional defences in order to lay low and snoop around networks for weeks, sometimes even months.

Now a matter of 'when, not if' a breach will occur, the stakes have never been higher when it comes to securing healthcare organisations. As the digitisation of the NHS shows no signs of slowing down, nor should it, we have to accept fast-moving and sophisticated cyber-attacks on critical services as part of our reality. However, there is a silver lining. As attacks have increased in complexity and stealth, the standard of cyber defence is keeping pace with the use of artificial intelligence. We are seeing more and more forward-thinking NHS organisations deploying Darktrace's AI at the heart of their networks.

Darktrace's Enterprise Immune System mimics the intelligence of the human immune system. Just as our human bodies protect us from the majority of dangerous viruses and pathogens, some dangers are still able

to enter our bodies. The same applies to cyber security – some threats will get in. Darktrace forms a 'pattern of life' of any network, by modelling the interactions between every device and user on the network, in real time and differentiating between 'normal' and 'abnormal' behaviour. By spotting the subtly unusual, the technology can detect threats in their earliest stages and even deliver digital antibodies to quarantine and stop threats from doing damage.

This allows networks to stay protected in wake of the most sophisticated attacks – whether they are noisy and swift, or stealthy and silent. In either case, the ability for AI defences to take proportionate actions on the behalf of humans to thwart cyber-attacks is going to be a gamechanger for NHS security teams who simply cannot react in time. Importantly, these actions are taken so precisely that the rest of the organisation can keep ticking over, allowing doctors and nurses to focus on consistently providing high quality care knowing that their patients' clinical data is protected.





Derriford Hospital uses ProReveal for in-house protein detection testing

Synoptics Health, a manufacturer of innovative digital imaging systems for healthcare applications, has announced that its ProReveal is being used at Derriford Hospital in Plymouth to rapidly quantify how much protein remains on reprocessed surgical instruments. This is ensuring the cleaning process is performing effectively and is helping prevent patients at this hospital from accidentally contracting infections via protein contaminated surgical instruments.

Synoptics Health, based in Cambridge, UK is a division of the Synoptics Group of the AIM quoted Scientific Digital Imaging (SDI) Company based in Cambridge, UK. Synoptics is a world-leader in the development and manufacture of

innovative digital imaging systems for a range of life science applications. The Group has two other divisions, Syngene and Symbiosis of which Syngene is the largest.

ProReveal, which is currently the only commercial in situ protein detection method available that complies with new UK Department of Health and Social Care guidelines, is being used at the Sterilisation and Decontamination Unit (SDU) at Derriford Hospital for rapid in-house testing to determine the cleaning efficiency of their washer-disinfector equipment. ProReveal uses fluorescence to measure how much protein remains on reprocessed surgical instruments and the test's use at the hospital is making checking the cleaning process faster and more

cost-effective.

Stephen King, Quality & Training Supervisor at Derriford Hospital SDU says: "We process approximately 21,000 tray sets of surgical instruments per month and are testing around 50-70 instruments per quarter per washer-disinfector. We were previously outsourcing and testing some instruments with swabs but because the swab method is not always suitable for detecting levels of contamination at five micrograms and below we knew that we needed a more accurate testing method, so we installed a ProReveal in 2017."

He continues: "Using the ProReveal has helped us identify things we can change in our cleaning process and because we get empirical values we can track trends and see

how to improve. The benefits of using the ProReveal are that we don't have to outsource testing, so we don't have to wait 30 days for test results, we can have them instantly and can address issues quickly. Our ProReveal is easy to use and is saving us money on outsourcing, while helping us monitor and improve our processes."

Guy Fiddian, of Synoptics Health says: "We're pleased that Derriford Hospital's use of the ProReveal is helping its SDU have an in-house service to rapidly and accurately check the quality of its cleaning process. The cleanliness of surgical instruments is critical to patient safety and Derriford setting up and running its own in situ testing shows that this hospital is committed to putting patients first."

Web: www.synopticshealth.com

Highly effective cleaning offers up to 20 per cent saving on gigazyme®

Schülke – specialists in infection prevention and control – have just announced a price reduction of up to 20 per cent on a 5-litre container of gigazyme® from 1 June.

gigazyme® is a highly effective cleaning agent based on a combination of enzymes and non-ionic surfactants. The formulation has been designed specifically for use in the manual and automatic cleaning of endoscopes and surgical instruments. gigazyme® is also suitable for use in an ultrasonic bath.

Based on an innovative combination of protease, amylase and lipase to help remove proteins, starch, and fats, gigazyme offers excellent cleaning power, is non-foaming and leaves no residue.

It is highly economical in use and a 0.5 per cent dilution makes 1,000 litres of in use solution from a 1-litre container of gigazyme®.

The optimum cleaning temperature is below 35°C, and

to make it easy to recognise if this temperature has been exceeded, because the solution turns 'milky' at 32 degrees and above. This is easily remedied by adding cold water to the solution.

Leanne Anderson, Product Manager at schülke UK says: 'schülke has been committed for over 125 years to developing innovative solutions for infection prevention and control. We understand the need for trusts to maintain the highest standards of patient care, while also needing to deliver cost efficiencies. As a result, schülke has undertaken a comprehensive review of pricing structures, which has meant we are able to offer the highest standards of disinfection products at a lower price.'

schülke UK Ltd, Cygnet House, 1 Jenkin Road, Meadowhall, Sheffield S9 1AT

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Central Medical develops Dreamgenii Pregnancy Support Medical Pillow

Central Medical Supplies (CMS), a specialist supplier of maternity products to the NHS and nursery retailers, recently showcased the Dreamgenii Pregnancy Support Medical Pillow at the Primary Care and Public Health Exhibition. CMS will donate one Dreamgenii pillow to each NHS trust throughout the UK during the summer.

The Dreamgenii pillow is based on the successful retail pillow, which is used by hundreds of thousands of women around the world. CMS has enhanced the Dreamgenii pillow, which is now a hospital grade pillow manufactured to meet the multi-person infection control use regulations. The Dreamgenii Pregnancy Medical Pillow is manufactured from medical

grade polyurethane fabric with high frequency welded seams and a patented filter system. This ensures the pillow remains plump, comfortable and bacteria free. The product is currently Patent Pending.

The Dreamgenii Pregnancy Support Medical Pillow is the only patented pillow shaped to promote the health and comfort of both mother and baby.

Its unique shape encourages left lateral position, which helps to achieve optimal foetal positioning and can help reduce the risk of SPD (Symphysis Pubis Dysfunction) which can occur during pregnancy. The pillow offers back, bump and leg support while sleeping, sitting or feeding.

The Dreamgenii Pregnancy Support Pillow is ideal for use from 20 weeks onwards when it becomes more uncomfortable and difficult to carry out day to day tasks. At this stage of pregnancy sleeping can also be problematic. The new medical pillow has been designed to promote the health of both mother and baby in several ways. It can help to provide a restful, comfortable sleeping position.

The unique design ensures the mum to be lies on her left side, which is the best position for mum and baby, as it encourages maximum blood flow. The tapered tail end of the pillow fits neatly and comfortably between the legs, which helps to align the hips and pubic bone and alleviate pressure. The Medical Pillow is also a useful feeding support pillow, providing comfort for mother and baby.

For more information on the Dreamgenii Pregnancy Support Medical Pillow contact Tracey Pavier-Grant, Medical Sales Director at Central Medical Supplies, on 01538 392 596 or email tracey@centralmedical.co.uk.



Celebrating the first 70 years of the NHS and looking ahead with confidence

Over the past 70 years, the NHS has transformed the health and wellbeing of the nation and in so doing made it the envy of the world, writes Hospital Times editor John Whelan. What many other countries most admire is the radical thinking that led to the creation of the NHS and its founding principle of free high-quality health care for all.

Over the past 70 years, the NHS has transformed the health and wellbeing of the nation and in so doing made it the envy of the world, writes Hospital Times Editor John Whelan. What many other countries most admire is the radical thinking that led to the creation of the NHS and its founding principle of free high-quality health care for all.

This was born out of the sacrifices many men and women made in the 1939-1945 Second World War which heightened awareness in all parts of the UK about the need to prioritise state funded health and social care for the first time.

But it is also the case that the NHS has evolved to meet the UK's changing needs and is not stuck in a time warp with the values of 1948. Indeed there are many innovations to look forward to over the next 70 years particularly in technology, artificial intelligence, and robotics.

NHS delivers huge medical advances

Those significant innovations lie largely in the future but there is much to celebrate about the past 70 years. The NHS has delivered huge medical advances and improvements to public health, meaning patients can expect to live longer lives. It is due to the NHS that the UK has all but eradicated diseases such as polio and diphtheria and pioneered new treatments such as the world's first liver, heart and lung transplant. Through the pioneering work of NHS Improvement the NHS is gaining a global reputation for excellence including advising on hospital building and construction in China using UK expertise.

Importantly, the NHS continues to drive innovations in patient care, including mechanical thrombectomy to improve stroke survival, bionic eyes to restore sight, and surgical breakthroughs such as hand transplants. Yet this isn't just about body parts.

Looking to the future, the NHS is becoming more integrated with

social care. It will invest in new medicines, genetic research and digital technologies such as apps and artificial intelligence. Taken as a bundle they will ensure UK citizens continue to live longer and healthier lives remaining in their own homes for as long as possible. That alone would amply satisfy the vision of Aneurin Bevan, Health Minister from 1945-1951 and the other founders of the NHS.

Bevan took his radical new proposals to Cabinet in October 1945. His chief opponent was Herbert Morrison, a defender of local government in general and the London County Council in particular. Bevan's scheme excluded local authorities from a role in hospital management, for he had come to believe that as 80 per cent or more of the cost would fall upon central funds, full central control was needed.

However, money was just part of the story. None of the changes of the past 70 years would have been possible without the skill, dedication and compassion of NHS staff, as well as the many volunteers, charities and communities that support the service. In particular, the UK owes a debt of gratitude to the Windrush generation who came to live in Britain from Jamaica in the early 1950s. Many of them gave loyal and hardworking service to the NHS and upheld its highest values.

NHS now reflects diversity

Today the NHS reflects that diversity. It is the UK's largest employer, with over 1.5 million staff from all over the world and more than 350 different careers. There is much to recognise and celebrate—the midwives who deliver us into the world, the GPs and pharmacists who advise and treat us, the nurses, doctors and other clinicians who come to our aid when the unexpected happens. That is not to forget the porters who keep our hospitals moving, the support staff that make appointments happen, the researchers at the forefront of

innovation, and so many others.

Ironically, the NHS is now forging a strong partnership with local government as suggested by the change of name to the Department of Health to Department of Health and Social Care. It's impossible not to believe that Bevan who died in 1960 would have accepted this partnership but clearly his vision was the foundation for the successes of the NHS in its infant years.

This is because the history of the NHS is one of evolution, of responding to the changing needs of the nation. Today's NHS is rising to the challenge of a growing and ageing population, which means pressures on the service are greater than they have ever been. The population of England alone has soared by around 17 million people since the NHS was launched all those years ago, so far, more patients now receive life-saving, life-changing care than ever before.

Public satisfaction higher than 10 years ago

Additionally, however, public satisfaction is higher than 10 or 20 years ago. As the NHS turns 70, the national debate will shift towards about plans to address demographic, inequalities between north and south, and make sure the NHS is fit for the future. This means, as a priority,

making it easier to access the local GP, focusing hard on earlier and better cancer diagnosis followed by swift treatment, and making sure that mental health services and urgent and emergency care are available whenever they're needed.

None of this is simple and more than ever there is a need to join up the NHS with social care which is largely the responsibility of tier one local authorities and metropolitan councils. Funding constraints are clearly a barrier to success but it's not just about the money. There is a need to share best practice. Much rides on the success of the NHS long term 10-year plan, expected later this year, which NHS England chief executive Simon Stevens will pioneer. The new Secretary of State for Health and Social Care Matt Hancock will no doubt play an important role in security cabinet backing for the plan.

In a speech in 2012 he courted controversy by advocating an insurance system to fund social care. This would enable adults to take out insurance against the possibility of needing to spend many years being looked after in old age, of they develop dementia for example.

The future of the NHS over the next 70 years will undoubtedly be shaped by the exciting possibilities being created by advances in science, technology and information. Innovations such as precision medicine, artificial intelligence, genomes research and the way patients use NHS services will transform healthcare with a new generation of medical practitioners well versed in technology embracing these transformations in healthcare delivery.

This is a future where healthcare is based around early detection and preventative care, where patients can access expert advice on demand, treatments could be customised to an individual's DNA or surgeries be carried out virtually from remote locations. This may seem like science fiction. It is the science of the possible together with the planned improvements for estates and maintenance in hospital trusts taking advantage of new ways of fixing old buildings which release more funding for patient care. ●



Delegate List

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Maternity Clinical Placement Facilitator
Homerton University Hospital NHS Foundation Trust

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Business Efficiency Manager
Imperial College Healthcare Trust

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Editor
HSJ

Alex Griffiths

Public Policy Projects

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Alex Watson & Associates Ltd

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Walker Fairway Ltd

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Business Development Director
Transforming Systems

Amanda Jupp

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Amit Bhargava

GP
Southgate Medical Group

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Milton Keynes University Hospital

Angela MacFarlane

Market Development Director UK & Ireland
IQVIA

Anna King

Director
Health Innovation Network / DigitalHealth.London

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Doctor
Barts Health NHS Trust

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Key Account Manager
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Royal Pharmaceutical Society

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NHS England Strategic Account Manager
MSD

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PR Manager
Elder

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University of Sheffield

Cameisha Oyabayo

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Policy Manager
NHS Improvement

Carl Hodgkinson

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Dorson West, Public Policy Projects & Accountable Care Journal

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Pfizer

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Chair
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Student
NHS

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R&D Director
TBS GB LTD

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NHS England

Justine Snowpeck

Healthcare professional
NHS

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Non-Executive Director
Mid Essex Hospital Services NHS Trust

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Solace

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Capsticks Solicitors LLP

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BioIndustry Association

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Skills for Care

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UK life sciences: Just what the doctor ordered?

Public Policy Projects launches its White Paper in collaboration with IQVIA on the UK Life Sciences Industrial Strategy and the challenges and opportunities created by Brexit.

The White Paper, entitled 'Just what the doctor ordered? Is the Life Sciences Industrial Strategy the right prescription for Britain's life sciences sector?' seeks to identify where the life sciences industrial strategy needs

to go further in the context of Brexit. Asking whether the deal is sufficient to meet the challenges of Brexit, the paper concludes that more real-world evidence needs to be collected to deliver tangible change.

The launch event, featuring a keynote address from Sir John Bell, Chair of the Government's Life Sciences Industrial Strategy Implementation Committee, called on the government to publish its external analysis of potential medicines supply chain issues.

Catherine Hodgson, Head of Policy at Public Policy Projects and lead author of the White Paper, comments that "While productivity in life sciences is one of the highest in the country, slow adoption of innovative treatments and lagging levels of public investment in research and development are challenges that must be overcome."

Ben Howlett, Managing Director of Public Policy Projects said "As Simon Stevens explained a few weeks ago, the NHS is focused on contingency planning should the feared no-



deal Brexit scenario become a reality in 2019. It is important for the Government to urgently publish their external analysis of potential medicines supply chain issues so that the public is aware of the potential public health risks of medicines, medical devices and substances of human origin stockpiling after the UK leaves the EU.

"Our white paper shows how Brexit is going to impact the life-sciences sector in the UK. Even without Brexit, the sector faces significant challenges. While the Life Sciences Industrial Strategy goes some way to help plug some of the holes caused by Brexit, a comprehensive free trade partnership between the EU and UK is needed to ensure that patients do not suffer the consequences of Brexit."

The White Paper looks at the opportunities created by Britain's exit from the European Union to expand into global markets. To make most of these, the UK must market itself as a destination for investment, take advantage of existing science infrastructure and capitalise on its existing patient data ecosystem.

- The White Paper makes 9 recommendations:**
1. The UK should continue to have a 'deep and special relationship' with the EU, including membership of the EMA
 2. The UK needs to secure free trade and free movement of medicines with the EU
 3. The UK government should commit to making non-identified patient-level data more readily available for appropriate commercial research
 4. The UK should position itself as a destination for inward pharmaceutical investment
 5. The UK government should consult and introduce clinical research performance metrics aligned with global standards to improve clinical trial success rates and predictability
 6. The UK should maintain access arrangements for the best talent from across the global scientific community
 7. The UK government should increase spending on research to 2.4 per cent of GDP by 2027 and maintain ongoing engagement with the successor to the EU's research funding programme, Horizon 2020.
 8. The Life Sciences Industrial Strategy Implementation Committee should deliver an accelerated national plan for Digital Innovation Hubs, focusing on interoperability
 9. Improved collaboration and engagement with industry across the NHS and research landscape



Just what the doctor ordered? Is the Life Sciences Industrial Strategy the right prescription for Britain's life sciences sector?

An analysis of the UK Life Sciences Industrial Strategy and Sector Deal in the context of the UK's withdrawal from the European Union. Commissioned by IQVIA.



Public Policy Projects





Matt Hancock

It could have been so different for the Prime Minister, two Cabinet resignations and numerous junior ministerial losses, writes Ben Howlett, Managing Director at Public Policy Projects and Dorson West.

The loss of her chief Brexit negotiator and her Foreign Secretary is something that not many Prime Ministers can survive. However, Theresa May has managed to achieve what few commentators believed possible. Given the resignations, she even managed to deliver a reshuffle that was widely congratulated across Whitehall.

The new Foreign Secretary has achieved a great deal during his tenure at the Department of Health and Social Care. A champion for patient safety and delivering an NHS

funding settlement few thought possible following Brexit. Jeremy Hunt has been vilified by the left in British politics; however, he clung on to become the longest-serving Health Secretary in history. Even Shaun Lintern at the HSJ said: "I think Jeremy Hunt was a good health secretary. Previous secretaries were disinterested in safety but under his tenure it has been put on the map. Austerity was the big weakness to safety agenda but having secured funding increase in spending, moving now is easier"

Jeremy Hunt leaves the Department of Health and Social Care with a proud record on patient safety, on steadying the ship after the waves caused by the Lansley reforms and furthering the case for integration. With an integrated portfolio, we may even see reforms that are successfully implemented in social care as well as health.

What can we expect from the new Secretary of State for Health and Social Care – in a word: Enthusiasm. Having known Matt for several years, we can expect a fresh approach to the provision of health and care. It is often difficult for the government to reinvent itself almost a decade after it first took office but if one thing is certain, Matt will bring new ideas to the table. This does not mean fresh legislation, the parliamentary arithmetic rules that out. However, it does mean that the expertise of the new Secretary of State in tech, digitisation and AI will see a dramatic transformation in the way that policy will be made and the application of new ideas.

Given the NHS 70th Anniversary celebrations are still taking place (Public Policy Projects having its own event on the 31st July) it will be fascinating to find out what new ideas the Secretary of State will bring to the discussion. If the NHS is to become sustainable for the future, it must embrace new digital technologies and apply them to patients.

Matt Hancock was famously the first MP to develop his own app. As the NHS rolls out its own app in the coming months to book GP appointments, the health and care sector will be asking how the Government can offer its support for further platforms in the future.

The first major test for the new Secretary of State will, of course, be the Social Care Green Paper consultation,

now pushed back until the Autumn. This is a hugely complex issue and one that the new Secretary of State will need to understand comprehensively in time for the launch.

Does this mean further delay? Time will tell. The good news is that Matt has a record of getting on top of his brief quickly. Further delay will only cause additional frustration with care providers and risks missing the key Budget submission timeframes. It looks like the new Secretary of State will have to spend the summer recess brushing up his social care policy knowledge.

Initially, Matt Hancock will not take anything off the table but will be open to new ideas. As policymakers think about their engagement plans with the Department of Health and Social Care under new leadership, they should think about a digital future for the NHS.



NHS CONFEDERATION



NHS Confederation sets out steps for NHS aligned with 70th Anniversary

The NHS Confederation outlined 10 steps for NHS in England on the eve of the 70th Anniversary of the service. This is part of wider calls by the group to establish what the country wants and expects from the health service over the next decade and how this plan can be developed and delivered.

Niall Dickson, chief executive of the NHS Confederation, says: “We have welcomed the long-term funding settlement outlined by the Prime Minister and the extra money it will mean for the NHS and now the focus must be that it is put to the best possible use.

“This cannot simply be by propping up current ways of working but must mean extra funding is spent transforming the system, integrating health and social care and developing

better support for people living with long-term conditions in the community.”

The steps include:

1. Healthcare must be patient-centred, with more focus on primary care, community health services and social care, all of which can help keep people in their own homes
2. Investing in new models of care in the community which can reduce the pressure on hospitals, rather

than using extra funds to support the existing system which will not be able to cope with rising demand.

3. National and local strategies to recruit – and just as importantly – retain essential staff. That means flexibility in recruiting from at home and abroad – a relentless focus on retention and investment in professional development.
4. War on unwarranted variation and streamline administrative support and back-office services. We need to identify what works and make sure we share ideas and innovation across the service.
5. Updated legislation to create simpler structures that enable organisations to work together for patients. Patients want to understand who is responsible for local services and how they can be held to account. The current system is a patchwork of confusion.
6. Putting mental health on an equal footing with physical health by investing so that more people with mental health problems, including children and young people, are treated quickly and effectively.
7. Investing in social care and integration of health and social care services. The levels of unmet need in social care are a disgrace and cause suffering and increased demand on the NHS.

8. A national settlement with local government for commissioning properly integrated local services – blasting down barriers and shaking off the silo working of the past 70 years.

9. Managing demand for healthcare by investing more and more effectively in public health interventions that promote health and prevent illness.
10. The public must be consulted, and clinical staff must be involved in points 1-9, shaping the NHS long-term plan and transforming the services they deliver.

Analysis

The overall gist of the calls being made by the NHS Confederation centre around integrating services to maximise efficiencies and productivity, focusing on social care and mental health, managing workforce pressures, and creating a patient-centred health service. This means managing demand, facilitating and supporting services to deliver early intervention measures and preventative strategies. With a focus on local integration of services, all of these points come together and align with the vision outlined by Simon Stevens and Jeremy Hunt. However, funding and workforce issues need to be addressed as well as, perhaps most urgently, social care.

NHS App to give patients access to GP records and bookings

A new app being developed by the NHS will give patients the ability to check their GP record, manage prescriptions, make GP appointments and access 111 online for urgent medical queries.

This means that from December 2018 patients will be able to avoid long waits on the phone and instead be able to book appointments by choosing a slot on the app.

The new service will also mean that patients are able to state their preferences for data-sharing, organ donation and end-of-life care.

The app has been developed by NHS Digital and NHS England and will be available through the App Store or Google Play and once downloaded users can simply sign up for an NHS account.

Jeremy Hunt, Secretary of State for Health and Social Care, says: "The NHSapp is a world-first which will put patients firmly in the driving seat and revolutionise the way we access health services.

"I want this innovation to mark the death-knell of the 8am scramble for GP appointments that infuriates so many patients."

Matthew Swindells, NHS England National Director of Operations and

Information says: "In the NHS's 70th year, the new app will take the NHS to a world-leading position by empowering all our patients using digital technology to take charge of their own healthcare and contact the NHS in a way that suits them."

Analysis

The NHS App is an example of digital transformation designed to make it quicker and easier for citizens to interact with government online and on-demand. As well as crucially making life easier for patients, the app should also free up time for staff at GP practices away from phones and managing bookings. This is a long-awaited step that should be followed elsewhere in health and social care as new technologies are adopted and taken advantage of across the system.



acj

AliveCor argues that 'working together' is best for the NHS

Everyday technology has developed at an incredible rate over the past few years and health tech is no exception. Go to any clinical conference with an industry exhibition and you are likely to see a host of digital devices and software apps that have been designed and developed for healthcare. The sad fact is that many of these will fall by the wayside before they achieve widespread adoption.

One reason for this is competition, which should be viewed as a healthy component driving R & D, but can lead to many innovations being lost. However, the rigours of regulatory and quality control, hiring and retaining staff, adequate investment, inability to achieve acceptable pricing for the market and misguided belief in a product also lead to many new products not making it.

Recent developments in the NHS have helped to alter attitudes to industry with the realisation that more can be achieved by working together instead of maintaining the old 'us and them' approach. Financial and workforce pressures, as well as a drive for more integrated services, has lead political leaders to accept that prevention is the way forward.

Dealing with an illness once it has taken hold is inevitably a more-costly affair than intervening with the causes. The growth in obesity and diabetes in the UK in a relatively short time is evidence enough for that. Coupled with an increasingly ageing population, the need for a preventative solution is clear.

Five years ago, NHS England introduced Academic Health Science

Networks (AHSNs). Their brief was to go to the market and actively search for new healthcare technologies that could improve outcomes and offer savings over current care pathways. Plans are now in place to expand the AHSN programme more broadly.

Furthermore, an NHS Accelerator programme was established by the AHSN to fast track those companies that showed a high degree of promise. AliveCor, was one of the first group of companies to be 'accelerated,' resulting in widespread adoption of its technology by NHS England. Without the programme, it would have been extremely difficult to open doors to the NHS and gain valuable connections and associations that have enabled us to develop into what we are today.

When it comes to innovation, tech giants such as Apple, Google, Samsung and Amazon are investing in healthcare in a big way. While they are busy developing behind closed doors, they are almost certainly keeping a close eye on many start-ups around the world.

In the long run, we will see the best of the bunch being acquired, perhaps to produce a single consumer type product that continuously measures a host of parameters. This could take the form of a plastic 'skin' the size of a large Elastoplast that has a display, automatically transmits readings into the hospitals data management system, and alerts doctors before the patient falls ill. These measurements could even be used to titrate medication also contained in the 'patch.' AI algorithms will create further indexes and parameters to act as 'traffic lights' for disease. Vast amounts of stored patient data will be mined to search for new relationships and parameters yet to be discovered.

AliveCor, working in collaboration with Mayo Clinic in New York, has already demonstrated a reliable relationship between ECG and hyperkalemia using data mining and 'deep learning' techniques.

These types of technologies already exist, it's just that no one has

yet managed to combine them into one, working, reliable, and affordable product. The effect that this type of monitoring might have on health insurance premiums is disconcerting as we enter into the realms of predictive health rather than caring for the diagnosed disease. Genetic analysis identifying a predisposition to diseases such as breast cancer already exist.

So, will a healthcare system pay for wider patient assessment and technology or services that 'suggest' something might happen to this patient even if it is statistically significant? Perhaps this is the new insurance model.



What I believe we will see in the coming five to seven years is small companies being acquired by large multinationals not typically associated with healthcare. Thus, a new breed of healthcare company will appear. A consolidated approach could be established to give a variety of measurements or solutions, providing faster access to doctors, predictive healthcare and improved outcomes. One thing's for sure, the industry will not be for the faint hearted.

Glyn Barnesa
Marketing Director, International Markets, AliveCor



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Simon Corben of NHS Improvement sets the tone for Hospital Innovations conference

The keynote speaker at the Hospital Innovations conference in June was Simon Corben, Director and Head of Profession, NHS Estates & Facilities Efficiency & Productivity Division. It is clear that the role of NHS Improvement is one that he relishes, and he has sharp but uncompromising messages for NHS trusts around the need to “scale up innovation through improved collaboration.”

Much of this relates to his 14 years in the private sector prior to taking up the NHS role. He is also supported by impressive colleagues including Fiona Daly, national sustainability lead at NHS Improvement, who also addressed the conference demonstrating that she was on the same wavelength as Simon Corben. She explained how NHS Improvement is driving innovation and sustainability through sustainability.

Corben quotes the Lord Carter’s operational productivity review which put forward several recommendations to improve efficiency and reduce variation across the NHS estate. Central to his proposals was the need to ensure that every acute trust has a strategic estates and facilities plan in place.

Corben says: “The STPs are, I think, absolutely in line with the Carter programme. Having worked on some of those myself, reducing costs is a core component. But, more importantly, they were also looking at the care pathways.”

“I would hope that all the provider trusts and the plans they bring back would be cognisant of the initial estates aspect of the STPs. I would also hope that the trusts who report back to my team will reflect the ambition of the STPs.”

Working closely with IHEEM

He reflects that his predecessor, Peter Sellars, now president of the Institute of Healthcare Engineering and Estate Management (IHEEM), did a “phenomenal job” in setting the agenda

for change in estates. This includes plans for trusts to operate with a maximum of 35 per cent non-clinical floor space, and that the amount of unoccupied or underused space should be set at a maximum of 2.5 per cent. As Corben told the conference “sometimes we can’t see how projects link together but there needs to be a focus on really stepping up productivity.”

Indeed, the key aim of the Estates and Facilities Productivity & Efficiency Project Team at NHS Improvement is to support those aims across the acute trust sector to achieve savings of up to £1 billion, as well as additional potential savings for new sector organisations – mental health, community, specialist acute and ambulance trusts.

This will be achieved through reducing the unwarranted variation in costs across the NHS in relation to the operational management of their estate, explained Corben, adding that “The challenge that I have got is to really take this forward and achieve what we anticipate to deliver by 2020. We must provide consistency across the NHS estate to ensure when we look for capital funding we can back that up

with quality data and assurance around the condition and operation of the estate.

“If we can make a robust argument as to why trust X is running at £200 per square metre and why trust Y is running at £300 per square metre, then we can make a quality case for additional capital to tackle things like backlog maintenance and other transformational change, he explained.”

Keeping the patient in mind

Corben is quite clear that success is not just about reducing costs across the piece, but it also involves not just being innovative in bringing quality into the environment to improve patient care. STPs must become transparent and responsive and make better uses of non-clinical space and work more collaboratively with suppliers, for example for hospital food. He says: “This involves getting our heads around the costs of space and how we can work more efficiently with technology and using the telephone to reduce the long-term costs of office space which at times are ridiculously high and off the dial.”

NHS still relies on outdated fax machines for communication

Hospitals are still using 9,000 fax machines, according to a survey that demonstrates how the NHS struggles to embrace modern technology. Senior doctors say it is “ludicrous” that the NHS talks about robot surgery and diagnosis by artificial intelligence while relying on communication technology from the 1980s. They are urging hospitals to move into the 21st century and use modern technology to book appointments, make referrals, and share patient records.

The survey by the Royal College of Surgeons (RCS) asked hospital trusts under freedom of information legislation how many fax machines they had. The 85 trusts which replied admitted that they had 8,946 fax machines between them with Newcastle upon Tyne NHS Foundation Trust having the most with 603 but Barts Health, England’s largest trust, has 369 faxes showing that the problem is not confined to the north east of the UK. Ten trusts said they did not own any fax machines but four in 10 reported more than 100 in use.

A report last year by technology experts DeepMind Health revealed that the NHS is the world’s largest purchaser of fax machines. The former Health Secretary Jeremy Hunt said in

2013 that the NHS should go paperless by 2018 to “save billions” and improve services. However, doctors say that using fax machines presents real risks to patient safety. It often means medical records not keeping up with patients which potentially puts lives at risk.

Richard Kerr, the chairman of the RCS commission into the future of surgery, says: “The advances we are beginning to see in the use of artificial intelligence and imaging for healthcare, as well as robot-assisted surgery promise exciting benefits. Yet alongside these innovations, NHS hospitals remain stubbornly attached to using archaic fax machines for a significant proportion of their communications. This is ludicrous.”

Philippa Hentsch, of NHS Providers,

comments: “For too long NHS capital spending on facilities and technology has been pared back to keep services going. We see the results. Fax machines belong to the past.”

Separate figures showed last year

that NHS hospitals were still using an estimated 130,000 pagers—93 per cent of those still working in Britain. The devices are used mostly to summon doctors; small hospitals used one pager for every 3.6 staff members.





Maintenance and new build on NHS estates

While UK industry is demonstrating unprecedented innovation in hospital and healthcare sites building and maintenance, the sector still faces huge challenges, says Hospital Times editor John Whelan.

Central to this paradigm is the need to integrate new technology with improvements or maintenance to hospital estates as well as facing up to sceptics within the NHS who are sometimes in denial about the need for change, arguing that the money needs to be spent on bricks and mortar, and probably also pen and paper.

NHS Providers sounds a warning

NHS Providers, which represents NHS trusts, reported in July that "filling the gaps after almost a decade of austerity will account for much if not most of the new money promised by the prime minister." Specifically, dealing with maintenance on NHS estates and preventing any further backlog would cost "at least £1.2 billion a year for three years."

So given that estimate why do estates issues matter to the NHS in the first place? Getting the future health care estate right is of similar strategic importance to trusts as getting the workforce right and poses some significant but different challenges.

An effective hospital estate system sees the efficient use of its combined estate and other infrastructure,

such as IT, as a significant enabler to partnership working, and importantly the creative use of estate resources can release funds to be reinvested in patient care.

Most importantly, getting the estate right makes a difference to patients. As well as improving the experience of care, we know that being cared for in a good environment can improve health outcomes. Several trusts have ambitious plans to transform services, reconfigure hospitals, and develop primary care.

Portakabin offers modular solutions

They often involve modular buildings built off-site an exponent of which is Portakabin, which recently worked at Papworth Hospital. "We were very impressed by the Portakabin tender-return programme and the level of customer service we received throughout. This was a huge project, the first of its kind, and Portakabin were the only company who could commit to such a rapid turnaround, comments Pepe Marinelli, Architect, Frank Shaw Associates

Portakabin can make this promise because its modular solutions are manufactured off-site in a controlled

factory environment. Before they leave the Portakabin production centre, the buildings are fully fitted with all electrics, plumbing, heating, doors, windows and internal finishes.

A major driver in the greater efficiency drive here has been NHS Improvement under the leadership of its chief executive Baroness Dido Harding who has brought to her role extensive experience in the private sector.

Let us not underestimate the scale of the challenge. The ownership of the NHS estate is scattered across 250 trusts and foundation trusts, NHS Property Services and Community Health Partnerships. In addition, the NHS leases estate from local authorities, private companies and PFI providers, and hundreds of individual GP practices own their own premises.

Unlike workforce development, no organisation has strategic responsibility for NHS estate development across a system, and few individual organisations have board- or executive-level strategic estate leads able to engage effectively across a system or with other partners. All this is destined to change

with NHS Improvement encouraging greater engagement with the public about the best way to configure estates services. With the NHS and social care in the community increasingly integrated there are nevertheless barriers to progress.

Public opposition to change affecting NHS buildings which people identify as places of safety and security can be significant, and until recently the NHS has not historically been very successful at working with local communities to see such change as a gain rather than a loss.

There are opportunities to develop more imaginative local solutions. While the NHS is often resistant to engaging with the private sector they are more open to partnerships with local authorities or other non-traditional funders. Instead of selling off surplus estates properties some trusts are now turning property into income. Clearly, with a new Secretary of State for Health and Social Care in Matt Hancock the next six to nine months will become an important yardstick – what happens with estates in the NHS matters above all to patients and staff alike.



Discover LTE's New Scope-Store IQ+

The new Scope-Store IQ+ drying and storage cabinet from LTE Scientific is now available and provides enhanced control and traceability when drying and storing endoscopes. Scope Store IQ+ has undergone extensive independent operational and microbiological testing at leading laboratory Biotech Germande to ensure that it fully meets the operational and safety requirements of EN16442 for the drying and storage of endoscopes for up to 30 days.

Scope-Store IQ+ incorporates a non-heated re-circulated air-flow system inside the cabinet, along with

the same efficient self-contained air delivery method through the endoscope channels. This has resulted in tested scopes being fully dry in line with EN16442 requirements within 90 minutes.

Scope-Store IQ+ now incorporates a full size interlocked glass door, making the viewing of stored endoscopes easier than ever.

Our new IQ Touchscreen Control system is standard across the range and incorporates a new easy-to-use touchscreen interface. The menu-based system allows details of each user and endoscope to be recorded easily, with relevant data being clearly displayed. The new

system also incorporates a predictive maintenance system which monitors many parameters and components, and will advise when a service or critical replacement part is needed.

Uniquely, LTE offers both vertical hanging and shelf loaded variants. There are two vertical hang models allowing 5 or 10 endoscopes to be hung vertically. We also offer a shelf loading model which provides an increased capacity of 10 shelves, this offering an even more efficient use of floor space. The shelves sit on easy glide runners and offer easy connection via a CPC in the centre of the shelf. All models are available as single entry or pass-through. On

pass-through models, both doors are interlocked, preventing both doors from being opened at the same time.



Complete Decontamination Solutions



Established UK Autoclave manufacturer LTE Scientific, has teamed up with leading European washer-disinfecter manufacturer KEN Hygiene to offer a complete decontamination solution for Sterile Services departments in the UK.

LTE offers its Touchclave Systems porous load steam sterilisers in sizes ranging from 15cu.ft to 42cu.ft, and offers both single entry and pass-through variants. All models can be configured to run on conventional or clean steam supplies, and LTE can provide a wide range of steam generators and heat exchangers. All LTE Sterilisers are designed to use minimal energy and water, whilst delivering fast cycle times – in many cases less than 45 minutes.

LTE can also supply a wide range of manual, semi-automatic and fully automatic loading/unloading solutions, which in many cases can also be retro-fitted to LTE and other brands of autoclave. Semi-automatic

and automatic unloaders provide significant advantages in terms of manual handling and health and safety.

KEN Hygiene, based in Denmark, is one of Europe's leading washer disinfecter manufacturers, and has just launched its new touchscreen IQ5 and IQ6 range, with loading capacities from 10-18DIN. The IQ range boasts lower energy and water usage, and also faster cycle times than its competitors. These savings and capital payback projections can be demonstrated on KEN's comparison tool. Another key feature of the KEN system is the ability to install IQ5 and IQ6 washers side by side without the need for service voids. This dramatically reduces the amount of floor required, especially with multiple unit installations.

A range of trolley washing systems is also available from KEN.

All products are backed up by LTE's Service Centre, with engineers available nation-wide and qualified to the relevant HTM guidelines.

www.lte-scientific.co.uk

More than dependable supply chain solutions

In both the public and private sectors, accountability is a key focus, as are issues such as sustainability, energy efficiency and reducing cost. So how can Screwfix help? As part of Kingfisher PLC, the international home improvement company, Screwfix is able to leverage business scale to offer a unified approach, where the customer always comes first. Screwfix delivers convenient, straightforward and affordably-priced products to meet a wide range of building and maintenance needs, whilst recognising the need for sustainable and energy efficient solutions.

Alongside an expanding store network of 580 stores and strong digital offering, Screwfix is also able to offer a bespoke service to its B2B customers, with a unique set of

features which benefit large limited companies, PLC's, public and private sector organisations, managed by a dedicated account team. By providing reliable and consistent access to over 31,000 products, project managers can be confident that the appropriate materials are available, on time and on budget to get the job done.

In addition, management information is provided, which is indispensable to successfully deliver procurement strategies and calculate project or site budgets.

But Screwfix doesn't stop at providing dependable supply chain solutions and are continually looking at new ways to support customers in building a more sustainable supply of materials, without compromising on quality, convenience or price.



Fulton approach achieves world-first vertical steam boiler design with high efficiencies and ultra-low emissions

The all-new gas-fired, vertical spiral-rib tubeless steam boiler from Fulton, the VSRT, is the first range to emerge from the company's new 'PURE Technology' approach. This initiative has resulted in a world-first design that is durable, long-lasting, and boasts the highest efficiencies and ultra-low NOx emissions as standard.

The boiler adopts a systems-engineering approach to design and implementing PURE Technology – the result of a clean-slate design approach that combines new people with new skills bringing a new approach to the design and optimisation of heat transfer solutions. Fulton's VSRT radically challenges the heat transfer and mechanical design principles of traditional steam boilers. It is also claimed by the company to be the most radical change to vertical steam boiler design since Fulton pioneered the vertical tubeless boiler in 1949 and, for the right application, a worthy successor to the company's renowned J Series.

Commenting for Fulton, sales and marketing manager Leigh Bryan says: "To meet ever-more stringent industry and environmental standards, our PURE Technology approach looks to enhance heat transfer, provide class-leading efficiencies, improve steam quality and reduce NOx

emissions. So rather than improve existing products to achieve these goals, PURE Technology radically challenges conventional boiler design by engineering solutions that are fit-for-purpose and applications."

With over 15 patents pending in three continents, the VSRT's spiral-rib heat exchanger is a world first. It attains industry-leading heat transfer rates thanks to its unique spiral design, which achieves low

stack temperatures by passing the flue gases through a spiral-wound heat exchanger that is fully immersed in water.

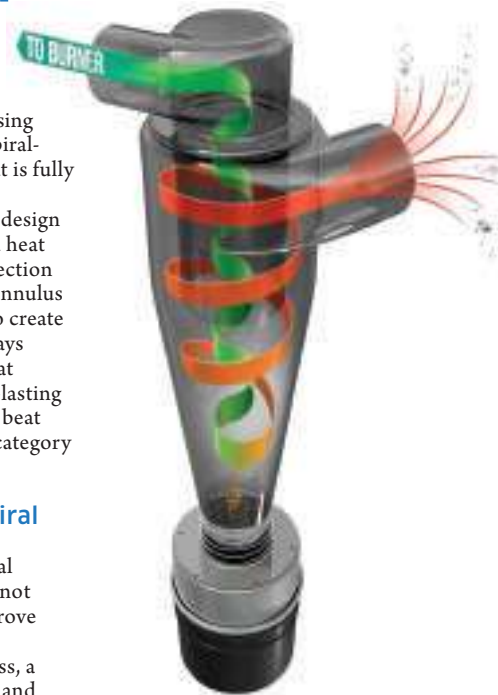
"This all-new spiral-rib design benefits from an extended heat transfer path and dual-direction heat flow, with the spiral annulus designed and optimised to create high heat transfer rates," says Leigh. "This optimises heat transfer to create a longer-lasting boiler that we believe will beat the competition in every category of durability."

Ground-breaking spiral rib

The ground-breaking spiral rib heat exchanger design not only allows Fulton to improve boiler efficiency but, with virtually zero thermal stress, a thick-walled construction and featuring vertical tubeless design architecture, the VSRT is one of the most durable steam boilers available.

It features a fully water-backed pressure vessel, which is wrapped in high-density insulation to achieve minimal thermal losses and low outer surface temperatures. The tubeless design has also enabled Fulton to create a compact boiler with minimal footprint. No refractory also means significantly lower weight (compared to traditional vertical steam boilers) for ease of installation.

Ultra-low NOx emissions of less than 20ppm are achieved due to the VSRT's combustion technology, which features a modulating burner and furnace that have been purposely designed as a single component

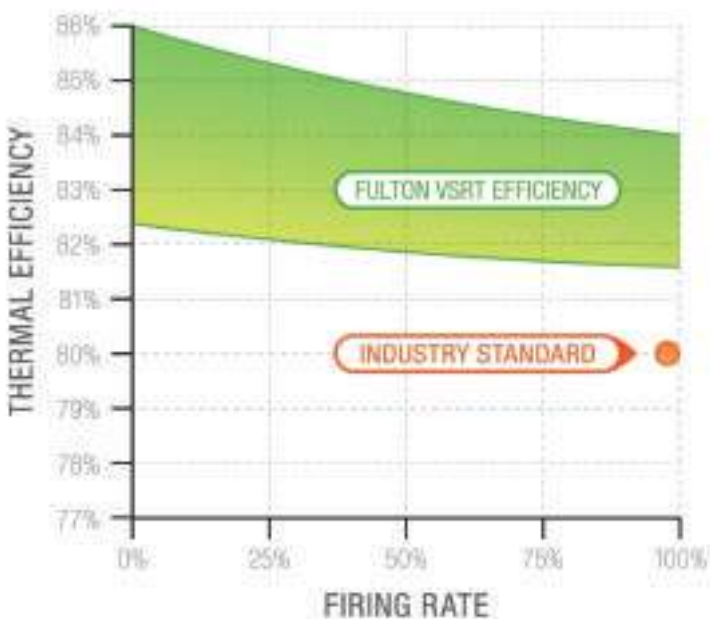


and fully-matched with the VSRT in mind. This has helped Fulton to achieve up to 10:1 turndown capabilities and industry-leading performance of >82.5 per cent gross thermal efficiency and 99.75 per cent steam quality at 8 bar. When correctly sized for applications, the exceptionally high turndown will result in savings above and beyond those gained from the stated efficiencies.

With features including a tubeless design, no internal refractory and revolutionary cyclonic air filtration, the VSRT is extremely easy to maintain and operate. For applications where, contaminated air can reduce boiler uptime – such as laundry and dry cleaning – the VSRT's cyclonic air filter effectively separates debris and damaging particles from the combustion air. Because it won't clog over time, it eliminates the need for replacement filters. Maintenance is further improved compared to other vertical boilers due to the VSRT's industrial control platform and easy access to the pressure vessel.

The VSRT is available with outputs from 160 to 960 kg/h, complies with the City of London Air Quality Strategy and anticipated MCPD regulations, is constructed to BS EN 12953 and CE marked to PED. Its pressure vessel and burner are backed by a five-year guarantee as standard.

For further information on the VSRT Series, call Fulton on 0117 972 3322, email sales@fulton.co.uk or visit www.fulton.co.uk





70 Years in the making: Mental health in the NHS

The seventieth anniversary of the creation of the NHS has prompted celebration of what it has achieved, reflection about what it has not, and both hope and concern about its future, writes Andy Bell from the Centre for Mental Health.

Support for mental health has been a part of the NHS since day one but the ways it has been provided have changed almost beyond recognition during that time. Some of the issues it faces have been apparent from early on whereas others have emerged and become a focus over time.



Andy Bell, Deputy Chief Executive, Centre for Mental Health

A constant throughout those 70 years has been a tendency to favour concern for physical health over that for mental health. While the NHS brought with it the principle of equity of access to health care, irrespective of our ability to pay for it, it has not been able yet to bring about equal access to care for many people with mental health problems. And by leaving out social care, public health and addiction services from the NHS settlement, longstanding (and arguably now growing) inequities remain between those services that are inside the tent and those outside.

Despite their relative marginalisation within the NHS, mental health services have undergone big changes – from largely institutional long-stay hospital care to predominantly community-based support today. However, the spread of resources within secondary mental health care still remains roughly 50:50 between community and inpatient services.

In the last decade in particular, we have seen unprecedented growth in psychological therapy provision through the Improving Access to Psychological Therapies programme which now reaches about a million people per year in England. While spending on mental health care still lags far behind levels of need, there have been periods (including the early 2000s and currently) of investment in national plans to improve and expand aspects of mental health care.

In 2012, the Health and Social Care Act included a new requirement for the NHS to have equal regard for both mental and physical health at every level of the system. The idea of ‘parity of esteem’ followed a significant rise in public and political attention to mental health issues and a growing awareness that the NHS had for too long favoured physical health care to such an extent that it was both failing to meet millions of people’s basic health needs and wasting money nationwide as a result.

Support for mental health accounts for about 12 per cent of all NHS spending, yet mental health problems account for about twice that proportion of the ‘burden of disease’ in society.

The cost to the NHS is as much if not more for not treating mental health issues, particularly among people with long-term conditions. Some 4.6 million people in England have both a long-term physical condition and mental health difficulty at the same time. The result, without effective help for their mental health, is significantly poorer physical health, earlier death and an extra cost to the NHS of around £10 billion.

The Government’s ‘gift’ to the NHS on its 70th anniversary was a clear long-term funding settlement. While there has been much debate about what this will bring in real terms additional funding, a long-term settlement could help to bring about the level of change necessary to rebalance health and care towards its stated aim of greater ‘parity’.

Part of achieving this will be to shift the balance of investment towards mental health. For example, by offering many more people with long-term physical conditions access to effective emotional and psychological support and by investing in NHS staff to ensure they can recognise and respond to people with mental health difficulties.

We need to look beyond the NHS, at its long-neglected partners in public health, social care and housing to bring about larger scale change. Investment is needed to support young families to nurture their mental health, promote good mental health in schools and offer more holistic and engaging help to people with mental health difficulties.

There is plenty of innovation apparent across the country, but it is by and large at a small scale and often struggles to survive from one spending round to another. The challenge for the next decade is to upscale these things to a national scale and ensure they are sustained. A long-term settlement may give NHS organisations the financial security they need to take a few risks, to work in new ways and bring about lasting change to benefit future generations.



UK's NICE publishes a Medtech innovation briefing on PICO™ for the prophylactic use in surgically closed incisions to reduce surgical site complications

The UK's National Institute for Health and Care Excellence (NICE) has published a Medtech innovation briefing (MIB) on the use of Smith & Nephew's PICO single use negative pressure wound therapy (sNPWT).

The MIB has described the prophylactic use of PICO as a potential alternative to standard surgical dressings in the prevention of surgical site complications (SSCs). This is the first and only MIB published by NICE on an NPWT device for preventing SSCs.

As part of the MIB, NICE conducted a thorough review of the published and peer-reviewed data from a variety of meta-analyses and randomised controlled trials (RCTs). The effectiveness of PICO in reducing SSCs has been examined in 10 RCTs and multiple observational studies.

The PICO dressing has a proprietary AIRLOCK™ Technology that uniformly and consistently delivers NPWT across a surgical incision and the surrounding zone of injury generated naturally by the incision itself. This proprietary feature is designed to help reduce the risk of wound complications by reducing post-operative fluid, swelling and associated tension around a closed surgical incision compared with standard dressings. The combination of these actions helps reduce the risk of surgical wound dehiscence and SSIs, the 2 most common SSCs.

"Today we are delighted to see the NICE MIB support for the prophylactic use of PICO as an effective alternative for clinicians who look to reduce their rates of surgical site complications. This will provide the NHS and other international healthcare systems

with the confidence to use PICO for their at-risk patients and procedures," said Paolo Di Vincenzo, Smith & Nephew's SVP of Advanced Wound Management. "PICO has shown significant clinical results in reducing life-threatening infections on

closed surgical incisions, which has contributed significantly to improved patient outcomes, in a cost-effective portable solution".

Read more about NICE's finding here: www.smith-nephew.com/PICOMIB





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ACUTE & GENERAL MEDICINE, 20-21 NOVEMBER 2018, EXCEL LONDON

TUESDAY 20TH NOVEMBER

TIME	THEATRE 1	THEATRE 2	THEATRE 3	THEATRE 4
09:00 - 09:35	Acute oncology Dr Thomas Newsom-Davis, Consultant Medical Oncologist, Chelsea & Westminster Hospital, London	Headaches: when to worry Dr Pooja Dassan, Consultant Neurologist, London North West Healthcare NHS Trust and Imperial College Healthcare NHS Trust	Pulmonary hypertension Dr S. John Wort, Clinical Senior Lecturer, National Heart and Lung Institute, Imperial College London; Honorary Consultant, Royal Brompton Hospital	Unusual cases in ED Dr Zul Mirza, Consultant in Emergency Medicine, Chelsea and Westminster Hospital NHS Foundation Trust; Honorary Senior Clinical Lecturer, Imperial College School of Medicine
09:45 - 10:20	Acute ophthalmology John Sharp, Post-CCT Corneal Fellow, King's College Hospital NHS Foundation Trust	Stroke: improving diagnosis and treatment Dr Anthony Pereira, Consultant Neurologist, St George's Hospital	An opportunity to standardise the management of deterioration and sepsis Dr Matthew Inada-Kim, Consultant Acute Physician, National Clinical Advisor, Hampshire Hospitals	Ambulatory care Dr Clarissa Murdoch, Consultant in Care of Older People and Acute Medicine, Whittington Health NHS Trust
10:20 - 11:00 BREAK				
11:00 - 11:40	Headaches: when to worry Dr Pooja Dassan, Consultant Neurologist, London North West Healthcare NHS Trust and Imperial College Healthcare NHS Trust	Endocrine emergencies Dr Francesca Swords, Consultant in Endocrinology, Norfolk and Norwich University Hospitals Foundation Trust	Session sponsored by BMS Pfizer 	Session details coming soon
11:40 - 12:00 BREAK				
12:00 - 12:40	Renal patients and latest evidence Dr Raj Patel, Consultant Haematologist, Clinical Thrombosis Centre, King's College Hospital, London, UK 	Acute heart failure Professor Andrew Clark, Chair of Clinical Cardiology; Honorary Consultant Cardiologist, Castle Hill Hospital, University of Hull	Acute oncology Dr Thomas Newsom-Davis, Consultant Medical Oncologist, Chelsea & Westminster Hospital, London	Pulmonary hypertension Dr S. John Wort, Clinical Senior Lecturer, National Heart and Lung Institute, Imperial College London; Honorary Consultant, Royal Brompton Hospital
12:40 - 13:30 BREAK				
13:30 - 14:05	Guide to irrelevant tests on AMU - the director's cut Dr Kevin Jones, Consultant in Acute Medicine, Bolton Hospitals NHS Foundation Trust	Assessing and managing the main disorders of potassium and sodium balance Professor Sunil Bhandari, Consultant in Nephrology, Hull and East Yorkshire Hospitals NHS Trust; Honorary Professor, Hull York Medical School	Acute heart failure Professor Andrew Clark, Chair of Clinical Cardiology; Honorary Consultant Cardiologist, Castle Hill Hospital, University of Hull	Stroke: improving diagnosis and treatment Dr Anthony Pereira, Consultant Neurologist, St George's Hospital
14:15 - 14:50	Session sponsored by MPS 	Session sponsored by Mylan 	Session details coming soon	USS at the front door - interesting cases Dr Sarbjit Clare, Clinical Lead Acute Medicine, Sandwell and West Birmingham Hospitals NHS Trust
14:50 - 15:15 BREAK				
15:15 - 15:50	Ambulatory care Dr Clarissa Murdoch, Consultant in Care of Older People and Acute Medicine, Whittington Health NHS Trust	Ageing well: The national approach to frailty Professor Martin Vernon, Consultant Geriatrician, National Clinical Director for Older People, NHS England	Inpatient falls: reducing the numbers and harm Dr Wallace Tan, Chair of Falls Group; Consultant Geriatrician, Croydon University Hospital NHS Trust	Session details coming soon
16:00 - 16:40	Unusual cases in ED Dr Zul Mirza, Consultant in Emergency Medicine, Chelsea and Westminster Hospital NHS Foundation Trust; Honorary Senior Clinical Lecturer, Imperial College School of Medicine	Update on overdose management for post-take ward round Dr Stephen Waring, Consultant in Acute Medicine and Toxicology, York Teaching Hospitals NHS Foundation Trust	The acute abdomen on the medical take Dr Alex Di Mambro, Consultant Gastroenterologist and Clinical Lead for Nutrition, Gloucestershire Hospitals NHS Foundation Trust	Guide to irrelevant tests on AMU - the director's cut Dr Kevin Jones, Consultant in Acute Medicine, Bolton Hospitals NHS Foundation Trust
16:40 - 17:05 BREAK				
17:05 - 17:40	Inpatient falls: reducing the numbers and harm Dr Wallace Tan, Chair of Falls Group; Consultant Geriatrician, Croydon University Hospital NHS Trust	The acute abdomen on the medical take Dr Alex Di Mambro, Consultant Gastroenterologist and Clinical Lead for Nutrition, Gloucestershire Hospitals NHS Foundation Trust	Assessing and managing the main disorders of potassium and sodium balance Professor Sunil Bhandari, Consultant in Nephrology, Hull and East Yorkshire Hospitals NHS Trust; Honorary Professor, Hull York Medical School	The perils of polypharmacy Professor Emma Baker, Professor of Clinical Pharmacology, St George's, University of London
17:50 - 18:30	Exhibition & networking time	THE BIG DEBATE: Avoiding another Mid Staffs - how can we promote quality in difficult times Dr Neil Bacon, CEO, iwantgreatcare.org ; Prof Stephen Powis, Medical Director, NHS England; Prof Ted Baker, Chief Inspector of Hospitals, CQC; Dr Taj Hassan, President, Royal College of Emergency Medicine	Update on overdose management for post-take ward round Dr Stephen Waring, Consultant in Acute Medicine and Toxicology, York Teaching Hospitals NHS Foundation Trust	Exhibition & networking time

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12 CPD POINTS ACCREDITED BY THE ROYAL COLLEGE OF PHYSICIANS

WEDNESDAY 21ST NOVEMBER

TIME	THEATRE 1	THEATRE 2	THEATRE 3	THEATRE 4
09:00 - 09:35	Managing IBD Dr Stuart Bloom, Chair, UK IBD Registry; Consultant Gastroenterologist, UCL Hospitals NHS Foundation Trust	Acute respiratory presentations Dr Omar Usmani, Reader and Consultant Physician, National Heart and Lung Institute, Imperial College London & Royal Brompton Hospital	Parkinson's: management on the take and on the wards Dr Christos Proukakis, Senior Lecturer and Honorary Consultant Neurologist, University College London, Royal Free London NHS Foundation Trust	HIV: the challenge of acute management Dr Emma Devitt, Consultant Physician in Infectious Diseases, Chelsea and Westminster NHS Foundation Trust
09:45 - 10:20	Dealing with delirium Dr Annabel Price, Visiting Researcher, Department of Psychiatry, University of Cambridge; Consultant in Liaison Psychiatry for Older Adults, Addenbrooke's Hospital	Sepsis - the silent killer Dr Manu Shankar-Hari, Consultant in Intensive Care Medicine, Guy's and St Thomas' NHS Foundation Trust; NIHR Clinician Scientist, School of Immunology & Microbial Sciences, Kings College London	COPD update for the generalist Dr Nicholas Hopkinson, Reader in Respiratory Medicine, Imperial College; Honorary Consultant Chest Physician, The Royal Brompton Hospital	Acute dermatological presentations Dr Rachael Morris-Jones, Dermatology Consultant, Kings College Hospital, London
10:20 - 11:00 BREAK				
11:00 - 11:40	HIV: the challenge of acute management Dr Emma Devitt, Consultant Physician in Infectious Diseases, Chelsea and Westminster NHS Foundation Trust	Acute dermatological presentations Dr Rachael Morris-Jones, Dermatology Consultant, Kings College Hospital, London	Acute respiratory presentations Dr Omar Usmani, Reader and Consultant Physician, National Heart and Lung Institute, Imperial College London & Royal Brompton Hospital	Session sponsored by The MDU 
11:40 - 12:00 BREAK				
12:00 - 12:40	Handovers: art and science Dr Adam Chesters, Consultant in Emergency Medicine and Pre-Hospital Emergency Medicine, Cambridge University Hospitals	Session sponsored by BMS Pfizer 	COPD update for the generalist Dr Nicholas Hopkinson, Reader in Respiratory Medicine, Imperial College; Honorary Consultant Chest Physician, The Royal Brompton Hospital	Managing IBD Dr Stuart Bloom, Chair, UK IBD Registry; Consultant Gastroenterologist, UCL Hospitals NHS Foundation Trust
12:40 - 13:30 BREAK				
13:30 - 14:05	Update on NAFLD Dr Stuart McPherson, Consultant Hepatologist, The Newcastle upon Tyne Hospitals NHS Foundation Trust	Parkinson's: management on the take and on the wards Dr Christos Proukakis, Senior Lecturer and Honorary Consultant Neurologist, University College London, Royal Free London NHS Foundation Trust	Sepsis - the silent killer Dr Manu Shankar-Hari, Consultant in Intensive Care Medicine, Guy's and St Thomas' NHS Foundation Trust; NIHR Clinician Scientist, School of Immunology & Microbial Sciences, Kings College London	Rheumatology at the front door Dr Catherine Mathews, Consultant Rheumatologist and Deputy Director of Medical Education, Lewisham and Greenwich NHS Trust
14:15 - 14:50	Early diagnosis of acute coronary syndromes Professor Richard Body, Consultant in Emergency Medicine and Honorary Lecturer in Cardiovascular Medicine, Central Manchester University Hospitals Foundation Trust	Session details coming soon	Session details coming soon	Legacy after critical illness - from survival to living Amy Chan-Dominy, Cardiothoracic & Paediatric Intensivist, Royal Brompton Hospital, London
14:50 - 15:15 BREAK				
15:10 - 15:45	Dealing with delirium Dr Annabel Price, Visiting Researcher, Department of Psychiatry, University of Cambridge; Consultant in Liaison Psychiatry for Older Adults, Addenbrooke's Hospital	ECG Masterclass Dr Simon Fynn, Consultant Cardiologist and Clinical Director for Cardiology, Papworth Hospital, Cambridge	Update on NAFLD Dr Stuart McPherson, Consultant Hepatologist, The Newcastle upon Tyne Hospitals NHS Foundation Trust	Handovers: art and science Dr Adam Chesters, Consultant in Emergency Medicine and Pre-Hospital Emergency Medicine, Cambridge University Hospitals
15:55 - 16:30	Rheumatology at the front door Dr Catherine Mathews, Consultant Rheumatologist and Deputy Director of Medical Education, Lewisham and Greenwich NHS Trust	Early diagnosis of acute coronary syndromes Professor Richard Body, Consultant in Emergency Medicine and Honorary Lecturer in Cardiovascular Medicine, Central Manchester University Hospitals Foundation Trust	Superbugs - what you need to know at the front door Dr Sarah Logan, Consultant in Acute Medicine and Infectious Diseases, University College London Hospitals NHS Foundation Trust	Exhibition & networking time

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