

**CCGs to have greater influence over NHS funding to improve primary care**

Speaking at the Annual Conference of NHS Clinical Commissioners in London on Thursday 1 May, Simon Stevens announced a new option for local CCGs to co-commission primary care in partnership with NHS England.

CCGs will get new powers to improve local health services under a new commissioning initiative that will give CCGs "greater influence over the way NHS funding is being invested for local populations."

Simon Stevens invited CCGs that are interested in an expanded role in primary care to come forward and show how new powers would enable them to drive up the quality of care, cut health inequalities in primary care, and help put their local NHS on a sustainable path for the next five years and beyond.

NHS England will write to all CCGs in England next week with details of how to submit expressions of interest in taking on enhanced powers and responsibilities to co-commission primary care.

CCG expressions of interest should be developed by June 20, the same date that CCGs will complete their initial five-year 'Forward Views' for local NHS services.

**Bulletin for CCGs**

The 8th May 2014 issue is at <http://www.england.nhs.uk/2014/05/08/bulletin-for-ccgs-issue-58/>

**NHS England**

The Board paper attached will be useful for Local Healthwatch in understanding NHSE's ideas and plans

## **A guide to special measures**

This guide, developed jointly by CQC, Monitor and NHS Trust Development Authority, describes how the special measures programme works for NHS trusts and foundation trusts. It explains: why trusts are placed in special measures; what will happen to trusts during special measures; the roles and responsibilities of key organisations involved; and when and how trusts will exit special measures.

[http://www.cqc.org.uk/sites/default/files/media/documents/special\\_measures\\_guide.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/special_measures_guide.pdf)

## **NHS England's commitment to carers**

This document sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagement events. <http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

## **Choose and Book**

NHS England today (12th May) clarified the future of its Choose and Book programme, following an article in the Observer newspaper at the weekend.

**Beverley Bryant, Director of Strategic Systems and Technology for NHS England** explained the contract on Choose and Book – introduced in 2004 as a national electronic appointment booking service that provides patients with a choice of place, date and time for first outpatient appointments – is coming to an end .

“A new NHS e-Referral Service will supersede it later this year,” she said. “This will build on the success of Choose and Book and lessons learnt to provide a more efficient service that better meets the needs of the NHS and our patients.

“When Choose and Book was introduced nearly 10 years ago it was a major step forward in creating a central appointments service with the aim of offering patients a choice of appointment at a time and place to suit them.

“As a result, up to 40,000 patient referrals are made through Choose and Book every day and to date over 40 million bookings have been made through the system. But we know that Choose and Book has worked for some and not for others and a combination of electronic and paper referrals is still being used in some areas.

“With the new NHS eReferrals Service we want to build on the successes of Choose and Book and use the lessons learnt. This isn’t about reinventing the wheel, it is about taking the next step.

“This is part of NHS England’s commitment to making all referrals electronic and the NHS paperless by 2018.

“What we have been very clear on is the need to understand what referring clinicians and receiving organisations want from the new system. Managing a mixed economy of paper and electronic referrals is onerous for hospitals and the lack of total slot availability makes it difficult for referring GPs to move away from paper.

“We want a system that is quick, easy and beneficial for healthcare professionals to use and ultimately improves patient experience by providing flexibility and choice around the services we offer wherever the patient is.

“When Choose and Book was designed back in 2003 agile, open technologies were not readily available. A major objective of the new NHS E-Referrals system will be to introduce functionality for patients as well as clinicians to facilitate Choice and to make the whole booking experience more user friendly”

The vision for the new [NHS e-Referral Service](#) was launched in June 2013. The announcement kicked off an extensive engagement with healthcare professionals and patients.

Feedback from consultations has helped drive the design of the new service and help develop a system that is simpler to use, adopts the latest technology and provides an improved service for users and better experience for patients, with a view to driving up utilisation.

The new NHS e-Referral Service will harness some of the new technologies used by the most successful IT companies in the world and, using the latest Agile development techniques, will deliver a service designed and assured by the users, that patients want and the NHS needs to deliver modern and efficient healthcare.

**NICE Guideline on Safe Staffing** - consultation paper is at <http://www.nice.org.uk/media/E18/ED/StaffingForNursingInAdultInpatientWardsDraffForConsultationMay2014.pdf>

## **Delivering the Better Care Fund in counties**

This publication features research, analysis, case studies and contributions from national voices on the future of care, including Norman Lamb MP and Richard Humphries, the Assistant Director of Policy at The King's Fund. Attached

## **Congenital Heart Disease Review**

John Holden's 23rd Update is at

<http://www.england.nhs.uk/2014/05/13/john-holden-23/>