



# The All Party Parliamentary Group on Skin

58-60 Kensington Church Street, London W8 4DB



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## MONTHLY MONITORING REPORT

July 2014

Week 1

Tuesday 1<sup>st</sup> July

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Wednesday 2<sup>nd</sup> July

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Thursday 3<sup>rd</sup> July

### ❖ Committees

#### [Health Committee: Long Term Conditions](#)

The House of Commons Health Committee has published its report into long-term conditions following a lengthy inquiry. The report detailed contributions made by the British Association of Dermatologists (BAD) below:

*‘There is evidence to indicate that poorly-planned changes to service mix have not in the past had the desired effect. The British Association of Dermatologists (BAD) reported that some dermatology outpatients services had been decommissioned, to be replaced by community-based services which provided care closer to home for dermatology patients. However the expected improvements in service provision had not been realised and there had been increased referrals to both community and acute services. BAD feared that changes in commissioning arrangements and the introduction of commissioning from “any qualified provider” had resulted in the “fracturing” of care pathways. This had meant that there was no net reduction in the cost of treatment when compared to acute care: in fact overall costs increased because patients were often “lost” in referrals from their GP to a community care service. BAD was also concerned that primary care services were “buckling” under current levels of demand.’*

The report went on to say that the ‘Care Closer to Home’ agenda should not be taken to such an extreme that it dominates the redesign of clinical services and pathways. Acknowledging a concern that the APPGS has expressed before on several occasions the report states that:

*‘While the prevailing assumption may be that people with long-term conditions would welcome treatment being provided through community or primary care as close to home as possible, this approach should not be taken for granted in the design of systems to support the management of long-term conditions. Many conditions will continue to require treatment to be provided in specialised secondary care settings.’*

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The full report can be found [here](#). The Government will respond in a few weeks to the recommendations made by the Health Committee.

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**Friday 4<sup>th</sup> July**

## ❖ Debates – House of Lords

### [Better Care Fund](#)

To ask Her Majesty's Government what effect the better care fund is having on the ability of the National Health Service to provide services to patients.

**Lord Kennedy of Southwark (Lab):** My Lords, I am delighted to have secured this debate today. We are all getting older and living longer, and that is very welcome, as medical and scientific advances make illness and diseases that would have killed us off no longer the threat to us that they were. There is still much to do, although that progress is very welcome. However, as a consequence, we have an ageing population, which brings its own challenges: how we care for people as they live to a much older age and more people living with long-term conditions. It has long been recognised and has been an aim of Governments to deliver better integration of health and social care and improve people's health and well-being by ensuring continuity of care while making the best use of resources. See [more](#).

## Week 2

**Monday 7<sup>th</sup> July**

## ❖ Weekly Answer Booklet – N.I. Assembly

### [Skin Camouflage Services](#)

**Mr Agnew asked** the Minister of Health, Social Services and Public Safety how much has been spent on skin camouflage services by the Health and Social Care Board in each of the last three years; and how much is projected to be spent in the next two years.

**Mr Poots:** The Health and Social Care Board has not issued funding directly to any organisation for skin camouflage services during the last three years. In terms of projected spending, I understand that the Health and Social Care Board will be meeting with the Changing Faces charity in the near future to discuss this issue.

### [Drugs for the Treatment of Cancer](#)

**Mr Elliott asked** the Minister of Health, Social Services and Public Safety whether any drugs for the treatment of cancer are generally available in Great Britain but not in Northern Ireland; and if so, to detail the drugs and the measures he has in place to address any disparity.

**Mr Poots:** Access to effective treatments for the population of Northern Ireland, including access to cancer drugs and other specialist medicines, is an important priority for me and for my Department.

In Northern Ireland the Health and Social Care Board (HSCB) is responsible for commissioning drugs and treatments. Both the HSCB and the NHS in England are guided by the National Institute for Health and Care Excellence (NICE) in determining which cancer drugs should be routinely available. All

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NICE approved cancer drugs that are available in England are either recurrently funded or available via a cost per case mechanism in Northern Ireland.

The HSCB has a clear process by which unapproved drugs (including drugs and therapies not limited to cancer) can be made available to patients in Northern Ireland. Around 98% of the applications for unapproved drugs for cancer are approved. I have recently instructed my Department to evaluate this process, and to take account of measures that other devolved administrations are considering in their approach towards access to specialist drugs.

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**Tuesday 8<sup>th</sup> July**

## ❖ Written Answers – House of Commons

### [CCGs/Specialised Commissioning](#)

**John Glen:** To ask the Secretary of State for Health (1) what services currently commissioned by NHS England will be commissioned by clinical commissioning groups following the implementation of the recommendations in Prescribed Specialised Services Commissioning Intentions 2014-15 and 2015-16; [202952]

(2) what resources will be transferred from NHS England to clinical commissioning groups following the implementation of the recommendations in Prescribed Specialised Services Commissioning Intentions 2014-15 and 2015-16. [202951]

**Jane Ellison:** NHS England has advised that there have been no changes to the scope of specialised services directly commissioned by NHS England in 2014-15, in order to provide a period of stability following the major changes in 2013-14. There has therefore, been no transfer of resources to clinical commissioning groups (CCGs) in 2014/15, for any changes in commissioning responsibility.

The *Manual for Prescribed Specialised Services 2013/14* describes the prescribed specialised services and sets out which elements of services are commissioned directly by NHS England, and which elements are commissioned by CCGs.

The *Prescribed Specialised Services Commissioning Intentions 2014-15 and 2015-16* document sets out the firm plans for 2014-15 and the direction for 2015-16. There will be a new set of commissioning intentions for 2015-16 to take account of the new environment and to firm up the plans for next year.

The development of the commissioning intentions for 2015-16 is included in the work of the specialised commissioning taskforce and will be progressed over the next few months ready for publication in the autumn. The taskforce work streams also include actions relating to the future portfolio of services to be commissioned by NHS England and CCGs, and possible future commissioning models. This work will be further progressed over the summer and will inform the 2015-16 commissioning intentions.

NHS England advise that it is yet to be determined whether or not there will be changes to the scope of specialised services directly commissioned by NHS England in 2015-16 or whether any additional resources will be transferred between NHS England and CCGs.

## ❖ Debates – House of Commons

### [Health/Specialised Services](#)

**John Glen:** To ask the Secretary of State for Health (1) if he will make it his policy that there should be equality of access to treatment for patients in England with specialised conditions;

(2) when he expects NHS England's review of specialised services commissioning to conclude; who is leading the review; what (a) NHS England employees and (b) other interested parties are participating in the review; and if he will make a statement; [202924](3) what the purpose is of NHS England's

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review of specialised services commissioning; on what date the decision to commission the review was taken; when he expects the review to conclude; whether he intends to consult on the outcome of the review; and if he will make a statement. [202935]

**Jane Ellison:** Since April 2013, NHS England has been responsible for the commissioning of services that have been identified as specialised. NHS England's role is to ensure that the national health service delivers better outcomes for patients requiring these specialised services in a consistent manner across the country. NHS England is committed to commissioning and planning a healthcare system that seeks to reduce health inequalities. See [more](#).

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## Wednesday 9<sup>th</sup> July

### ❖ Written Answers – House of Commons

#### [Diseases \(eczema\)](#)

**Jim Shannon:** To ask the Secretary of State for Health how many people in the UK have been diagnosed with (a) allergies, (b) asthma and (c) eczema in each of the last five years.

**Norman Lamb:** Annual incidence data for allergies, asthma and eczema is not collected. NHS England's service specification for specialised allergy includes an estimate of 20 million people in the United Kingdom being affected by allergenic disease at some point in their lives. The severe asthma service specification includes an estimate of more than 5 million for the number in the UK affected by asthma.

Atopic eczema is the most common form of the condition, and the National Institute for Health and Care Excellence clinical guidance "Frequency of application of topical corticosteroids for atopic eczema", published in 2004, suggests that it may affect 15–20% of school-age children and 2–10% of adults.

### ❖ Press Releases

#### [Department of Health](#)

Framework agreement between the Department of Health and Monitor

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## Thursday 10<sup>th</sup> July

### ❖ Written Answers – House of Commons

#### [Skin Conditions](#)

**Andrew Stephenson:** To ask the Secretary of State for Health how many (a) adults and (b) children in (i) the North West, (ii) Lancashire and (iii) East Lancashire contacted their GP because of a skin condition in each of the last five years.

**Norman Lamb:** The information requested is not collected.

#### [Pharmaceutical Price Regulation Scheme](#)

**Lord Hunt of Kings Heath** To ask Her Majesty's Government how much rebate they have so far received from pharmaceutical companies under the new Pharmaceutical Price Regulation Scheme agreement. To ask Her Majesty's Government whether the rebate they receive from pharmaceutical companies under the new Pharmaceutical Price Regulation Scheme agreement will be reallocated as an

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additional resource to the National Health Service. To ask Her Majesty's Government to what extent they propose to use the rebate they expect to receive from pharmaceutical companies under the new Pharmaceutical Price Regulation Scheme agreement to invest in innovative new medicines and procedures.

**The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) (Con):** The Department has received £74 million from members of the Pharmaceutical Price Regulation Scheme (PPRS) in respect of PPRS payments for the first quarter of the calendar year 2014. The Department intends to publish aggregate information on sales reports and payments made under the scheme on a quarterly basis. The first such publication was made on 30 June and can be found on the Government's website at: [www.gov.uk/government/publications/pprs-quarterly-net-sales-and-payment-information](http://www.gov.uk/government/publications/pprs-quarterly-net-sales-and-payment-information) In respect of England, the anticipated payments in 2014-15 have been passed on to NHS England through the Mandate and as such were included within commissioner allocations.

The Government is committed to improving access to clinically and cost-effective medicines including innovative new medicines. As part of implementing the PPRS, NHS England and the Association of the British Pharmaceutical Industry are discussing how best to improve access to, and optimise patient outcomes from, these medicines.

## ❖ Press Releases

### [NHS England](#)

Specialised commissioning stakeholder newsletter: Issue 1

### [NHS Confederation](#)

NHS could be heading 'into the red'. Provisional figures for 2013/14 suggest that NHS trusts will post a net overall deficit of just over £100 million, compared with an overall surplus of £383 million in 2012/13, new research by the Nuffield Trust has found.

### [Kings Fund](#)

Provisional figures for 2013/14 suggest that NHS trusts will post a net overall deficit of just over £100 million, compared with an overall surplus of £383 million in 2012/13, new research by the Nuffield Trust has found.

### [Nuffield Trust](#)

In the red? The state of NHS Finances.

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**Friday 11<sup>th</sup> July**

## ❖ Written Answer Report – Scottish Parliament

### [PACE](#)

**Jim Hume** (South Scotland) (Scottish Liberal Democrats): To ask the Scottish Government what the average time is for the Scottish Medicines Consortium to reach a decision on whether to approve a medicine for use following consideration through the Patient and Clinician Engagement process.

**Michael Matheson:** Patient and Clinician Engagement now forms part of the Scottish Medicines Consortium (SMC) evaluation process. Submissions from pharmaceutical companies received by SMC after noon on 7 April 2014 are eligible for this new approach, in line with what was set out in the Task and Finish Group report provided to me and published by the Health and Sport Committee. The first decisions from this new process are expected in Autumn 2014.

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## Week 3

**Monday 14<sup>th</sup> July**

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**Tuesday 15<sup>th</sup> July**

### ❖ Written Answers – House of Lords

#### [GPs: Cancer referrals](#)

Asked by **Lord Taylor of Warwick** To ask Her Majesty's Government what assessment they have made of the effect of ranking general practitioners by their record of cancer referrals on referral rates, or the assessment of doctors.[HL713]

**The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) (Con):** Cancer survival rates in England are some of the worst in Europe. Generally, the earlier a cancer is diagnosed, the greater the chance of survival. We know that some patients visit their general practitioner (GP) with symptoms of cancer several times before they are referred on for investigation, and so we are looking at a range of ways to increase early referral of patients with the relevant symptoms.

Between 2006 and 2010, 27% of cancers were diagnosed through urgent referrals for suspected cancer by general practice and 23% of cancers were diagnosed through emergency presentations ...

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**Wednesday 16<sup>th</sup> July**

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**Thursday 17<sup>th</sup> July**

### ❖ Written Answers – House of Commons

#### [NHS Innovation: IHW and Life Sciences Strategy](#)

**Mr Virendra Sharma:** To ask the Secretary of State for Health what assessment he has made of the performance of the Innovation, Health and Wealth programme; and what the costs of the programme to date have been in respect of (a) the NHS and (b) external consultancies. [204839]

**Dr Poulter:** The Innovation, Health and Wealth programme is a 10-year strategy, launched in December 2011, alongside the Government's Strategy for the UK Life Sciences. NHS England has advised that considerable progress has already been made, with the vast majority of actions now complete and showing positive early signs of improvement in uptake and utility of new medicines and technologies in the national health service. NHS England, along with key stakeholders from the NHS, industry and representative bodies, has recently completed a refresh of the programme.

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This reviewed progress to date and identified areas where further action is needed. NHS England plans to publish the results of that review later this year ...

## ❖ Welsh Government

### [Launch of the Life Sciences Hub](#)

The launch today of the Life Sciences Wales Hub marks a key milestone in the drive to accelerate the growth of the sector, increase its contribution to the economy by more than £1 billion annually, creating jobs and attracting inward investment.

## ❖ Press Releases

### [King's Fund](#)

How is the NHS performing? July 2014 is the twelfth of The King's Fund's regular quarterly monitoring reports.

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**Friday 18<sup>th</sup> July**

## ❖ Written Answers – House of Lords

### [NHS: Fees and Charges](#)

*Asked by Lord Taylor of Warwick* To ask Her Majesty's Government what is their assessment of the survey by the Nuffield Trust suggesting that almost half of National Health Service managers believe that patients will be forced to pay for some services within 10 years.[HL1037]

**The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) (Con):** The principles underpinning the National Health Service, enshrined in the NHS Constitution, include that it provides a comprehensive service available to all based on clinical need and that NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

Rising demands and continued fiscal constraint means that the NHS faces challenges in ensuring that it remains financially sustainable in the future. The Government believes that the answer to these challenges lies in changing the way services are delivered and keeping people well and independent for longer, not in altering the fundamental principles that underpin the NHS.

## ❖ Scottish Parliament – Written Answer Report

### [Psychological Therapies](#)

**Jim Hume (South Scotland) (Scottish Liberal Democrats):** To ask the Scottish Government what role it considers practice-based evidence for psychological therapies can play in the production of Scottish Intercollegiate Guidelines Network (SIGN) clinical guidelines. (S4W-21976)

**Michael Matheson:** The Scottish Intercollegiate Guidelines Network (SIGN) would consider evidence for psychological therapies, where relevant, in the production of any particular guideline based on the scope of the guideline and discussions with the multi-disciplinary guideline development group.

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## Week 4

**Monday 21<sup>st</sup> July**

### ❖ Written Answers – N.I. Assembly

#### [Cancer Drugs Funding](#)

**Mr lyttle** asked the Minister of Health, Social Services and Public Safety whether he will scrap the exceptionality clause and fund equal access to cancer drugs for patients. (AQW 35023/11-15)

**Mr Poots:** All National Institute for Health and Care Excellence (NICE) approved cancer drugs that are available in England are either recurrently funded or available via a cost per case mechanism in Northern Ireland. The Health and Social Care Board has a clear process by which unapproved cancer drugs can be made available to patients in Northern Ireland by means of an Individual Funding Request (IFR) setting out the clinical circumstances which support the request ...

#### [Yearly Charge for Prescriptions](#)

**Mr McKinney** asked the Minister of Health, Social Services and Public Safety how much in total income would be generated by a £25 a year charge for prescriptions. (AQW 35111/11-15)

**Mr Poots:** It is not possible to estimate how much revenue would be generated by a £25 a year charge for prescriptions. The revenue raised would depend on whether any exemptions from charges were put in place, the uptake of medicines by individual patients and the level of charge imposed for individual prescription items.

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**Tuesday 22<sup>nd</sup> July**

### ❖ Written Answers – House of Commons

#### [Health Services: Specialised Service Commissioning](#)

##### Various questions

**Peter Aldous:** To ask the Secretary of State for Health (1) when NHS England will conclude its review of specialised service commissioning; [205441]

(2) whether applications for specialised services which have previously been submitted to NHS England will be reviewed under the existing commissioning process or by the specialised commissioning taskforce. [205440]

**Jane Ellison:** NHS England established the specialised commissioning taskforce to make some immediate improvements to the way in which NHS England commissions specialised services, and to put commissioning arrangements on a stronger footing for the longer-term. The task force is not conducting a complete review of specialised commissioning, although there are some aspects of this work which will require some specific services or arrangements to be reviewed. The life of the task

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force was originally three months running from May to July 2014; this has now been extended to the end of October 2014 ...

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## Wednesday 23<sup>rd</sup> July

### ❖ Press Releases

#### [NICE – new cancer treatments](#)

NICE has recommended that the drug ipilimumab (also called Yervoy and manufactured by Bristol-Myers Squibb Pharmaceuticals Limited) is made available as a first-line treatment for patients with advanced malignant melanoma when the full tumour cannot be removed or the cancer has spread to other parts of the body.

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## Thursday 24<sup>th</sup> July

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## Friday 25<sup>th</sup> July

## Week 5

## Monday 28<sup>th</sup> July

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## Tuesday 29<sup>th</sup> July

### ❖ Press Releases

#### [Specialised Commissioning: NHS England](#)

Specialised Commissioning Oversight Group (SCOG) has announced a number of decisions made at its latest meeting.

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## Wednesday 30<sup>th</sup> July

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END