

The All Party Parliamentary Group on Skin

58-60 Kensington Church Street, London W8 4DB

Monthly Monitoring Report

March 2015

This document contains parliamentary information licensed under
the Open Parliament Licence v1.0



Recess Dates

- House of Commons and House of Lords 30th March (Parliament Dissolves)
- Northern Ireland Assembly 28th March – 12th April
- Scottish Parliament NA
- Welsh Assembly 13th March – 19th April

Week 1

02.03.2015

NI Assembly – Written Answers

Specialist Drugs: Access

Jim Allister (TUV - North Antrim): To ask the Minister of Health, Social Services and Public Safety, given that it is proposed that the 95 per cent exceptionality criteria be removed in respect of access to specialist drugs, whether he anticipates any other percentage threshold.

Health Minister: My statement of the 17th February 2015 makes clear that it is reasonable to expect clinicians to demonstrate some level of clinical exceptionality in order to allow wider access to this group of unapproved drugs. What we are seeking, and my Department's proposals reflect this, is that clinicians and other experts work together to agree an accepted definition of clinical exceptionality.

My Department is conducting a public consultation exercise on the proposed changes to the Individual Funding Request process. That consultation process will run until 8 May and following this we will aim to set out the details of the process going forward.

See [here](#).

News and Press Releases

NHS England: Commissioning for Value – Integrated Care Pathways packs

On Friday 27 February, the latest Commissioning for Value packs were published – Integrated Care Pathways packs – to add to the ‘Pathway on a Page’ data packs published for CCGs in November 2014. The new packs focus on integrated care pathways and complex patients. These packs are designed to support you with local discussions around commissioning decisions. See [here](#).

NHS England: Tariff arrangements for 2015/16 – Questions and Answers

Since the publication of the joint letter from Simon Stevens and David Bennett on 18 February setting out new information on tariff arrangements for 2015/16, NHS England and Monitor have received a number of questions about how the arrangements are expected to work. As a result, a Q&A document has been published to answer the questions we have heard. See [here](#).

House of Commons – Westminster Hall

04.03.2015

Local Pharmaceutical Services

Caroline Nokes (Romsey and Southampton North) (Con): It is, as ever, a pleasure to serve under your chairmanship, Mr Howarth. I appreciate your pointing out the clock to me. I might have thought I had got stuck in some sort of time warp and was forever on 7 minutes 29 seconds.

I want to put on the record my thanks to Mr Speaker for granting this debate on the essential small pharmacy local pharmaceutical services scheme, which has played and continues to play an important role in supporting small community pharmacies up and down the country. Pharmacies are an essential part of our health care system, and pharmacists play a key role in providing quality health care. They are experts in medicines and they use their clinical expertise and practical knowledge to ensure that medicines are safely supplied to and used by the public.

Over the past few years, a much greater emphasis has been placed on the role of the pharmacist. People have been encouraged to use their local pharmacy as the first port of call for the minor ailments—coughs, colds and skin rashes—that afflict us all from time to time. Pharmacists also play a significant role in programmes such as smoking cessation

and emergency contraception, and they do great work with medicine reviews and in ensuring that people use their medicines properly and effectively. They play a huge role in the winter by providing flu jabs efficiently and cost effectively. If I recall correctly, my hon. Friend the Minister supported Westminster flu day last year. Your interest in diabetes is well known, Mr Howarth, and you will be aware of the important role that pharmacists play in helping those with long-term conditions to manage their diseases. See [here](#).

05.03.2015

House of Commons – Prime Minister's Questions

Cancer Treatment: Referrals

Barry Gardiner (Brent North) (Lab): My father died of cancer; my mother died of cancer; and my sister died of cancer. A year ago, the Prime Minister set a target for those on urgent cancer referrals to receive their first treatment within two months. Last year, 20,000 people did not have that target met for them. Does the Prime Minister understand that, even if the National Health Service can survive another five years of Conservative Government, 100,000 cancer patients cannot?

The Prime Minister: The hon. Gentleman, probably like everyone in this House and most people in our country, knows someone who has been affected by, or died of, cancer. We all know that, and we know it is one of the biggest killers that we must get to grips with in our country. What we have seen over the last five years, partly because we have protected health spending, is a 50% increase of referrals into cancer treatments, so about half a million extra people have been treated. When it comes to cancer, what we need is earlier diagnosis by the GP. That is why the information campaigns matter so much. When people go into treatment, it does matter that the waiting targets are met. Two out of the three key cancer targets are being met, and we need to make sure that all of them are met. We also need to keep on with the cancer drugs fund, which has given many cancer sufferers access to drugs and a longer life as a result. See [here](#).

NHS England: CCGs approved for joint commissioning of GP services

Over a third of GP-led Clinical Commissioning Groups (CCGs) around the country have been approved to jointly commission GP services with NHS England, it has been announced today. This follows the [announcement last week of the first CCGs approved](#) to take on greater delegated responsibility for GP services and means that from 1 April, over 70 percent of CCGs (a total of 150 to date) will take on greater

commissioning responsibility for GP services.

The new primary care co-commissioning arrangements are part of a series of changes set out in the NHS Five Year Forward View to deliver a new deal for primary care and another next step towards plans set out by NHS England Chief Executive Simon Stevens early last year to give patients, communities and clinicians more involvement in deciding local health services. See [here](#).

NHS Confederation: Getting the sums right

Getting the sums right – How to sustainably finance personal health budgets is published by the NHS Confederation in partnership with Think Local Act Personal, a national partnership promoting person-centred care. The 11-page document includes case studies from organisations which have already introduced personal health budgets and sets out how organisations can address financial risks when implementing them. Personal health budgets can be either a direct payment to the person, a notional budget or a real budget held by a third party and give people a greater say in how money for their care is spent. See [here](#).

[06.03.2015](#)

News and Press Releases

Department of Health: Most NHS providers opt for 'Enhanced Tariff' for 2015/16

Monitor and NHS England today report that 210 out of 241 NHS trusts and foundation trusts (87% of all NHS providers) will move to the new voluntary tariff option (the 'Enhanced Tariff Option') for 2015/16. They will gain their share of the improved tariff funding made available to the NHS in December's Autumn Statement, worth up to £500 million. The 'Enhanced Tariff Option' (ETO) will help: reduce the funding pressures on acute hospitals, without raiding necessary investments in mental health, primary care and other services; support wider action to unlock provider and commissioner-led efficiencies, while ensuring the orderly management of the overall NHS budget within the cash limit set by Parliament; enable the timely completion of the annual NHS contracting round and give more certainty to commissioners and providers for 2015/16. See more [here](#).

Week 2

[10.03.2015](#)

News and Press Releases

NHS England: Five million patients to benefit from new era of patient care

The NHS has today (Tuesday 10 March) chosen the first 29 'vanguard' geographies that will take the national lead on transforming care for patients in towns, cities and counties across England. 269 groups of nurses, doctors and other health and social care staff from across the country put forward their ideas for how they want to redesign care in their areas, and then helped choose the first 29 of the most innovative plans. Drawing on a new £200 million transformation fund and tailored national support, from April the vanguards will develop local health and care services to keep people well, and bring home care, mental health and community nursing, GP services and hospitals together for the first time since 1948. See [here](#).

NHS Confederation: Response to NHS England's plans for redesigning care

Responding to NHS England's announcement on transforming patient care, Rob Webster, chief executive of the NHS Confederation, said: "Today's naming of 29 vanguard sites, many of which are our members, is to be welcomed. "Improving services by helping different parts of health and social care work better together is essential for the future of the NHS. If redesigned services in these sites results in, for example, fewer unplanned hospital admissions, fewer hospital trips and more treatment in people's homes, then that is good news for patients. "It is pleasing that clinicians and local leaders have been able to put forward plans for redesigning services in their areas. What works best for patients is care designed by frontline clinicians who are delivering services". See [here](#).

Nuffield Trust: Response to announcement of 29 'vanguard' areas to implement the Five Year Forward View

Commenting on the announcement from NHS England about the launch of the 'vanguard' areas to implement the Five Year Forward View, Nigel Edwards, Chief Executive of the Nuffield Trust said: "The Forward View set out an impressive vision of the different approaches that local areas can take to adapt for the future, and today's announcement kick-starts the transition to these approaches. Many of the 29 areas chosen by NHS England are well known within the NHS for containing organisations already at the cutting edge of health and social care. In that sense there are no real surprises: these are organisations that have a head start in developing new approaches to better meet the needs of their local communities". See [here](#).

House of Commons – Oral Answers

11.03.2015

House of Commons – Oral Answers

NHS Funding Pressures

N.B. Discussion briefly mentions care of the elderly.

Andrew Gwynne (Denton and Reddish) (Lab): What recent representations he has received on fiscal steps to address funding pressures in the NHS. [907961]

Danny Alexander: The Government have protected the health budget in real terms throughout the current Parliament. Of course a strong national health service needs a strong economy, and the Government plan to deliver that strong economy, along with a fairer society. The NHS budget has already increased by £12.7 billion during this Parliament, and in the autumn statement we announced an additional £2 billion for front-line NHS services. That money is intended to meet demand pressures in the next financial year, and also to help to start the process of transformation that was outlined in the “Five Year Forward View”, which is probably the most important representation that I have received on NHS funding in the last year or so.

Andrew Gwynne: Hospitals have struggled to cope with the pressures during the winter. Labour has made a fully funded commitment to provide the extra doctors, nurses, home care workers and midwives who are needed through a “time to care” fund. Analysis of Conservative party spending plans shows that more than 260,000 elderly people risk losing their social care packages during the next Parliament. Is it not time for the Government to commit themselves to taxing hedge funds and tobacco companies in order to raise the extra resources that our NHS so desperately needs?

Danny Alexander: Let me gently say to the hon. Gentleman that he ought to be a wee bit cautious about believing too many of his Front Benchers’ spending plans. See more [here](#).

News and Press Releases

Department of Health: Review into medical innovation and technology

Details of a review into plans to give NHS patients quicker access to innovative medicines and medical technology have been announced. The ‘Innovative Medicines and Medical Technology Review’ will improve the speed at which medical innovations such as precision medicines, digital devices, apps, diagnostics and new therapeutic technologies get to patients and their families. See [here](#).

12.03.2015

House of Lords – Written Answers

Nottingham University Hospitals NHS Trust: Dermatology Service

Baroness Finlay of Llandaff: To ask Her Majesty's Government, further to the Written Answer by Earl Howe on 2 February (HL4599), given the recent closure of Nottingham University Trust's acute dermatology service, what steps they are taking to relieve increasing service pressure on dermatology in the long term.

Earl Howe: The commissioning and provision of National Health Services is a matter for the local NHS.

The NHS Trust Development Authority advises that since Monday 2 February Nottingham University Hospitals NHS Trust has been unable to provide a comprehensive adult dermatology service. It no longer has sufficient consultant dermatologist capacity to sustain such a service. The Trust has worked with commissioners to ensure a satisfactory service is available to local people from alternative providers. Rushcliffe Clinical Commissioning Group has commissioned a review to assess how to meet the needs of the population in the future. It would not be appropriate for Ministers or the Department to intervene in this matter. See [here](#).

Week 3

18.03.2015

News and Press Releases

Treasury: Budget Speech

Chancellor George Osborne's Budget 2015 speech. See [here](#).

NHS Confederation: Response to Budget Statement

Responding to today's budget statement, in which Chancellor George Osborne confirmed a real terms increase in NHS funding for 2015/16, the NHS Confederation is calling for an open and honest debate on NHS finances ahead of the general election in May.

The NHS Confederation, which represents more than 500 NHS organisations, also calls for greater public scrutiny of political plans for the NHS. This follows a decision by MPs on the Health Select Committee last week to abandon the publication of a report into NHS finances. Without more effort to address money in the NHS, the NHS Confederation believes politicians will lose credibility with a public crying out to be engaged on the big issues affecting the NHS in the coming election campaign. See [here](#).

19.03.2015

House of Commons – Prime Minister's Questions

Cancer: Waiting times

Edward Miliband: That is another broken promise on accident and emergency. Now let us turn to cancer. On cancer, the Prime Minister said that the key issue was how long people had to wait to get treatment, but the NHS is missing the 62-day treatment target. Why did he make that promise?

The Prime Minister: Let me bring the right hon. Gentleman closer to home—genuinely, to his home in Doncaster. [Interruption.] This is the answer. Here are the cancer waiting times for his constituents: 95.2% of patients with suspected cancer were seen by a specialist within two weeks, and the target is 93%—target met; 97.9% of patients diagnosed with cancer began treatment within 30 days, and the target is 96%—target met; and 87% of patients began cancer treatment within 62 days of an urgent GP referral, and the target is 85%—target met. The fact is that on the NHS we have put in the investment, we increased the doctors and we increased the nurses. Frankly, if he cannot stand the heat, he had better get out of his second kitchen.

Fiona Mactaggart (Slough) (Lab): When the Prime Minister answered the Leader of the Opposition, he was able to show that cancer waiting targets had been met in my right hon. Friend's constituency. They obviously have a very effective Member of Parliament, but—[Interruption.] The Prime Minister is responsible for the national health service as a whole. He will be aware that nationally the 62-day wait for treatment for cancer patients after referral has been breached in each of the last four quarters. What does he have to say to the more than 5,000 cancer patients, including one in four people with bowel or lung cancer, who are waiting months before they get any treatment?

The Prime Minister: We have made sure that half a million more people have been referred for cancer treatment, and as a result, cancer survival rates are going up. As well as looking at the national figures, it is worth while looking at constituency figures, and I have the right hon. Lady's figures here—she is obviously a very effective MP too, because her area is meeting all three cancer targets. That is what is happening in Britain—more people referred, more resources going in, more people surviving, but more to be done—but let me remind her: this can only happen with a strong economy. It is when the Labour party wrecks the economy that it wrecks the health service. See [here](#).

House of Commons – Financial Statement

Budget 2015

The Chancellor of the Exchequer (Mr George Osborne): Today I report

on a Britain that is growing, creating jobs and paying its way. We made difficult decisions in the teeth of opposition, and it worked: Britain is walking tall again.

Five years ago, our economy had suffered a collapse greater than that suffered by almost any other country. Today I can confirm that in the last year we have grown faster than any other major advanced economy in the world. Five years ago, millions of people could not find work. Today I can report that more people have jobs in Britain than ever before. Five years ago, living standards were set back years by the great recession. Today the latest projections show that living standards will be higher than they were when we came to office. Five years ago, the deficit was out of control. Today, as a share of national income, it is down by more than a half. Five years ago, they were bailing out the banks. Today I can tell the House that we are selling more bank shares and getting taxpayers' money back. We set out a plan, that plan is working, and Britain is walking tall again. See more [here](#).

Scottish Parliament – Official Report

General Question Time: Cancer Waiting Times

Cara Hilton (Dunfermline) (Lab): To ask the Scottish Government what action it is taking to reduce cancer treatment referral waiting times for NHS Fife patients.

The Cabinet Secretary for Health, Wellbeing and Sport

(Shona Robison): Our cancer delivery team is working with NHS Fife to support performance recovery. A performance recovery action plan has been developed and progress against actions is regularly monitored and updated. The plan includes the allocation of more than £103,000 through cancer modernisation funds and more than £400,000 through the detect cancer early programme in 2014-15 to support diagnostic capacity and cancer services in NHS Fife.

Cara Hilton: I was recently contacted by a constituent who has been diagnosed with lung cancer. She was referred to the Western general hospital for radiotherapy and chemotherapy, and was told that she would get an appointment within two weeks, yet after six weeks she had heard nothing. She contacted her general practitioner, who discovered that the consultant she had been referred to was on long-term sick leave, so no action had been taken to schedule her appointment. Will the cabinet secretary take action to improve the referral process for cancer treatment in the NHS to avoid such situations? Right now, it not only seems that NHS patients in Fife have the second-longest waiting times in Scotland for treatment, but it looks like lives are being put at risk due to inadequate administrative arrangements. See more [here](#).

Scottish Government – News

Further £200m to support health & social care integration
Funding of £200 million is to be allocated over two years to support the implementation of health and social care integration, the Health Secretary has announced today. The investment will extend the current Integrated Care Fund into 2016/17 and 2017/18, and comes on top of £100 million of funding already allocated for 2015/16. The money will be distributed among the 32 local NHS and social care partnerships that have been set up as part of the move towards integrated services. The Integrated Care Fund forms part of over half a billion pounds of Government investment over the next three years that will be used to support integration, including £100 million over three years for delayed discharge, and £30 million over three years for Telehealth. See more [here](#).

Welsh Government – Written Questions and Answers

Dermatology: Roaccutane

David Melding (South Wales Central): Will the Minister make a statement on the availability of Roaccutane on prescription in Wales?

The Minister for Health and Social Services (Mark Drakeford): Roaccutane can only be prescribed for the treatment of severe forms of acne by, or under the supervision of, a consultant dermatologist. The physician is expected to follow appropriate clinical guidelines when prescribing Roaccutane, such as those published by the British Association of Dermatologists. See [here](#).

News and Press Releases

Kings Fund: Acute hospitals and integrated care

This report describes lessons from five case studies where acute hospitals are working collaboratively with local partners to build integrated models of care – three of these sites have since been chosen as vanguards by NHS England. The report assesses the achievements made so far, distils the lessons learnt for other local health economies, and makes recommendations for national policy-makers. See [here](#).

Nuffield Trust: Response to the 2015 Budget

Commenting on the Chancellor's final Budget of this Parliament, Ruth Thorlby, Senior Fellow in Health Policy at the Nuffield Trust, said "The investment announced today in children's and maternal mental health services is much needed and long overdue. We warned last year that there were real concerns about several key indicators of quality in this area, including the rise in children being sent out of their home regions for treatment. But we must remember that all parts of the health service are struggling to meet demand and maintain quality under the financial

strain of the last five years. What's more, it is likely that the NHS will face extremely ambitious efficiency targets over the next five years, which will require significant changes to the way services are currently run". See [here](#).

Week 4

25.03.2015

House of Commons – Early Day Motions

A Manifesto for Community Pharmacy

That this House notes that GP services are being overloaded across the country with many patients unable to get appointments with a doctor for many days and sometimes weeks; further notes that A&E departments are also being overloaded, as patients increasingly resort to A&E departments to get basic medical treatment; further notes that qualified pharmacists have to undertake a four-year course of study to qualify and are qualified to treat and prescribe drugs for more minor ailments; believes that there is no substitute for the proper funding of the National Health Service in order to provide the health service the public expects and deserves; nonetheless further believes that pharmacists could play a much larger role in the direct treatment of minor ailments and thereby alleviate pressure on GP and A&E services; and therefore calls on the Government to undertake an urgent study of A Manifesto for Community Pharmacy, a manifesto put together by pharmacists across the country, with a view to implementing their recommendations and demands as a matter of urgency. See [here](#).

26.03.2015

House of Commons – Early Day Motions

Dermatology

Lilian Greenwood (Nottingham South): To ask the Secretary of State for Health, what his Department's (a) direct and (b) indirect involvement in (i) the procurement of dermatology services from Nottingham University Hospitals Trust to Circle in 2007 and (ii) the reprocurement of those services in 2012; and whether that involvement was in an advisory capacity.

George Freeman: The original contract for the Nottingham Treatment Centre was signed in July 2005 between the Secretary of State for Health, the local primary care trusts (PCTs) and Circle after approval of a business case for the scheme by the Department. The services provided by the Treatment Centre include dermatology. The Treatment

Centre became operational in July 2008 after construction completion. The Department was not involved directly or indirectly in the procurement of the services. On 1 April 2013 the Department's responsibility under the contract passed to NHS England. The procurement was managed locally by the clinical commissioning group and the local area team of NHS England; the contract was awarded to Circle after a competitive procurement process. See [here](#).

NHS England: NHS England releases new framework to assure CCGs

The new Clinical Commissioning Group (CCG) assurance framework for 2015/16 has been published today. CCGs were established on 1 April 2013 and are clinically-led statutory bodies that commission local healthcare services. The new framework describes the assurance process which supports CCGs to commission safe, high quality and cost effective services for patients. It includes a strengthened focus on a CCG's performance in delivering improvements for patients, as well as assessment of its capability to deliver core and additional delegated responsibilities. See [here](#).

Kings Fund: The NHS under the coalition government

This report, the second part of 'The NHS under the coalition government', looks at how well the NHS has performed under the coalition government. The report acknowledges that assessing the performance of any health service is an inexact science for many reasons, but using routinely available data, the report creates a conventional 'production path' – describing the financial inputs to the NHS before detailing its outputs, such as hospital admissions, or A&E attendances. See [here](#).

27.03.2015

News and Press Releases

NHS England: Recipients of £350 million of investment in primary care announced

Patients across England are set to benefit from a £350 million investment in GP services, announced today (27th March 2015). An additional 37 pilot schemes across England will be able to improve access to care for over 10.5m patients as part of the expansion of the Prime Minister's Challenge Fund (PMCF). This will mean the scheme will benefit a total of 18m patients expanding on over 7million patients that are already benefitting from the 20 wave one pilots. The successful schemes will trial a wide variety of ideas to improve convenience and access to GP services to fit round work and family life with more appointments in the evenings and at weekends, plus the option for

video, email and telephone consultations and better use of telecare and health apps. See [here](#).

Week 5

30.03.2015

Westminster

Parliament has been dissolved.
There will be no Parliamentary business until after the General Election.
See [here](#).

END