

Brunswicks' Healthcare Review

Volume 3 Issue 35
29 October 2008



refreshingly modern, reassuringly traditional

This week's article—'The No Secrets Consultation—facts and fictions'

This is the second part of a pair of articles by Gary Fitzgerald, CEO of campaigning charity Action on Elder Abuse in which he looks at some of the shortcomings of the approach adopted in the review and consultation.

To read article [click here](#)

To contribute to the debate, contact AEA, Brunswicks or directly comment in response to the consultation.

If you haven't seen the consultation document and you want it emailed contact us by emailing Keith.Lewin@brunswicks.eu and putting 'No Secrets' in the 'Subject' field of the email..

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CSCI/Care Quality Commission, CSIW,
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Commission—page 13—15

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Parliament

29.10.08 – HoL - **Lord Williamson of Horton** to ask about progress made in providing age-appropriate accommodation and care for children and young people in mental health hospitals in line with the Mental Health Act 2007.

Continued in Parliament...

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Parliament—page 21 & 22

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Editorial

As I prepare this week's issue for 'press' I have been attending the annual conference of National Care Association.

At the event NCA launched its new logo and image.

I also heard the new Care Services Minister, Phil Hope, appointed three weeks ago – replacing Ivan Lewis speak publicly on social care matters for the first time since appointment.

The perennial question about the level of funding of service users was raised.

As with Mr Lewis, we were reminded just how much cash has been made available to local authorities and the reason providers are cash-starved is as a result of spending decisions made by councils and that to interfere would be ultra vires.

We all know that the Government has been consulting on how to fund social care going forward and the intention to launch a Green Paper next year based upon the findings of the consultation process. There needs to be a new bargain between the State, the individual and the family in order to fund the cost of future long term care.

As part of that bargain it seems the time has arrived for Government to consider winding the clock back 15 years or so and, rather than distribute cash for long term care by simply handing it over to local councils, the cash should either be 'ring-fenced' or, better still, distributed directly by Government through the Department of Work and Pensions to providers or service users as personal budget.



Abuse

1. Safeguarding Adults – Consultation document from DH on ‘No Secrets’

The 73 page document is available on DH website.

If you want us to send you a copy, please email keith.lewin@brunswicks.eu Putting ‘No Secrets’ in the ‘Subject’ box of your email.

2. ACTION ON ELDER ABUSE

e-News October

No Secrets Consultation October 2008

It is two and a half years since Liam Byrne accepted the principle of putting adult protection onto a legislative footing. Five months after his commitment Stephen Hoskin was murdered by people who had befriended him. While the death of 78 year old Margaret Painting led to the crime of causing the unlawful death of a vulnerable adult (Domestic Violence, Crimes and Victims Act 2004), it is difficult to see what changes resulted from Stephen’s death.

In child protection, we have a shameful roll call of death, from Tyra Henry to Victoria Climbié. We must not have the same for adults. The consultation on *No Secrets* must be grasped by all of us as a chance to speak clearly and with one voice. We need to spell out what works, what doesn’t and what must be done to make a difference. And we need to ensure that the messages are heard unequivocally, without any misunderstanding.

The consultation document is a mixed bag, ranging from complex discussion points and questions (the criminal justice section), through to simplistic and banal ones, (*‘what evidence is there that increased funding would lead to better outcomes?’*) And it is so

wrapped up in the jargon of personalisation that it fails to address the safeguarding implications. The Serious Case Review into Stephen’s death stated, *‘It is essential that health and social care services review the implications of acceding to people’s ‘choice’ if the latter is not to be construed as abandonment....’* Steven Hoskin had lost all control of his own life within his home. He had no say, choice or control over who stayed or visited the flat. He had no voice or influence over what happened within the premises’. We need to address these points, instead of talking about falls strategies for older people!

The answers to many of the questions posed in the consultation are already known to the Government. They know protection is inadequately funded and lacks the necessary powers and duties to make a difference, so we need to raise the standard of this consultation to a higher level. For example, the debate is not about whether there is a need for powers to gain access to an adult at risk, it is about who has that power, how is exercised, and what are the safeguards needed.

No Secrets Consultation document can be downloaded from the DH website: <http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Safeguardinganddealingwithabuse/index.htm>

3. AEA calls upon the Government to hear the messages in the independent report into individual budgets

21 October 2008

AEA has welcomed the first independent evaluation of the Government’s ‘Cash for Care’ strategy and has urged Minister’s to hear what older people are saying and experiencing.

The report has confirmed that *‘many older people supported by adult services do not appear to want what many of them described as the ‘additional burden’ of planning and managing their own support’*. It has also indicated that *‘Older people reported lower psychological well-being with Independent Budgets, and suggested that this was perhaps because they felt the processes of planning and managing their own support were burdens’*.

Additionally it noted that *‘common concerns of front-line staff were ... managing potential risks – for instance paying family members or neighbours (with no Criminal Records Bureau checks) to provide support. Staff were also uneasy about potential harm or risks of financial exploitation arising from users’ choices’*.

Gary FitzGerald, Chief Executive of Action on Elder Abuse (AEA), said, *“An overwhelming message from this evaluation is that the Government needs to slow down and recognise that people are different. What works for one person or group of people does not automatically work for others, and this needs to be built into the process. The Serious case review into the death of Stephen Hoskin clearly indicated that acceding to choice should not result in abandonment [1] and we need to be careful that this does not happen. Fundamentally, the Government needs to understand that most adults facing the sharp end of abuse are in no position to be empowered without major frameworks and structures of support. They*

Continued on next page...

3. AEA calls upon the Government to hear the messages in the independent report into individual budgets (continued...)

have been actively conditioned and disempowered by the perpetrator or by the circumstances of the abuse but nevertheless have a legitimate voice that needs to be listened to, heard, and acted upon. The Government's responses on the safeguarding implications of this report are therefore insufficient, simplistic and bear little reality to the circumstances of abusive situations. They really need to address this urgently!"

AEA has argued that citizens should not be automatically disempowered from choice and control over their lives simply as a consequence of age, disability or assumed inability, but that it instead should be based upon principles similar to those expressed within the Mental Capacity Act 2005, an assessment of ability and risk, and an appropriate infrastructure that encompasses a safeguarding approach.

Concluded FitzGerald, "We are concerned that the Government has already sought to weaken the messages of this independent report by implying that the situation has changed and improved. If they are genuine about personalisation then we urge them to throw equal weight behind developing choice and control within regulated services instead of exclusively championing the 'cash for care' model. This model represents only one way of empowering people, and for some it can be a reckless option imposed with little regard for choice or control."

Business News

4. Care home providers struggle to agree deals

25 October 2008 - The Times

Southern Cross and Four Seasons under pressure to sell up (even at a loss for its backers) to release cash to pay the banking syndicates which are owed billions of pounds.

Four Seasons is owned by Qatar's sovereign wealth fund a disposal it is thought would release just £800million for creditors. RBS is said to be reluctant to agree.

5. 100th hospital scheme opens doors to patients

22 October 2008

The 100th hospital scheme to be built under the biggest hospital building programme in the history of the NHS - St Helens Hospital in Merseyside - has admitted its first patients.

The NHS Plan in 2000 announced that 100 new hospital schemes would be built by the end of 2010 under the building programme to replace aging and unsuitable infrastructure, through a mixture of Private Finance Initiatives (PFI) and public capital funded schemes.

To date 131 hospitals have been built or are under construction as part of the scheme at a cost of £12 billion. The programme is not just about replacing old buildings but is also helping to improve the patient experience, modernise services and improve access and choice.

Ed. Overall annual capital expenditure (i.e. PFI and public capital) on hospital building has in-

creased from around £1.1 billion in 1997/98 to around £5.5 billion in 2007/08, four times more in real terms than in 1997 and an average real terms increase per year of over 10%.

Effectively this is borrowing 'off balance sheet' for the Government and is of great concern not only in times of economic crisis such as now, but, generally – who will pick up the bill if it all goes pear-shaped?

6. Birmingham to consult on care home quality

October 2008 - Community Care Market News

Birmingham City Council is consulting on how best to invest £1m to shape the market in improving independent care home nursing places.

Care Homes

7. HSE blitz on Somerset care homes highlights room for improvement

14 October 2008

'Room for improvement across the board' is the general consensus of inspectors from the Health Safety Executive (HSE), following a recently completed series of unannounced targeted inspections of care homes across Somerset.

The inspection initiative took place over a two-week period (15-26 September) and turned the spotlight on a range of health and safety issues relating to such areas as hot water, hot surfaces, window restrictors, Legionella, manual handling, latex and bed rails.

Continued on next page...

7. HSE blitz on Somerset care homes high-lights room for improvement (continued...)

A total of 20 homes were visited and 12 of these were served with Improvement Notices - please see Notes to Editors for breakdown of Improvement Notices by type and by Local Authority area.

HSE inspector Trudi Smyth, who coordinated the initiative, summarised the key findings:

"Most of the homes we inspected had good controls in place where hot water and hot surface risks were concerned, however, not all of them were aware what the maximum temperatures should be or how quickly burning could occur.

"Bed rail management was another area where most homes visited were aware of the risks relating to this issue but many were not aware of the British Standard and were not carrying out sufficient checks or maintenance.

"As far as windows were concerned, most of the homes did have some sort of restrictor in place but there were problems with old windows which were not adequately restricted or robust and with new windows which had restrictors which could be easily overcome.

"Finally, on the issue of Legionella, many of the homes we visited lacked a specific risk assessment, management system or knowledge of the controls required and it was this area which notched up the largest number of Improvement Notices.

"This inspection 'blitz' has given us a good overview of the general standards of health and safety in care homes across Somerset and we will use these findings to inform our proactive work in the future. One of

the first things we will be doing is holding a series of Health and Safety Awareness Days, together with Local Authorities, across the South West in the new year."

8. Time for a bit of self-reflection, CSCI October 2008 - Healthcare Business

Stuart Marchant reflects on the wrongful distress caused to service users and providers by the inappropriate activity of CSCI in the cancellation of a care home registration, pressuring providers by destabilising the business and other inappropriate conduct.

Case Reports

Law Reports

9. Commissionaires Management v Hughes

The Employment Appeal Tribunal in this case dealing with several aspects of rest breaks under the Working Time Regulations 1998, held:-

- that an employee is only entitled to *one* rest break once he has worked more than six hours; he is *not* entitled to a subsequent rest break if he works for twelve hours (paras. 15-16)
- where a rest break cannot be taken at the correct time, a proper compensatory rest break must be offered. It is not enough to say that an employee can rest between shifts (paras. 25-29)
- a claim can only be brought in respect of rest breaks for the three month period before presentation of a claim (six months if the statutory grievance applies). The concept of 'continuing breaches' to enable further backdating does not apply here (para. 42)

We are grateful to specialist employment law barrister Daniel Barnett for the above summary.

Disciplinary cases

10. Case against IVF doctor collapses

23 October 2008 – BBC News

The disciplinary case against Mohamed Taranissi, a leading IVF doctor, has collapsed.

Dr Taranissi runs London's Assisted Reproduction and Gynaecology Centre (ARGC), had faced charges relating to his treatment of two women. He denied the accusations of failing to keep proper medical records, carrying out inappropriate tests and acting in an insensitive manner.

The General Medical Council ruled that there was insufficient evidence to continue.

[For full report click here](#)

Cases in the news

11. Woman choked to death on sandwich

21 October 2008 – BBC News

Dr Peter Dean has expressed his concern by the death of Florence Smith at a care home in Suffolk after she died by choking on a sandwich.

Dr Dean, the coroner, recorded a verdict of accidental death but ordered that the Commission for Social Care Inspection be alerted to the death as only one of the four staff on duty had basic first aid training.

[For full report click here](#)

Children

12. Reforms threaten family courts

23 October 2008 - The Times

Article about the apparent collapse of access to justice following the Government's increase of court fees by several hundred percent. Sir Mark Potter, President of the Family Division, says that the intention of full cost recovery is illusory.

13. More open justice for families in the courts

20 October 2008 - The Times

The only way to dispel these myths is to let the media in, says top judge

20 October 2008 - The Times

Sir Mark Potter opines that there is now the strongest case for the media to be given access to children care cases for greater transparency. Of course, identities will need to be protected.

Ed. It looks like some long overdue reforms are on their way. It is likely to be some time off and wont come quickly enough for most families who find themselves in what to many is a Kafkaesque experience.

Conferences & Courses

14. WITH JUST ONE WEEK TO GO UNTIL THE CARE SHOW - you still have time to register for fast track entry

With just one week left until The Care Show, Birmingham opens you still have time to register. This means that you get sent your badge in advance and can walk straight into the show. [REGISTER TODAY](#)
The Care Show is the premier show for care professionals in the UK and the new look show offers not

only the only chance to see over 150 exhibitors but also the opportunity to gain free education and training in the packed programme of educational features - all under one roof!

Here's a reminder why it's worth spending a day there.....

- [Seminars](#) - Hear the latest updates on strategies, initiatives and announcements; find out how the Care Quality Commission will affect you and discover how to get the star rating you deserve and more...

- [Nutritional Kitchen](#) – practical cooking and nutrition tips hosted by the NACC Care Cooks of the Year. Come along and taste the food!

- [Training](#) – Free certificated training for care workers covering subjects such as health and safety, risk assessing your home and transforming your team's morale.

- [Dementia Care Advice & Seminars](#) - hear from experts on good practice in dementia care; what people living with dementia might want plus other important issues.

plus.....

YOUR ONLY CHANCE THIS YEAR TO SEE AND COMPARE OVER 150 EXHIBITORS - all in the same place at the same time....

Many will have special offers and here is a taster of what some of them have to offer....

- Newly launched Transcare bath offering a number of innovative features

- Fabrix laundry liquid - a breakthrough in the battle against super bugs

- A care bed that converts to a chair as an aid to standing

- Simplaphone™ which makes dialling and receiving calls easier

- Care Monitor; a revolutionary and uniquely holistic resident monitoring system

- The UK's first radio network exclusively for care homes

...plus much more. [Check out all the exhibitors REGISTER TODAY](#)

15. Leading the way in social care

Social Care Leadership Development Programme—by SCIE

November 2008 and January 2009

SCIE is running a third year of the highly successful Social Care Leadership Development Programme, which will be run by the King's Fund, Birmingham University and the Tavistock and Portman NHS Trust.

The programme welcomes applications from:

- Potential directors of adult social services and potential directors or chief executives in provider organisations
- Black and minority ethnic applications
- Private sector provider applicants

Continued on next page...

15. Leading the way in social care (continued...)

The programme is designed to provide a developmental and outcomes-focused framework that draws on participants' experiences and relates to their current work environment. Core content themes are:

- Leadership for social care outcomes
- Personal and organisational leadership
- Community leadership

The programme is funded by the Department of Health with a maximum of 24 participants in each group.

For more information and an application form please contact Elizabeth Scott, Programme Administrator, SCIE, Goldings House, 2 Hay's Lane, LONDON, SE1 2HB on 020 7089 6920 or elizabeth.scott@scie.org.uk

16. 'Choosing protection' conference 6 November 2008 – Llandrindod Wells

A key concept of modernising health and social care systems is the right for people receiving services to be able to exercise choice. Should this right to choose, mean giving up the right to protection? Is there really any contradiction between these two rights? How can we learn from the lessons of Domestic Violence and take a positive attitude towards tackling abuse whilst allowing adults the right to choice and control over their lives?

At a time when *In Safe Hands* is being reviewed this question is crucial for all those involved in protection and safeguarding work.

This unique conference hosted by Action on Elder Abuse will hear from a multitude of speakers on this important topic and many other important safeguarding issues.

Other topic areas to be addressed include:

Developing a survivors network
Criminal justice
Abuse of people with learning disabilities

Natalie Fernandez
Senior Events Co-ordinator
Action on Elder Abuse
020 8765 7000
www.elderabuse.org.uk

17. Action on Elder Abuse - FORTHCOMING events

Alliance for Adult Protection Legislation Meeting, London Nov 2008
> Parliamentary Reception, London Dec 2008
> Legislation Conference, London, Jan 2009
> AEA's National Conference, Nottingham, 23/24 March 2009

For details please contact Natalie Fernandez on natalie@elderabuse.org.uk, or call us on 0208 765 7000

18. 'Mind the Gap! The future of care.'

The English Community Care Association 2008 Conference & Exhibition

Wednesday, 12 November, 2008. Holiday Inn, Bloomsbury, London

[Buy 2 tickets get a 3rd ticket free! A Special offer for ECCA members!](#)

Funding, regulation and personalised services are key concerns for the whole sector and there is a real need for knowledge about how they will affect providers' ability to deliver a quality service. This conference will give delegates the opportunity to hear the views of those at the very top in government, regulation and commissioning and to challenge the mismatch between the rhetoric and the practice.

The speaker programme includes:

- **Phil Hope, Minister for Care Services.** Ministerial address
- **Baroness Young, Chair, Care Quality Commission.** Vision for regulation of the social care sector
- **John Dixon, President, ADASS.** Partnerships, personalisation & funding

To book your place at the conference, sponsored by Boots Care Services, call ECCA on 08450 577 677, email conference@eccca.org.uk or visit www.ecca.org.uk

19. Westminster Health Forum keynote seminar

Adult Social Care Workforce Strategy

Morning, 19th November 2008, Westminster SW1

With **Glen Mason**

Director of Social Care Leadership & Performance,
Department of Health

[Our Website](#) | [Book Online](#)

Planned sessions will look at:

The central themes of the *Adult Social Care Workforce Strategy*;

Implementing the personalisation of adult social care services;

Remodelling the adult social care workforce; and

Regulating and measuring the performance of the adult social care workforce.

We are delighted that **Glen Mason**, Director of Social Care Leadership & Performance, Department of Health will be delivering a keynote address at this seminar.

Other speakers are expected to be confirmed shortly.

Typically, attendees at our seminars are a senior and informed group numbering around 120, including Members of both Houses of Parliament, senior government officials involved in this area of public policy, health professionals, trade unions, representatives of health consumer organisations, academia, interested and affected charities and other related industries, together with representatives of the trade and national press.

Booking arrangements

To book places, please use our [online booking form](#).

Once submitted, this will be taken as a confirmed booking and will be subject to our terms and conditions below.

Please pay in advance by credit card on 01276 489144. If advance credit card payment is not possible please let me know and we may be able make other arrangements.

Options and charges are as follows:

Places at *Adult Social Care Workforce Strategy* (including refreshments and PDF copy of the transcripts) are **£190** plus VAT (£223.25);

Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£80** plus VAT (£94). Please be sure to apply for this at the time of booking.

20. The King's Fund Annual Conference 2008 Reshaping the NHS: Creating locally-driven evidence-based service change

Tuesday 25 November 2008, 9.30am–5.30pm

Royal College of Obstetricians and Gynaecologists, Regent's Park, London

What is the conference about?

Lord Darzi's NHS Next Stage Review makes it clear that all future NHS reconfigurations should be clinically driven, evidence based and locally led – with inputs from patients and the public. The King's Fund Annual Conference 2008 will look at what this means in practice. We will explore different types and applications of evidence, consider the roles that service commissioners and providers need to adopt, and showcase successful national and international service reconfigurations that reflect these principals.

Keynote speakers

International keynote speaker: **David Levine, Presi-**

dent and Director General of the Health and Social Services Agency in Montreal, Quebec, Canada

UK Keynote speaker: **Geoff Mulgan, Director, The Young Foundation**

Exhibition and sponsorship

Following the success of last year's exhibition we are delighted to be offering a limited number of extra conference stands in 2008. We have a wide variety of sponsorship packages available.

Places at this event are limited so we recommend that you reserve a place as soon as possible by downloading a [booking form](#) from our website or booking [online](#). For further information please visit our website or [email us](#) and we will be happy to provide you with more details.

21. DIGNITY MATTERS CONFERENCE - ONLY 200 PLACES

25 November 2008

New Connaught Rooms, 61- 65 Great Queen Street, Covent Garden, London WC2B 5DA

Invitation to National Dignity Champions Conference

Key Speakers: Phil Hope, Minister for Care Services
Cynthia Bowers, Shadow Chief Executive Care Quality Commission

Sir Michael Parkinson

A national conference to enable dignity champions to take ideas into reality.

Continued on next page...

21. DIGNITY MATTERS CONFERENCE - ONLY 200 PLACES (continued...)

This event will include the launch of 'Beyond Slogans-A New Framework for Assessing Progress with Dignity In Care' The conference is for dignity champions and those interested in the dignity campaign from health, local authorities, clinicians, commissioners, the independent sector, managers and practitioners.

22. Capita's National Conference Improving the Lives of People with Dementia Capita's National Conference

Improving the Lives of People with Dementia Tuesday 25th November 2008 – Central London

Please note that we are now taking bookings on this popular event, which is CPD Certified and supported by UCL, the Alzheimer's Society, and Age Concern. We are also taking bookings on the related Half Day Briefing on Wednesday 26th November, **Developing the Skills of the Dementia Care Workforce.**

RECEIVE A 20% DISCOUNT FOR BOOKING ON BOTH EVENTS.

Please [click here for further details of this conference](#). If you have any problems with the hyperlink, please e-mail me at dave.eastman@capita.co.uk and I will send the brochure as an attachment.

Chaired by **Maria Parsons**, Executive Director, **London Centre for Dementia Care**, our expert speakers include:

- **Ruth Eley**, CSIP National Programme Lead, Older and Disabled People, **Department of Health**

- **Alison Murray**, Provider Relationship Manager, Inspection, Regulation and Review Directorate, **Commission for Social Care Inspection**
- **James Buckley**, Chief Executive Officer, **Tunstall**
- **Andrew Chidgey**, Head of Policy and Public Affairs, **National Dementia Strategy Implementation, Alzheimer's Society**
- **Tony Tench**, Extra Care and Services Director, **Hanover Housing Association**
- **Philip Hurst**, Policy Manager, **Age Concern**
- **Rachael Dutton**, Specialist Dementia Research Manager, **Housing 21 Dementia Voice**
- **Lee Sims**, Operational Manager, **Housing 21 Dementia Voice**

Launching in October, the Government's first **National Dementia Strategy** for the UK will have profound implications for all stakeholders involved in dementia care and support services.

Organised to address the key challenges ahead, **Capita's National Improving the Lives of People with Dementia Conference** brings together expert speakers from forward thinking organisations involved in dementia care. They will provide local authorities, housing providers and care support services with advice and practical guidance on improving well-being, inclusion and quality of life for people with dementia.

This timely event will cover a range of pertinent issues, including:

- Providing workforce wide support for implementing the **National Dementia Strategy**
- Ensuring **flexible care services** to meet different support needs

- Methods for enabling **early diagnosis and intervention** for people with dementia
- Ways to **improve dementia support** in care homes through **design and integrated specialist services**

Places can be booked on this event either by filling out and returning the booking form on the final page of the conference [brochure](#), or by e-mailing the delegate details directly to dave.eastman@capita.co.uk. Alternatively you can book online by [clicking here](#) and using **Booking Reference Code TSDE**.

23. "A Place of Safety or the New Asylums? Implementing Measures to Improve Mental Health Provision in Community Safety Services"

The briefing will be hosted by [The House Magazine](#) on **Wednesday, 3 December 2008 in Westminster**

The event will be chaired by [Professor Jan Keene](#) (Director of Research and Lecturer in Social Work, *University of Reading*) with speakers including:

[Ian Bynoe](#) (Commissioner for Mental Health, *Independent Police Complaints Commission*)

[Dr Michele Hampson](#) (Chair, Multi-agency Working Group, *Royal College of Psychiatrists*)

[Inspector Michael Partridge](#) (Mental Health Project Team, *Metropolitan Police Service*)

[Laura Thorne](#) (Criminal Justice Programme, *Sainsbury Centre for Mental Health*)

Continued on next page...

23. "A Place of Safety or the New Asylums? Implementing Measures to Improve Mental Health Provision in Community Safety Services" (continued...)

Participants at this Westminster Briefing will discuss the latest government measures to improve mental health services in community safety provision. Delegates will consider the recently released RCP standards on section 136 and best practice solutions in improving co-operative working. Particular focus will be placed on the importance of forming strong partnerships between primary care trusts police forces and other service partners.

24. Westminster Health Forum keynote seminar

Palliative and End of Life Care

Morning, 9th December 2008

Westminster, SW1

With **Professor Mike Richards** - Chair, End of Life Care Strategy Advisory Board and National Cancer Director, Department of Health

and

Thomas Hughes-Hallett - Chief Executive, Marie Curie Cancer Care

and

Professor the Baroness Finlay of Llandaff

[Live Agenda](#) | [Our Website](#) | [Book Online](#)

This seminar will examine issues around the provision and quality of palliative and end of life care, and what more can be done to provide a better service to patients and their families. It follows the publication of the Government's End of Life Care Strategy and the recently released Darzi review of the NHS, which looked in part at end of life care.

Sessions will look at:

Palliative and end of life care in the UK and the end of life care programme;
The impact of the strategy so far and the next steps for implementing the reforms;
Delivering frontline palliative and end of life care and preferred place of care;
Innovative approaches and ethical issues in end of life care; and
The end of life care strategy and the way forward for palliative and end of life care.

Booking arrangements

To book places, please use our [online booking form](#).

Once submitted, this will be taken as a confirmed booking and will be subject to our terms and conditions below.

Please pay in advance by credit card on 01276 489144. If advance credit card payment is not possible, please let me know and we may be able make other arrangements.

Options and charges are as follows:

Places at *Palliative and End of Life Care* (including refreshments and PDF copy of the transcripts) are **£190** plus VAT (£223.25);

Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£80** plus VAT (£94). Please be sure to apply for this at the time of booking.

For those who cannot attend:

Copies of the briefing document, including full transcripts of all speeches and the question and comment sessions and further articles from interested parties, will be available approximately **7 days** after the event for **£95** plus VAT (£111.63);

Concessionary rate: **£50** plus VAT (£58.75).

If you find the charge for tickets a barrier to attending, please let me know and we will do our best to see you are not excluded. Please note terms and conditions below (including cancellation charges) will still apply.

25. [Commissioning for change: Healthinvestor primary series](#)

IN ASSOCIATION WITH THE NHS ALLIANCE

21st January 2009 – Central London

The introduction of world class commissioning is designed to raise procurement standards across the UK. This event explores the efficacy of these commissioning mechanisms and the outcome these changes have in terms of enabling patient choice and individualised healthcare. The programme also examines the successes and the lessons which can be learned for both commissioners and providers.

The agenda will address the following issues:

How will commissioning meet the healthcare challenges posed by future demand?

Towards a level playing field for the independent sector

Presenting a good business case: The view of an independent provider

Why are some organisations successful why others fail?

Continued on next page...

25. Commissioning for change: Healthinvestor primary series

IN ASSOCIATION WITH THE NHS ALLIANCE (CONTINUED...)

Improving patient and public involvement in commissioning

Understanding the information requirements for improved commissioning

Lessons from overseas commissioning

Revisited: Will NHS commissioning be the envy of the world?

Contributors will include:

Mike Sobanja – Chief Officer, NHS Alliance

Ken Anderson – Managing Director, UBS

Gary Belfield – Director of Commissioning, Department of Health

Hilary Heywood – Assistant Director, Ashton, Leigh & Wigan Primary Care Trust

Derek Felton – Director of Commissioning Services, Tribal

Conal Timoney, Head of Communications Development, NHS London

Paul Mainwaring, Chair, Patients Council

Nick Gordon, Commercial Director, Harmoni

If you would like further details or to book a place at these events, please visit www.healthinvestor.co.uk or contact our Events Team on 020 7104 2000, or email kate.atkins@healthinvestor.co.uk

26. Westminster Health Forum keynote seminar

Dementia and Elderly Care

Morning, 27th January 2009

Westminster, London SW1

with

Parliamentary Under Secretary of State for Care Services, Department of Health

and

Professor Sube Banerjee

Senior Professional Advisor, Older People's Mental Health, Department of Health

and

Neil Hunt

Chief Executive, Alzheimer's Society

[Live Agenda](#) | [Our Website](#) | [Book Online](#)

This seminar will examine issues around the reform of dementia services, and what more can be done to provide a better service to patients and families. It is timed to reflect issues raised in the National Dementia Strategy which is due to be published later this year.

Speakers and Delegates

To book places, please use our [online booking form](#).

Please pay in advance by credit card on 01276 489144. If advance credit card payment is not possible, please let me know and we may be able make other arrangements.

Options and charges are as follows:

Places at *Dementia and Elderly Care* (including refreshments and PDF copy of the transcripts) are **£190** plus VAT (£223.25);

Concessionary rate places for small charities, un-

funded individuals and those in similar circumstances are **£80** plus VAT (£94). Please be sure to apply for this at the time of booking.

27. Action on Elder Abuse is pleased to announce its National Conference for 2009 will be on Monday 23 March 2009 and Tuesday 24 March 2009

Next year it will be held at East Midlands Conference Centre

Nottingham Conferences

University Park, Nottingham, NG7 2RJ

T: 0115 951 5000

F: 0115 951 5009

nottinghamconferences.co.uk

28. World Elder Abuse Awareness Day 15 June 2009, this is in its 4th Year now and we want to make it an important date in everyone's diaries, please join with us in doing an event on the day and helping raise awareness on Elder Abuse. For more information email worldelderabuseday@elderabuse.org.uk or call 0208 765 7000.

Action on Elder Abuse has launched a series of exciting challenge events, including skydiving, trekking and running. If you've ever wanted to trek the Inca Trail, freefall from 10,000 feet or sledge across Lapland with huskies (to name but a few), visit www.elderabuse.org.uk for more information.

29. INVESTING IN THE FUTURE OF URGENT AND EMERGENCY CARE

17th February 2009 – Central London

Primary care commissioners are now tasked with ensuring a successful strategy to enable the new vision for a single point of access for 24/7 urgent care. Opportunities for independent providers to provide services are booming with an estimated 40 new contracts emerging in this financial year.

As the urgent and emergency care sector rapidly develops, requirements for new services, new systems and new providers are increasing. This conference examines the raft of new primary initiatives and aimed at reducing inequality, accelerating access and promoting innovation in urgent care. The programme addresses how providers and investors can to achieve these new requirements and adapt quickly in order to benefit from the expanding market.

Expert guidance will be offered on developing a strong business case for your urgent care investment and improving your commercial acumen within the NHS. The programme will address the following key concerns for investors:

- The Department of Health vision for urgent care
- Reasons for private sector investment in urgent care
- Commissioning world class urgent and emergency care
- Driving improvements in urgent care in primary care
- Building a business case for out-of-hours care provision
- Towards world-class services in ambulatory care
- Collaborating within urgent care and across external care services
- Working creatively with relevant agencies to improve care outcomes
- Improving public access to urgent and emergency care

Contributors include:

Professor Sir George Alberti, National Clinical Director, Emergency Care Access, Department of Health
Rick Stern, Primary Care Foundation and special advisor in primary care management to the NHS Alliance
James Vallance, Urgent Care Policy Manager, Service Design Division, Directorate of Commissioning and System Management, Department of Health
Eric Peacock, Retired Chief Executive, Northern Doctors Urgent Care

If you would like further details or to book a place at these events, please visit www.healthinvestor.co.uk or contact our Events Team on 020 7104 2000, or email kate.atkins@healthinvestor.co.uk

30. INVESTING IN HEALTH AND MEDICAL TOURISM: OPPORTUNITIES, RISKS AND DEVELOPMENTS

24th March 2009 – Central London

By 2010 medical travel is expected to be a £23 billion business, with over 780 million patients seeking care outside their principal country of residence. Many countries tourism income increasingly depends on it and its impact on the organisation of national and international healthcare is increasing.

It is a huge worldwide business, but until now, information has been aimed at patients. This groundbreaking conference will investigate from a business perspective what is happening now and what is likely to happen worldwide in different types of medical and health tourism.

This event addresses the key questions:

Why is it happening? Where is demand coming from? Where are people going? Who is offering or planning to offer services? What is the relationship to insurance? & What are the risks and problems?

It could help you:

- Access this market
- Stay ahead of the opposition
- Identify new income areas
- Understand the regulations and avoid the associated risks
- Gain from this developing sector
- Promote your business

It could stop you:

- Missing out on a growing market
- Providing the wrong type of service
- Missing out on deals
- Losing market share and existing customers
- Making assumptions based on inaccurate information
- Using unregulated intermediaries

Contributors include:

Ken Anderson, Managing Director, UBS
Keith Pollard, Managing Director, TreatmentAbroad
Dipa Jethwa, Founder, The Taj Medical Group

If you would like further details or to book a place at these events, please visit www.healthinvestor.co.uk or contact our Events Team on 020 7104 2000, or email kate.atkins@healthinvestor.co.uk

Consultations

To follow next week

CSCI/Care Quality Commission (w.e.f. 2009), CSSIW, Healthcare Commission & Scottish Care Commission

31. HMIE Quality Indicators and the Care Commission Quality Themes and Statements 24 October 2008 – SCRC

HMIE & The Care Commission have jointly produced [guidance](#) to help providers consider how to present their evidence for the HMIE Quality Indicators and Care Commission's Quality Themes and Statements systems.

There is a table shown within the [guidance](#) which shows how the two systems link together.

[For full report click here](#)

32. Consultation on final dates for social service workers to register with the SSSC 24 October 2008 – SCRC

The Introduction of final dates for prescribed descriptions of social service workers to achieve registration with the Scottish Social Services Council (SSSC): A Consultation Paper has now been issued.

[For full report click here](#)

33. Care Quality Commission launches consultation

CQC will aim for transparent, consistent enforcement

24 October 2008 – Community Care

Cynthia Bower, chief executive of the [Care Quality Commission \(CQC\)](#) has warned that the body will not back away from taking enforcement action against social care and health providers.

She made the statement as the CQC - which will begin work in April 2009 - launched a consultation on its approach to enforcement. The regulator said it would aim for enforcement to be consistent, transparent and proportionate.

[For full report click here](#)

34. Forthcoming review will highlight lack of training and advocacy

24 October 2008 – Community Care

The quality of safeguarding adults practice varies significantly between areas, a Commission for Social Care Inspection report due out next month will say. CSCI chief inspector Paul Snell has outlined some of the findings from an inspection report of the quality of safeguarding adults practice. The report found that there was a significant variation between areas.

[For full report click here](#)

35. Healthcare watchdog welcomes NHS progress in struggle against *C.Difficile*

23 October 2008 – Healthcare Commission

The Healthcare Commission has welcomed news of a fall in *C.Diff* rates, saying the figures suggested significant progress in the struggle against health-care-associated infection.

For full report go to http://www.healthcarecommission.org.uk/newsandevents/mediacentre/pressreleases.cfm?cit_id=1443&FAArea1=customWidgets.content_view_1&usecache=false

36. Eligibility revamp needed

Commission for Social Care Inspection review of FACS calls for new adult care criteria for eligibility

22 October 2008 – Community Care

CSCI has made a call for the current "flawed" system of adult care eligibility criteria in England to be replaced.

The CSCI's review of the Fair Access to Care Services (FACS) system was unveiled at the National Children and Adult Services Conference in Liverpool and was originally commissioned by the Department of Health.

The probe began after CSCI's State of social care report found poor outcomes for those excluded from support.

[For full report click here](#)

37. 'Cutting the cake fairly': CSCI publishes review of eligibility criteria for social care

22 October 2008 - CSCI

Everyone, regardless of their needs or how much money they have, should, as a minimum, have a proper discussion about their care needs and good information and advice about care choices, according to a new report by the Commission for Social Care Inspection, published today.

In the longer term the report backs the need for radical reform to the organisation and funding of the care and support system, as the Government has already

Continued on next page...

37. 'Cutting the cake fairly': CSCI publishes review of eligibility criteria for social care (continued...)

acknowledged. So as well as reviewing the impact on people and their carers of the current means of deciding who should receive publicly-funded care, CSCI's report also looks at possible future funding models and different ways they might allocate public funds to individuals needing care and support.

Launching the report, "Cutting the cake fairly", CSCI Chair Dame Denise Platt said:

"We were pleased to be asked by the Government to undertake this review in the light of our report last January which showed the impact on individuals and their families of the increasingly tight thresholds for help set by councils. As this report shows, people and their families experience stress and bewilderment trying to get the care they need and the complex systems for determining how they might be helped defeat many."

"Our findings demonstrate that the current system of determining eligibility is both heavily criticised and not aligned with present policy. The number of people seeking care and support has been rising and will continue to do so. Whilst most people accept that not everything can be provided by the State, they want a fairer and clearer system and one which both promotes their well-being and, if they need care and support, enables them to make informed decisions about the options available. Our review indicates there is some way to go before everyone can benefit from that approach."

The review found that some people are benefiting from council-funded schemes aimed at those falling

below local eligibility criteria. However, the overall picture confirms that people looking for support frequently fail to have an opportunity to have their needs properly taken into account and advice about the choices open to them. People who do not meet the eligibility criteria manage as best they can but often at great cost in financial, emotional, personal and physical terms, both to them and their family carers.

The recommendations are:

- (i) **Better arrangements that offer universal support.** Eligibility criteria for access to public funding for social care services should be seen in a broader context that is more consistent with *Putting People First* and offers some level of help and advice to everyone seeking it. Three key elements are identified to ensuring better arrangements that offer universal support -
 - *strengthening communities* so all citizens can access local services which promote their general health and well-being;
 - *assisting individual choices* so everyone gets good advice, information and an assessment of their care and support needs as well as, where appropriate, advocacy and brokerage;
 - *prioritising funding for individual needs* on a clearer basis and ensure decisions about allocating public funds to individuals follow an assessment of needs.
- (ii) **Improve the response to people needing assistance,** including the quality of response people receive when they first contact the council. The report also suggests ways of improving the assessment process.

- (iii) **Replace the FACS criteria with a revised way of allocating public funds to individuals** and reinforce the need to make a clear distinction between assessing a person's needs and their financial means. DH should consult on three 'priorities for intervention' rated according to the urgency of response required:

- *immediate intervention* - without immediate support to remove barriers to people's dignity and quality of life, a person's well-being would be seriously threatened;
 - *early intervention* - where problems may develop and threaten a person's well-being within 6 months if support is not provided;
 - *longer-term intervention* - where people's well-being would be threatened within the year without targeted, evidence-based interventions.
- iv) **A national resource allocation formula** to underpin individual/personal budgets so that, rather than each council devising its own system, there would be a common approach across the country.
 - (v) **A range of measures to support the implementation of the proposed arrangements,** including
 - ways of improving the initial response from councils to people seeking support
 - considering, in appropriate circumstances, a short period of re-ablement to maximise what people can do for themselves before any final decisions about ongoing needs for support.

Six background papers accompany the report and are available on the CSCI website - www.csci.org.uk. Please also find here a link to the actual report: <http://www.csci.org.uk/default.aspx?page=2596>
[For BBC report click here](#)

39. Government Response to Cutting the Cake Fairly: CSCI review of eligibility criteria for social care

22 October 2008 – CSCI

This is the Government's response to a review of the fair access to care services framework by CSCI.

[For full report click here](#)

40. ECCA challenges Government to deliver equality and fairness

22 October 2008

The English Community Care Association has challenged the Government to deliver a more equitable and fair care system. The CSCI report, *Cutting the cake fairly*, clearly shows that there is inequality and inconsistency in the current system.

Martin Green, Chief Executive of ECCA, said:

"The challenge for Government is to deal with this issue as a matter of urgency. We cannot wait for the Green Paper on Adult Social Care. We need action now and if necessary some transitional approaches. Whatever Government decides to do in response to this much needed report it must ensure that local authorities deliver on its recommendations".

41. Speak softly and carry a big stick

October 2008 - Community Care Market News

Interview of the chair of the Care Quality Commission, Baroness Barbara Young, about her plans for the regulation of the sector.

Ireland, Scotland & Wales

Ireland

42. Carers in call for more support

21 October 2008 – BBC News

Health Minister Michael McGimpsey has been called

upon to do more to support parents of children with learning disabilities.

[For full report click here](#)

Scotland

43. Cancer Op OAP Failed By The NHS

23 October 2008 – Evening Times

The Scottish Public Services Ombudsman has ordered Lanarkshire NHS Board and Monklands Hospital to apologise to the family of a pensioner who had surgery to cure her cancer. The cancer was discovered to be terminal on a detailed scan two days after the operation.

For full report go to <http://www.eveningtimes.co.uk/display.var.2462684.0.0.php?utag=28804>

Wales

44. Report critical of killer's care

22 October 2008 – BBC News

The Healthcare Inspectorate Wales has criticised the care received by a mentally ill patient before he stabbed a 56-year-old woman to death.

Christopher Devine, 23, from Rhyl, Denbighshire, killed Sandra Bowring (maiden name Vincent) after they met at a psychiatric unit.

The North Wales NHS Trust apologised and said a review had been carried out making services "much safer".

[For full report click here](#)

45. Cancer patient's fight over care

21 October 2008 – BBC News

Sue Bentley, suffering from lung cancer is taking legal action against Velindre NHS Trust. She paid privately for the drug Avastin and as a result, lost her NHS care, which included chemotherapy treatment.

Velindre NHS Trust said it followed assembly government policy preventing patients switching between NHS and private care in a particular treatment.

[For full report click here](#)

46. Call for free elderly foot care

21 October 2008 – BBC News

Age Concern Cymru is calling for foot care services to be made freely available to all older people in Wales.

The services it is requesting range from basic nail cutting to general chiropody as it says good podiatry is essential to older people's health.

[For full report click here](#)

Learning Disabilities

Nothing to report

Legislation Update

47. No. 2677 The National Health Service (Directions by Strategic Health Authorities to Primary Care Trusts Regarding Arrangements for Involvement) (No.2) Regulations 2008

23 October 2008 – OPSI

[For full legislation click here](#)

48. No. 2765 The Plant Health (England) (Amendment) (No. 2) Order 2008

23 October 2008 – OPSI

[For full legislation click here](#)

49. No. 2769 The NHS Direct National Health Service Trust (Establishment) Amendment Order 2008

23 October 2008 – OPSI

[For full legislation click here](#)

50. No. 2717 (C.120) The Health and Social Care Act 2008 (Commencement No. 3) Order 2008

21 October 2008 – OPSI

[For full legislation click here](#)

51. No. 2714 (C.119) The Health Act 2006 (Commencement No. 6) Order 2008

20 October 2008 – OPSI

[For full legislation click here](#)

Mental Capacity

52. Reviewing the Mental Capacity Act 2005: Forms, supervision and fees – Consultation Closing Date: 15 January 2009

A consultation seeking views on proposed changes to three areas of the work of the Office of the Public Guardian and the Court of Protection following the implementation of the Mental Capacity Act 2005 in October 2007.

It aims to cover a redesign of the lasting power of attorney forms, the restructuring of the supervision of deputies by the public guardian and alterations to fee structures.

For consultation go to <http://www.justice.gov.uk/publications/reviewing-mental-capacity-act.htm>

Mental Health

Nothing to report

Miscellaneous

53. Allied Healthcare Professionals Annual Conference: Speech by Alan Johnson

24 October 2008 – DoH

A transcript of the speech by Secretary of State for

Health Alan Johnson at the Allied Healthcare Professionals Annual Conference on 21 October 2008 in which he talks about the important work health professionals do in improving people's health and life chances.

[For full report click here](#)

54. Autism speaks. It's time for the world to listen

23 October 2008 - The Times

Article by Bob Wright about his personal experience of the autism which afflicted his grandson. Mr Wright is co-founder of Autism Speaks – www.autismspeaks.org

55. Pharmaceutical Price Regulation Scheme 2009: Products that have lost exclusivity

22 October 2008 – DoH

A letter sent to all members and prospective members of the Pharmaceutical Price Regulation Scheme which describes the position under a future scheme regarding products that have lost exclusivity.

[For full report click here](#)

56. Nursing and Midwifery Council (Constitution) Order 2008: Consultation report

21 October 2008 – DoH

The final report on a consultation on the draft regulations setting out proposals for the Nursing and Midwifery Council (Constitution) Order 2008.

[For full report click here](#)

57. Private hospital use falls!

According to Laing and Buisson's Healthcare market review the demand for privately funded treatment in the UK's private hospital sector has fallen for the first time in recent memory. The report will be published by Laing & Buisson on 29.10.08. However, overall demand for private hospital treatment has increased

marginally, due to a rise in NHS funded treatment being conducted in private facilities.

58. Developing our brains from cradle to grave

21 October 2001

Proposals aimed at helping society realise its mental potential at every stage of peoples' lives are contained in a major new report published today by Foresight, the Government's futures think tank.

The study into 'Mental Capital and Wellbeing' looks at how a person's mental resources change through life, as a child, adult and in old age, and identifies factors that can help or hinder their development. The consequences are substantial for individuals, wider society and the economy.

The report concludes that there is a clear case for action across society including by Government, companies and individuals, to boost both mental capital and wellbeing. This could reap very high economic and social benefits in the future.

Download the full report at <http://www.foresight.gov.uk>

59. It's time for a clear policy on euthanasia

20 October 2008 - The Times

Speaking of the death of Daniel James at a Dignitas clinic in Switzerland and the questioning of his parents, Libby Purves writes that assisted dying is not the same as assisted suicide and that one needs to tread carefully and sensitively.

She also refers to the case brought by Debbie Purdy seeking clarification of the law concerning assisted suicide.

She believes that we are not 'grown up enough' to debate these matters in the UK.

60. Government Dignity Newsletter

Autumn 2008

Available from http://networks.csip.org.uk/nl/?l=331_1_1_1

61. Old, new, borrowed or Blue? Opposition parties lay out their latest thinking on health policy

October 2008 - Healthcare Business

Chris Calland of PLMR analyses the political landscape of health and social care thinking amongst opposition parties.

62. Manifesto for a 'Brave New World' for personalised care and individual budgets

October 2008 - Healthcare Business

Report on the annual conference of Lancashire Care Association and the first outing of Baroness Young among providers. Report sets out LCA's manifesto for Transformation, Personalisation and Dignity.

63. St Helens Council

October 2008 - Community Care Market News

The council is increasing the number of people with personal budgets in the town from five to 50.

64. Luton guilty of neglecting disabled man's needs

October 2008—Community Care Market News

The Local Government Ombudsman ordered Luton to pay £15,000 to the family of a disabled man after failing to provide suitable care provision for 10 yrs. There was a lack of flexibility and a lack of person centred approach.

65. Liverpool telecare spend up, in-house homecare down

October 2008—Community Care Market News

£1.9m is being spent by Liverpool City Council to increase the use of technology by vulnerable people. The plan is to install devices in 900 homes.

NHS

66. Health trusts spend £50m on translators

26 October 2008 - The Sunday Times

Spending on linguists for patients who cant speak English has been put at £50m.

67. NHS rips up drug rules to give dying patients more time

25 October 2008 - Daily Mail

Ministers reported to want to allow patients to die with dignity by getting National Institute for Clinical Excellence to give greater value to final weeks of life.

68. Medical notes half a world away

25 October 2008 - Daily Mail

A woman in agony from arthritis waited over three months for painkilling treatment because her medical notes were lost after having been sent to New Zealand to be typed up.

69. Everyday technology could improve patient care - King's Fund

24 October 2008 - Health Service Journal

NHS must rise to technology challenge and catch up with other industries, says The King's Fund

24 October 2008 - King's Fund

NHS 'not making enough use of IT'

24 October 2008 - BBC News

The NHS is failing to use everyday technology, such as emails, to improve patient care and save money, according to two reports published today by the King's Fund.

The think tank argues that well-established technologies and more advanced systems could allow patients to book GP appointments via the internet, receive routine test results, view medical records and

have online consultations.

[For King's Fund report click here](#)

[For BBC report click here](#)

70. MRSA screening - FAQs

24 October 2008 - DoH

Guidance to support NHS trusts in introducing MRSA screening for all elective patients by the end of March 2009.

[For full report click here](#)

71. Hold-up: Treasury eyes NHS surplus

23 October 2008 - HSJ

The Treasury is in talks with the Department of Health over the NHS's £1.7bn surplus and when the service will be able to spend it.

72. Big drop in C. difficile figures

23 October 2008 - BBC News

Figures released by the Health Protection Agency show that cases of the hospital bug Clostridium difficile fell significantly in the last three months.

There were 8,683 cases recorded in patients aged 65 years and over between April and June 2008 in England, which is an 18% drop on the previous quarter.

Previous figures have shown rising deaths from C. difficile but this may be due to better reporting experts say.

[For full report click here](#)

73. NHS makes good progress on waits

23 October 2008 - BBC News

Ministers are praising the English NHS for reaching an important milestone in the drive to get hospital waiting times down to 18 weeks.

Hospitals should now be able to guarantee that 90% of in-patients and 95% of out-patients can be seen within the time-frame.

[For full report click here](#)

74. Is the NHS wise to rack up debt?

23 October 2008 – BBC News

Article looking at questions being asked about the approach currently being taken to upgrading the NHS's estate and facilities.

[For full report click here](#)

75. Reducing bug cases 'top priority'

23 October 2008 – BBC News

Following new figures being released, Ipswich Hospital has pledged to improve its performance in reducing the number of C.diff cases.

Latest Department of Health statistics show the hospital had 1.58 C. difficile cases per 1,000 bed stays last year which is one of the highest rates in the region.

The hospital has called in the Health Protection Agency for help in improving its practices and a report is due soon.

[For full report click here](#)

76. About flu jabs - who should get a flu jab this autumn? - easy-read leaflet

23 October 2008 – DoH

Easy-read booklet for the flu immunisation campaign 2008.

[For full report click here](#)

77. NHS meets key commitments on waiting and progress on tackling infections

23 October 2008

- 18 Weeks commitment met five months early
- C. difficile infection rates fall

NHS staff (in England) are making excellent progress against two key priority areas - to reduce waiting times to 18 weeks and cut Clostridium difficile (C. difficile) infections - statistics show.

DH statistics for August show that nationally the NHS has met its commitment to ensure that 90% of patients who require admission to hospital and 95% of patients not needing admission, start treatment within 18 weeks of referral from their GP. This means that the operational standard has been met five months ahead of the end of December 2008 deadline.

The median referral to treatment time waited by patients who were admitted for treatment has come down from 18.8 weeks in March 2007 to 8 weeks in August this year and the median referral to treatment time waited by non-admitted patients has fallen from 7.4 weeks in August last year to 4.3 weeks in August this year. The number of patients waiting longer than six weeks for a diagnostic test has decreased by 97% since April 2006.

In addition, the latest Health Protection Agency quarterly figures (from April to June 2008) on C. difficile infections published today show a big drop in the key over-65 age group in which cases have dropped by 18% on the previous quarter and 38% since the same quarter in 2007. Overall, figures show a 21% decrease on the 2007/08 average and mean that the NHS is well on its way to delivering its target.

The 18 Weeks referral to treatment times statistics can be accessed at: <http://www.performance.doh.gov.uk> and click on 18 Weeks.

The C. diff statistics can be accessed at the Health Protection Agency Website. (<http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1191942126541>)

78. Statistical press notice - NHS Referral To Treatment (RTT) times data August 2008

23 October 2008

Main Points

* Data is being published on Referral to Treatment (RTT) times for patients whose 18 week clock stopped during August 2008.

* Data for admitted patients (patients whose 18 week clock stopped with an inpatient/ day case admission) has been published each month since January 2007 on an unadjusted basis. See statistical notes.

* Data for admitted patients (patients whose 18 week clock stopped with an inpatient/ day case admission) has been published each month since March 2008 on an adjusted basis. See statistical notes.

* Data for non-admitted patients (patients whose 18 week clock stopped during the month for reasons other than an inpatient/day case admission) and incomplete RTT times for patients whose 18 week clock is still running was published for the first time in November 2007.

* A data completeness assessment is being published alongside the reported figures in order to aid interpretation of the data. Further details on the methodology are available at <http://www.performance.doh.gov.uk/rtt/definitions.html>

The Department of Health published the 18 Weeks Rules Suite on 28 November 2007. The documents can be found at:

<http://www.18weeks.nhs.uk/Content.aspx?path=/measure-and-monitor/Rules-suite/>

Full details of RTT data for individual organisations is available at:

<http://www.performance.doh.gov.uk/rtt/>

79. Demo over hospital parking fees

22 October 2008 – BBC News

Health workers have staged a protest at Kingston Hospital in south-west London over car parking charges amid calls for NHS Trusts in England to abolish fees for employees.

They want English NHS Trusts to follow the lead of Scotland and Wales in abolishing car parking fees.

[For full report click here](#)

80. Patients to refer themselves for NHS treatment

21 October 2008

Health Secretary give go ahead to roll out of self-referral schemes for allied health services.

More people should have the freedom to self-refer for services such as physiotherapy and podiatry, which will further empower patients and could cut waiting times Health Secretary Alan Johnson announced today. While some Allied Health Professionals already take-on self-referrals, many do not and this announcement will give the green light across the profession.

As part of a package of improvements to AHP services, Mr Johnson also announced the intention to collect new data on these areas to support the improvement of services. We will also introduce quality measures, which will lead to improvements in the overall standard of these services for patients and the public.

81. Patients hit by prescription move

21 October 2008 – BBC News

A patient group has slammed a health authority's move to stop patients wasting medication by way of issuing smaller amounts with each prescription.

NHS Leicester City has advised GPs to limit most prescriptions to 28 days, but Leicester Patients Group said that asking patients to pay the £7.10 fee more often is too costly.

[For full report click here](#)

82. Backing for physio self-referral

21 October 2008 – BBC News

The Department of Health has called on NHS chiefs to allow patients to bypass GPs and self-refer to physios and other health staff.

Many areas already allow self-referral, but ministers are now formally backing the policy, however, doctors say self-referral could put too much pressure on services.

[For full report click here](#)

83. NHS Choices Joins Forces with NHS Direct

21 October 2008 – DoH

A letter from NHS Choices Programme Director Gary Ashby in which he announces the amalgamation in late October of the NHS Choices and NHS Direct websites.

[For full report click here](#)

84. Framing the contribution of allied health professionals: delivering high-quality health-care

21 October 2008 – DoH

Document issued intending to frame the Next Stage Review for allied health professionals and describe the improved AHP service offer to patients and the public

[For full report click here](#)

85. GP referral bonuses 'ridiculous'

20 October 2008 – BBC News

The Nuffield Orthopaedic Centre's Patient Support Group has said that a scheme set up by Oxfordshire

Primary Care Trust is "absolutely ridiculous". The scheme pays bonuses to GPs for not referring patients to hospital.

If doctors hit their targets, Oxfordshire PCT would pay out £1.2m, but it said that was justified because increasing hospital referrals were costing the trust £6m.

[For full report click here](#)

86. GPs paid £1 not to send people to hospital

20 October 2008 - The Times

A story we covered last week – [BHCR Vol 3, Issue 34, item 79](#). GPs paid £1 to review proposed referrals to hospitals in exchange for £1, max £20,000 per annum.

Nursing

87. A practical approach to preparing for disciplinary proceedings before the NMC

October 2008 - Healthcare Business

Barrister Paul Spencer continues his hints and tips arising from experience before the NMC's Conduct and Compliance Committee.

Older People

88. Older people's quality of life improved through National scheme

22 October 2008

Almost 100,000 older people have benefitted so far from a £60 million scheme to keep them in their homes and out of hospital and residential care, according to a report published by Care Services Minister Phil Hope.

Continued on next page...

88. Older people's quality of life improved through National scheme (continued...)

Partnerships for Older People Projects (POPPs) was launched in 2006 with the aim of helping older people to remain independent and prevent or delay the need for more intense care.

The projects help older people by, for example, doing their shopping or gardening, making sure they get help in collecting prescriptions and advice on taking medicines and targeting those who may be at risk of hospital admission.

The interim report of the pilot projects found that: 99,988 people had received or were receiving a service as part of POPP in 29 pilot sites; elderly people using the service found their quality of life (mobility, washing/dressing, pain, anxiety) improved;

- for every £1 spent on POPP interventions, 73p will be saved on the cost of emergency hospital bed-days; and
- because POPP services have led to fewer days in hospital, the overall cost of care has been reduced by £410 per person.

Following the successful interim report, Local Authorities will have a guide to help them introduce POPP projects in their areas.

The National Evaluation of Partnerships for Older People Projects (POPP): Interim Report of Progress and the toolkit can be found at: <http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/Par>

'Putting People First' was launched alongside a £520 million Social Care Reform grant, to be issued over the next three years to support social care transformation. Putting People First which the Government

published in December 2007 set out a vision for the transformation of social care - the need for the state, as well as those responsible for designing, commissioning and provision of services to empower citizens to shape their own lives and the services they receive. Making a strategic shift to prevention and early intervention is one of the central objectives of Putting People First.

The Government provided ring-fenced funding of £60 million (£20m in 2006/07 and £40m in 2007/08) for Councils with Social Services Responsibilities to establish innovative pilot projects in partnership with PCTs, the voluntary, community and independent sector.

89. Age Concern statement on NICE guidelines to promote the mental well-being of older people

Gordon Lishman, Director General of Age Concern, has said:

"We strongly welcome these new NICE guidelines which show there is a lot the NHS can do to promote older people's mental well-being in ways that are simple and inexpensive."

"Older people can benefit hugely from exercise, yet there is a common myth that as we get older we should slow down. Exercise is not only good for the heart, it's good for the mind too. Walking, gardening and dancing are all great activities to do and don't have to be too strenuous."

90. Individual Budgets can Provide better Care, says New Report

21 October 2008

Individual budgets can give people more choice, flexibility and control over their personal care, as well as a

better quality of life, according to a pilot scheme evaluation report launched by Care Services Minister Phil Hope.

The independent evaluation was conducted by a combined team of five university research units. It found that individual budgets had particular benefits for mental health service users and younger disabled people. While there were no important differences in overall cost (IBs cost on average about £280 compared with £300 for standard mainstream services), there were indications that individual budgets have the potential to offer greater value for money.

Individual budgets give people who have care needs the power to decide the nature of their own support and the report showed that most groups liked this. People can choose to use the money to fund the care that suits them best and fits in with their lifestyle - for example by having someone support them at home rather than going into residential care.

Mental health service users in the individual budget group reported a significantly higher quality of life. Younger physically disabled people were more likely to report higher quality of care, and were more satisfied with the help they received, the choice and control they experienced and felt they had the opportunity to build better quality support networks. People with learning disabilities were more likely to feel that they had control over their daily lives.

However, the report found that older people did not find the individual budget system used during the pilot as easy to use as the other groups, and they did not appear to like the idea of managing their own support.

Continued on next page...

90. Individual Budgets can Provide better Care, says New Report (continued...)

Care Services Minister Phil Hope said:

"Individual budgets can put people back in control of their own care, and give them a better quality of life. This report is invaluable in helping us understand the benefits of individual budgets, as well as the action we need to take so that everyone can benefit from them.

"Since this research was undertaken more support has been put in place for older people and early indicators have shown that this has transformed their experiences of using individual budgets. We will conduct further research to investigate the impacts further. We must also get better at letting people know that they don't have to take on management of the budget themselves.

This is a very complex area. We will work to address the recommendations of this report, to make greater choice and control a reality for many more people."

The "Evaluation of the Individual Budget Pilot Projects" report is independent, written by a combined team from The University of York's Social Policy Research Unit, Kings College London's Social Care Workforce Research Unit and the Personal Social Services Research Unit of Manchester University, LSE and the University of Kent. They are collectively called The Individual Budgets Evaluation Network (IBSEN). The report can be found at the Department of Health website <http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm>

91. More effort needed to deliver Individual Budgets to older people

The English Community Care Association responded

to the report on individual budgets which clearly shows that older people are not as enthusiastic about individual budgets as younger people are.

Martin Green, Chief Executive of ECCA, said:

"There is a need to ensure equity for all client groups and individual budgets, which are essentially about choice, control and autonomy, must be made real for everyone, not just certain groups".

Martin Green continued:

"The transformation agenda must be about every service user, whether they live in residential services or their own home. Choice, control and autonomy are about how people experience services, not where they live".

Parliament

30.10.08 – HoL - ***Baroness Greengross** to ask Government whether it plans to review the policy on the Shared Ownership for the Elderly scheme.

Parliamentary Questions and Debate from the Past Week

This section is produced in conjunction with health and social care specialists PLMR – Political Lobbying & Media Relations – www.plmr.co.uk

20th October 2008 - House of Commons – Written Parliamentary Question and Answer concerning spending on state-funded care by local authorities over the last five years. The question was tabled by the Shadow Secretary of State for Health and Conservative MP for South Cambridgeshire, Andrew Lan-

sley, and was answered by the Minister of State for Health, Ben Bradshaw.

www.publications.parliament.uk/

20th October 2008 - House of Commons – Written Ministerial Statement, tabled by the Ben Bradshaw MP, regarding the NHS Operating Framework and the NHS's priorities for the coming years.

www.publications.parliament.uk/

21st October 2008 - House of Commons - Written Parliamentary Question and Answer concerning personal care for people with Alzheimer's disease. The question was tabled by the Conservative MP for Tewkesbury, Laurence Robertson, and was answered by the Minister of State for Care Services, Phil Hope.

www.publications.parliament.uk/

21st October 2008 - House of Commons - Written Parliamentary Question and Answer that asks about staff shortages in care homes. The question was tabled by the Labour MP for Leyton & Wanstead, Harry Cohen, and was answered by Minister of State for Care Services Phil Hope.

www.publications.parliament.uk/

23rd October 2008 - House of Commons - Written Parliamentary Question and Answer regarding the steps the Government is taking to assist carers. The question was tabled by the Labour MP for Jarrow Stephen Hepburn, and in his answer, the Minister for Care Services, Phil Hope said that the Government is "investing over £255 million to ensure that the Carers Strategy is implemented".

www.publications.parliament.uk

27th October 2008 – House of Commons - Written Parliamentary Question and Answer concerning the funding required for the implementation of the draft National Dementia Strategy for England. The question was tabled by the Liberal Democrat MP for Portsmouth South, Mike Hancock, and was answered by Care Services Minister of State Phil Hope.
www.publications.parliament.uk/

27th October 2008 – House of Commons - Written Parliamentary Question and Answer regarding the steps that the Government has taken to improve the quality of care provided to patients with learning disabilities and what steps the Government plan to take to train NHS medical staff to improve services for patients with learning disabilities. The question was tabled by the Labour MP for Coventry South, Jim Cunningham, and was answered by Care Services Minister of State Phil Hope.
www.publications.parliament.uk/

Social Care

92. Stephen O'Brien accuses Labour of 'dithering' on adult care

24 October 2008 – Community Care

The Conservatives' adult social care spokesperson has attacked the government for "*dithering*" over the future funding of care but also failed to outline a Tory policy on the issue.

[For full report click here](#)

93. Putting People First - the whole story

24 October 2008 – DoH

A document setting out the shared aims and values which will guide the transformation of social care.

[For full report click here](#)

94. Occupational Therapy in Adult Social Care in England: Sustaining a high quality workforce for the future

21 October 2008 – DoH

A report reflecting the need to build an occupational therapy social care workforce for the future by improving opportunities for student placements and supporting newly qualified staff.

[For full report click here](#)

Workforce

95. Working Time Regulations - Rest Breaks

See the case of Commissionaires Management v Hughes

See Item 9 in 'CASES'

96. Immigrant worker limits to hit care homes October 2008 - Community Care Market News

Article about the recommendation to Government that overseas workers should be paid almost £9 per hour if they are to be allowed into the UK to undertake care work.

The No Secrets Consultation—facts and fictions part 2

In the *No Secrets* consultation document the Government has argued that there has been a great deal of legislation implemented since *No Secrets* was launched, and lists everything from the Crime and Disorder Act 1998 through to the Mental Capacity Act 2005.

Government poses the question *'How much harm can we prevent through new legislation and how much freedom do we need to give up in order to do it?'* In that context it then considers four main areas for debate:

- the role of safeguarding adults boards;
- the duty of cooperation and information sharing;
- clarification of terminology and duties; and
- new powers for police, or social workers or nurses to enter people's homes in the community if there is suspicion of abuse.

It also refers to a possible duty to respond to complaints of suspected abuse.

Elsewhere in this process Ministers have suggested that there should be consideration of possibly reducing legislative duties of care if, in order to limit abuse and neglect, these allow public bodies to intervene to stop people from exercising choice and control; the argument focuses upon on the right of the citizen to make decisions which others might consider unwise. The fundamental proposition is that the personalisation agenda gives power to the individual which reduces the potential for abuse.

In essence, there is nothing wrong with the premise that there should be a balance between any intervention by the State and the right of the individual to exercise choice and control over their lives, insofar as any individual is entitled to do so. Indeed, there is nothing wrong with the assertion that the right of the citizen should in most normal circumstances (and within the boundaries of current law) take precedence over the right of the State; we have both the Human Rights Act 1998 and the Mental Capacity Act 2005 as clear foundations for such an approach.

However, what is wrong is the premise that one right (to choice and control) should automatically outweigh another right (to protective intervention). While it may be a difficult balance that needs to be struck it is nevertheless crucial if we are to avoid the risk identified by the Serious Case Review into the death of Stephen Hoskin; that a simplistic over-emphasis on choice could effectively lead to the abandonment of an adult at serious risk of abuse. And it is the failure of the Government to give equal weight to *both* responsibilities which is of greatest concern.

The reality is of course that the State intervenes in our lives on a daily basis to curtail our rights to choice and control, and this is neither challenged nor disputed. We have continually given up rights over the generations as society has evolved and developed e.g. the right to bear arms at will, the right to drive under the influence of drink, the right to batter our partner every Friday night after the pub closes, the right to inflict cruelty on animals. Consequently, the

debate is not about how much harm can we prevent through new legislation, and how much freedom do we need to give up in order to do it.

It is about how much harm are we prepared to tolerate being inflicted upon others who are unable to defend themselves, before we decide that it must end. No-one should have the freedom to coerce another individual into actions or inactions that cause them harm or distress and to which, without undue influence, they would not have acceded.

This is not about the right to take risks. It is about understanding the nature of abuse, and establishing frameworks for State intervention when it occurs. It is about the conditions under which that intervention is triggered, and the subsequent extent and nature of that intervention.

Which means that any legislative intervention must have the effect of positively supporting people who are experiencing, or are in danger of experiencing, abuse. It needs to protect and enhance the quality of life of an the individual, rather than simply addressing the immediacy of the abuse and as a result creating further difficulties.

Continued on next page...

The No Secrets Consultation—facts and fictions part 2 (continued...)

Consequently, the principles contained within the Mental Capacity Act 2005, in terms of:

- (a) establishing mental capacity with regard to an individual exercising choice and control over their lives; and
- (b) ensuring that acts or inaction relating to an individual or individuals should only occur within the parameters of what is in their 'best interest', must be fundamental to the development of any new legislation.

Additionally, the *principles* of the Human Rights Act 1998 (HRA) sit at the heart of adult protection and define positively an individual's right to dignity, respect and a life free from cruelty, exploitation or degrading treatment.

These principles are the fundamental rights which adult protection should seek to safeguard. However, there must be a recognition that not all human rights are absolute, and that intervention will at times result in one right (or one person's right) taking precedence over another. Consequently, the HRA principles should not be a barrier to intervention but should instead be a guide to *intelligent* intervention.

The Scottish Act suggests that a general principle on intervention should be that such an action would provide benefit to the adult which could not reasonably be provided without intervening, and would be the least restrictive option to the adult's freedom (and

could not be reached in any other way). It then effectively places that principle within a similar context to that outlined in the Mental Capacity Act 2005. This seems sensible.

Having made that point, however, there remain aspects of the Scottish Act that still cause some debate and which will require careful consideration and scrutiny. While there is logic in establishing a right to access and interview an individual if there is reasonable belief that an abusive act has occurred, it is questionable whether the State should have a right to overrule the wishes of an adult with capacity and, for example, remove them from their home or bar their access to another person (or indeed seek to prevent them employing someone if they do so with the full knowledge and understanding of the implications and are not being placed under 'undue influence').

In many cases it may be better to consider alternative strategies that seek to strengthen the ability of a 'victim' to recognise and address the abuse they are experiencing, accepting that some people may never do so. There are plenty of examples of 80 year old mothers tolerating regular theft by sons or daughters in order to maintain contact and relationships, and it is into that environment that we step when we consider intervention. It is neither straightforward nor easy.

Nevertheless, in a modern society it is reasonable to expect a level of intervention by the State which ensures the protection of its citizens in general. It is

also reasonable to expect that such intervention should be proportionate to the levels of dependency and/or levels of vulnerability of the citizen, their ability to protect themselves from harm and their capacity to consent or participate in the process.

As argued previously, the right to choice and control over life decisions which is an inherent, but not absolute, right of adulthood should not be in conflict with the right to protection, whether that protection is through the primary intervention of adult protection or through the secondary processes of care and health services, (and the consequent employment controls, regulation of care provision and monitoring which applies to such services).

But if it is illegal to cause an animal to suffer, and it is illegal (either by action or omission) to cause serious harm to a vulnerable adult such that they die, then it naturally follows that it should be illegal to cause an adult to suffer, including through acts which cause serious harm short of death. While it could be argued that there are a range of criminal laws that could be brought to bear on such situations (a point implied in the *No Secrets* consultation document) it is simultaneously recognised by the State that there are circumstances in which further action or impetus is required.

Continued on next page...

The No Secrets Consultation—facts and fictions part 2 (continued...)

This is clearly evidenced by the Domestic Violence, Crimes and Victims Act 2004 (DVCV Act), where criminal law has been insufficient to address the complexities and dynamics of partner abuse and violence. On its website, the Home Office notes that the DVCV Act *'also gives the police and other agencies the tools to get to the heart of domestic violence crimes. The Act is a key part of our aim of putting victims at the heart of the criminal justice system'*. A good analysis of why we need adult protection legislation!

But, in adult protection terms, we have developed a social policy analysis that defines certain actions as abusive, rather than criminal, and this has been insufficient to address the scale and complexity of abuse, exploitation and neglect and has often served to lessen or marginalise the perception of the actions and their impact.

We therefore need legislation to emphasise the seriousness of such acts, in a similar manner to the approach adopted by the Crown Prosecution Service i.e. that abusive practices toward older people (and, by implication, other vulnerable adults) are crimes. Equally, however, it should seek to actively promote the welfare of adults who are in vulnerable situations. And in establishing the relationship and interaction between individuals (and consequent responsibility for their actions or inactions) the concept of duty of care should clearly apply as a legal obligation imposed upon an individual, requiring that they adhere

to a reasonable standard of care while performing any acts that could foreseeably harm others.

Where the duty of care is not defined by professional standards it should be based upon the reasonably expected actions of an average person i.e. it does not require perfection, but takes into account that an average person does not foresee every risk. The average person is not assumed to be flawless, but ordinarily careful and prudent. The Domestic Violence, Crimes and Victims Act 2004 has effectively established the principle of responsibility within clause (5) (in relation to an unlawful killing) but this needs to be extended to situations that do not result in death but which nevertheless cause significant foreseeable harm.

There is no doubt that this is an issue which is as complex as anything considered and debated during the development of the Mental Capacity Act 2005. But it is an issue that we must address if we are convert the current illusion of protection, engendered by guidance, into a reality that has powers and teeth.

The Consultation should be seen as no more than a starting point, because we cannot expect to address something so complex inside a three month debate. But the starting point should include establishing a minimum legislative framework within which State intervention can be both required and held to account, and which has sufficient resources and powers to deliver. Establishing a statutory basis for the construction and work of Adult Protection Committees

(APCs) will compel attendance and the development of work agendas in a manner that guidance has failed to achieve.

Placing a duty on agencies to collaborate, actively participate at a senior level in APCs, and work together, and a duty on agencies to share information, gives due regard to the painful experiences of Soham and to so many previous abuse 'scandals'. And ensuring the collection and sharing of data was something promised by Liam Byrne, then Minister for Social Care, in 2006 so it is hardly new.

Which leaves just two painful bullets for the Government to bite upon:

- adequate funding for adult protection work; and
- the right to access the adult at risk, without hindrance or coercion.

Ultimately, if we come out of this process without these key issues being suitably addressed and if we end up continuing with the poor relation of guidance, under-funded and too often power-less, as the only means of intervening and providing protection from abuse, then we must surely ask who will be ultimately responsible for any future Margaret Pantings and Stephen Hoskins? It won't be the adults who were at risk of abuse, or the circumstances that gave rise to that abuse. It will be a society that took the easy option and ignored everything that was known.

Continued on next page...

The No Secrets Consultation—facts and fictions part 2 (continued...)

'... (Margaret Panting) ...had been repeatedly struck blows to her body, she'd been excessively gripped, she'd been burnt and she'd probably been cut with a sharp implement Her body was in a considerable state. There were injuries throughout her body, including grazes, black eyes, extensive bruising to the face and chest and there were recent cuts to her stomach and chest – the sort you might make with a razor blade.'

(died July 2001)

'...Steven Hoskin had lost all control of his own life within his home. He had no say, choice or control over who stayed or visited the flat. He had no voice or influence over what happened within the premises.'

(died July 2006)

Please log onto our website, (www.elderabuse.org.uk), sign our petition for legislation, and get involved. In the early part of November, in conjunction with MIND and Voice UK, we will be hosting a seminar to consider launching an Alliance to ensure a quality response to the No Secrets consultation, but also to push for legislation. If you would like an invite, email us at campaigns@elderabuse.org.uk.

Together we can make a difference.

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