

News update

Long-term conditions (LTC) commissioning pathway

Sir John Oldham has stated that demographic projections outline a 252% rise in the number of people over 65 by 2050. The Quality, Innovation, Productivity and Prevention (QIPP) challenge is not only to transform the way we deliver care to those with long-term conditions and contribute to the current financial imperative of £15 billion savings, but in doing so to set the NHS itself in a better position to remain viable for the future.

The pathway aims to support health and social care teams to implement three key drivers and ensure that they are working effectively as one overall system, including the interface with secondary care.

Measurable success factors

Through implementing the long-term conditions (LTC) commissioning generic care model (and based on results demonstrated elsewhere), teams will measure and aim for the following outcomes:

1. Reduction on non-elective admissions (aiming for 20%);
2. Reduction in length of stay (aiming for 25%);
3. Reduction in readmissions
4. Improvement in patient experience.

The long-term conditions commissioning pathway is available online at: www.dh.gov.uk/health/category/policy-areas/nhs/long-term-conditions/.

Protect, Rinse and Dry. BHTA Guidance on the care, cleaning and inspection of healthcare mattresses

The British Healthcare Trades Association (BHTA) has just launched 'Protect, Rinse and Dry', a guidance document on the care, cleaning and

inspection of healthcare mattresses. This document is designed to supplement the Medical Device Alert ref: MDA/2010/002, which highlighted that mattress covers can become damaged at any time during use or storage. It contains information on mattress storage, care prior to use, preventing damage and mattress cleaning and care. The final section includes guidance on how to inspect both the cover and internal foam.

Copies of the document will be available from BHTA (www.bhta.net/).

Operational Guidance to the NHS: extending patient choice of provider

Since 2010, the Government has been committed to increased choice and personalisation in NHS-funded services. The government has specifically committed to extending patient choice of any qualified provider for appropriate services. This means that patients should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations. Between April and September 2012, primary care trust clusters should implement patient choice of any qualified provider in those services agreed locally.

The DH has identified a list of potential services for priority implementation as follows:

- ▶ Musculoskeletal services for back and neck pain
- ▶ Adult hearing services in the community
- ▶ Continence services (adults and children)
- ▶ Diagnostic tests closer to home, such as some types of imaging, cardiac and respiratory investigations to support primary assessment of presenting symptoms

- ▶ Wheelchair services (children)
- ▶ Podiatry services
- ▶ Venous leg ulcer and wound healing
- ▶ Primary care psychological therapies (adults).

Following the NHS Listening Exercise, the DH has published the Government's response to comments received on extending patient choice of provider (any qualified provider). Guidance is also offered for the NHS on extending patient choice of provider with accompanying impact assessment and equalities analysis. There will be a more in-depth response later this year.

Please access, *Liberating the NHS: greater choice and control - Government response. Extending patient choice of provider (Any qualified provider)* online at: www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125442.

MIST Therapy

The National Institute for Clinical Excellence (NICE) has published guidance on the use of MIST therapy which can be accessed at: www.nice.org.uk/Search.do?keywords=mist&searchsubmit=GO&searchSite=on&searchType=All&newSearch=1.

NICE suggests that the MIST Therapy system shows potential to enhance the healing of chronic, 'hard-to-heal', complex wounds, compared with standard methods of wound management. If this potential is substantiated, MIST could offer advantages to both patients and the NHS. However, the amount and quality of published evidence on the relative effectiveness of the MIST Therapy system is not sufficient, at the time of writing this guidance, to support the case for routine adoption of the MIST Therapy system in the NHS.