

This newsletter is a summary of current developments at CIPFA and in NHS finance. It is produced by CIPFA's Health Panel, whose members are listed on the final page. We hope that it will be of interest to all finance professionals working in the health sector.

Foreword

The Review of the CIPFA Health Panel identified a number of areas where we felt that the Panel could enhance its expertise and knowledge. Following the last Newsletter, a number of CIPFA members contacted us and we have been able to fill many of the gaps in our expertise. All Health panel members are now appointed on a fixed term renewable basis and we will be continually looking for new members as current members leave.

I am grateful therefore to those of you who have expressed an interest in joining the Panel at a later date. For now, I am delighted to welcome the following new members:

- Dipixa Bhunda (East Midlands Audit Services)
- Caroline Clarke (Homerton University Hospital NHS Foundation Trust)
- Ann-Marie Millar (Department of Health)
- Pauline Moore (Scottish Ambulance Service)
- Therese Paskell (West Yorkshire Ambulance Service)
- Don Richards (North West London Hospitals NHS Trust)
- Hardev Virdee (South Birmingham PCT)

The Panel will shortly be announcing an exciting series of seminars and workshops focused specifically around our requirements for continuing

professional development. I am also looking forward to the forthcoming CIPFA Health Conference, which takes place in York on 7th and 8th October and promises to be our best health conference yet. As well as our usual range of high calibre presenters, the event this year includes a dedicated section on personal development for finance trainees. I do hope that you will be able to join us.

The last month has seen the launch of the new CIPFA Financial Management Model. This is an excellent self-assessment tool to examine the quality of financial management against 42 good practice statements. Currently, the only formal assessment of the quality of the finance function is whether we have hit the "bottom line". The picture is very different in Local Government where the Audit Commission Comprehensive Performance Assessment (CPA) process takes a much more rigorous approach. The new CIPFA Financial Management Model gives us, for the first time, a comprehensive assessment, which can be applied to NHS organizations. There is more information on the CIPFA web site and I strongly urge you to take a look.

If you feel that you would like to contribute to the work of the Panel, please contact me at Kevin.orford@wmsha.nhs.uk or Terry Brodie at terry.brodie@cipfa.org

Kevin Orford

Chairman, CIPFA Health Panel

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AT THE HEART OF
 PUBLIC SERVICES

CIPFA NEWS

CIPFA ANNUAL REPORT

CIPFA has reported another strong financial year with a surplus of £470,000 and turnover up 10% to £36,058,000 for the year ending 31 December 2003.

The CIPFA Council approved the results at the April Council meeting, noting in particular the successes of the Institute's courses and conferences programme, topical and relevant publications and the education and training scheme.

The progress achieved in 2003 is fully reviewed in CIPFA's Annual Report, which can be read at www.cipfa.org.uk

CIPFA COUNCIL

David Poynton, Harrogate Health Care NHS Trust, and Jaki Meekings, South Strategic Health Authorities, were both re-elected to the Council in June.

Full details of the results can be found at www.cipfa.org.uk/council/election04_05.cfm

CIPFA SPECTRUM

Issue number 5 of CIPFA Spectrum is now available covering:

- Assessing value for money in the private finance initiative
- NHS financial forecasting
- Central/local government funding
- Valuing heritage assets
- Statements on internal control
- Accountability of the regulatory state

CIPFA Spectrum is mailed to all CIPFA members and students with Public Finance. It is also available, together with back issues, at www.cipfa.org.uk/pt/spectrum.cfm

CONTINUING PROFESSIONAL DEVELOPMENT

Following the introduction of the new and improved CPD scheme, the latest version of the guidelines is now available on the website at www.cipfa.org.uk/cpd

To register with the scheme please visit the membership secure area at <http://members.cipfa.org>

IMPROVING FINANCIAL MANAGEMENT AND EFFECTIVENESS IN THE PUBLIC SERVICE: THE CIPFA FM MODEL

Strong and effective financial management is key to well-managed and sustainable public services.

The CIPFA Financial Management Model (FM Model) is a web-based self-assessment tool that examines financial management in the public services. It tests how an organisation measures up against 42 good practice statements and places that organisation into a spectrum of three 'styles' - Enabling Transformation, Supporting Performance and Securing Stewardship - to build a picture of how finances are working and identify areas for improvement. A key feature is the ability to survey opinion throughout the organisation.

The FM Model sits on a secure website that lets users score and evidence the good practice statements, revisit, collate and report on their scores and target questions at key people to test views and opinions. It offers organisations the opportunity to:

- Manage strategic risk through self-assessment;
- Identify strengths and areas for improvement;
- Prioritise improvement;
- Be better prepared for inspections and audit;
- Review and track its progress over time;
- Benchmark performance against other comparable organisations

For more information visit www.cipfa.org.uk

INDEPENDENT COMMISSION ON GOOD GOVERNANCE IN PUBLIC SERVICES

CIPFA and the Office for Public Management (OPM) are supporting the Independent Commission in a project to establish a common framework for good governance in public services. The Joseph Rowntree Foundation sponsors the project. The first public consultation has now closed, with around 50 responses received and 25 key stakeholder organisations attending consultation meetings.

Following written evidence submitted by CIPFA/OPM, the Independent Commission's Chair, Sir Alan Langlands, has been invited to give evidence to the Committee on Standards in Public Life's 10 Inquiry.

PROFESSIONAL ACCOUNTANCY QUALIFICATION

CIPFA and the Association of Accounting Technicians (AAT) have teamed up to provide a new fast track route to chartered accountancy. In future, AAT members will be able to take a bridging paper known as the AAT Fast Track Module, which will gain them a full exemption from CIPFA's Certificate Stage and allow them to complete the professional qualification in just two years.

The new AAT Fast Track scheme was launched at CIPFA's Annual Conference in June.

For more information on the AAT Fast Track scheme, contact CIPFA's educational advisers on 020 7407 9010 or email aatfasttrack@cipfa.org.

PUBLIC MONEY AND MANAGEMENT (PMM)

The June edition of PMM, CIPFA's Policy Journal, is now available. The theme is public service finances and is explored through articles on devolution, the Barnett formula, PFI, NHS spending; and gambling as a government revenue source.

As one of its themed editions to mark the 25th birthday of Public Money & Management, the editors intend to publish in June 2005 (Volume 25, Number 3) a collection of papers on health policy and management in the National Health Service and its development over the past 25 years. The editors are inviting papers that examine, for example:

- Patient and public involvement.
- Primary and secondary care.
- Public health, health promotion and inequalities.
- Relationship between clinical practice and management.
- Relationships between health and social care.
- Resources and capacity in health care.
- Training and development.

Prospective authors should send an abstract of between 700 and 1,000 words by 30 September 2004 to the guest editor for the edition:

Professor David Hunter, Professor of Health Policy and Management, Wolfson Research Institute, University of Durham, Queen's Campus, Stockton on Tees TS17 6BH. Tel.: 0191 334 0362; email: d.j.hunter@durham.ac.uk.

It is intended that authors of selected abstracts will be invited to present their papers at a one-day seminar at the Wolfson Institute at the University of Durham at the end 2004 or early 2005.

For further information on PMM and details on how to subscribe, please see www.cipfa.org.pt/pt/pmm.cfm

PUBLIC SERVANTS OF THE YEAR AWARDS 2004

In May, the Community Brain Injury Team of Down Lisburn Health and Social Services Trust won the prestigious Health award has pioneered a new way of working that puts patients centre stage and promote personal independence and psychological well-being.

Professionals from several areas, including social workers and clinical practitioners, staff the team, which treats those suffering from acquired brain injury. This multidisciplinary approach also includes rehabilitation assistants offering intensive face-to-face treatment and a community nurse - both firsts in this field. This way of working allows team members to share tasks and reduces the number of professionals that patients need to see.

The team has also established a waiting list management system called the 'brain injury clinic', which provides a routine face-to-face assessment of

patient priorities and gives them advice and referrals to other services.

It has also established a support group, which meets once a month and produces its own Brain Times newsletter. The team is the first community-based rehabilitation service in the UK to be awarded full accreditation by the Rehabilitation Accreditation Commission, and members are asked to speak all over the world on brain injury

For details of all the awards visit www.cipfa.org.uk

TIS HEALTH ONLINE

An easy way to earn CPD hours is contributing towards TIS Health. The editorial board is looking for health finance practitioners to produce information for the website, including the following topics:

- Patient Choice
- Corporate Governance
- Priorities & Planning
- Information for Scotland
- Programme Budgeting

The website acts as a portal or 'one stop shop' for all NHS finance practitioners to access and share best practice and improve performance. The site covers current issues such as shared services and payment by results, with case studies and practical examples, as well as core financial and legislative guidance. The website is constantly developing, and suggestions or new material are always welcome.

If you are interested in contributing, or would like free trial access to the site, please contact Sarah Ellison on 020 7340 1203 or at sarah.ellison@ipf.co.uk

CONFERENCES/ SEMINARS

HEALTH 2004, 7-8 OCTOBER, YORK

The theme of CIPFA's keynote conference for NHS Finance policymakers and practitioners will be NHS Reform and includes the following programme

Day One

- Opening address

Richard Douglas, Director of Finance, NHS

- Reforming the NHS

Niall Dickson, Chief Executive, The King's Fund

- Primary Care: at the cutting edge of NHS system reform

Jeremy Clough, Chief Executive, Selby & York Primary Care Trust

- Patient Choice

Ann Wagner, Programme Director, West Yorkshire Patient Choice

Breakout sessions

- Financial Management in the NHS

Emma Knowles, Financial Management Specialist, The Audit Commission

- Social Services Finance: a bluffer's guide

Mike O'Donnell, Director of Finance, Swindon Borough Council

- Payment by Results: reforming financial flows

Andy Hardy, Director of Finance, University Hospitals Coventry and Warwickshire NHS Trust

- Managing Reputational Risk in NHS Organisations

Jenny Rayner, Abbey consulting

- NHS Finance Trainee and Training Support Session

Patricia Wheatley-Burt

- i before e delivering the eGovernment agenda

Anwen Robinson, Health Sector Manager, Agresso

- Dinner

- after-dinner speaker: Marie Faire

Day Two

- The Healthcare Workforce of the Future

Amanda Hume, Director of Workforce Development, County Durham & Tees Valley Workforce Development Confederation

- Developing New Structures in the NHS

Paul Earp, Director of Finance, Bradford Teaching Hospitals NHS Trust

- The Audit Commission: working with the NHS

Andy McKeon, Managing Director - Health, The Audit Commission

- Transforming Public Sector Organisations

Heather Rabbatts, Chief Executive, iMPower Group Plc

- Closing session

Richard Reeves, Author, Happy Mondays

NHS WORKFORCE ISSUES, SEPTEMBER, LONDON

THE FINANCING OF CHRONIC DISEASE MANAGEMENT, OCTOBER, LONDON

TECHNICAL DEVELOPMENTS IN NHS FINANCE, NOVEMBER, LONDON

Details to be advised.

The Panel is also launching a series of one-day courses aimed at health finance teams from all NHS organisations in England and Wales. The subjects in the series build up to form a comprehensive portfolio of knowledge, all of which will contribute to CPD.

The series is founded upon CIPFA's overall statement of professional expertise, which identifies specific topics, and subject areas, which are key to becoming – and staying – fully competent as a financial manager in the NHS.

The first two events will be

NHS PROCUREMENT AND CONTRACT MANAGEMENT, 28 SEPTEMBER, LONDON

This course will help managers involved in developing a procurement strategy and negotiating contracts with suppliers or customers for specific goods and services. It will also cover negotiating and managing private and public sector partnerships and contract monitoring for effective performance.

FINANCIAL MANAGEMENT, DECEMBER, LONDON

This course will help delegates who are involved in leading or contributing to promoting effective financial management policies. It will also cover financial control mechanisms, and forecasting and impact modelling

To register and receive more details of events please contact Alexandra Aarons, CIPFA, 3 Robert Street, London, WC2N 6RL (tel 020 7543 5751; e-mail alexandra.aarons@cipfa.org) Further details can also be found on the CIPFA website: www.cipfa.org.uk/shop

CIPFA HEALTH ADVISORY NETWORK

The NHS reforms agenda

Four years ago, the NHS plan gave us a vision for a new health service based on greater patient choice and local involvement. The current programme of NHS reforms is all about achieving this vision.

A highly interactive workshop has been developed by the CIPFA Health Advisory Network that will be run in various locations during October 2004 (see below for further details). It will examine and discuss some of these major NHS reforms: National Programme for IT - NPfIT (focus on e-booking), patient choice, Treatment Centres, Foundation Trusts, Payment by Results, Programme budgeting and the Agenda for change.

Current Health Service reforms – Making the Links

5 October 2004: Bristol

7 October 2004: London

14 October 2004: Manchester

22 October 2004: London

The workshop is aimed at managers from all backgrounds, who are struggling to get to grips with comprehending and assimilating the effects on services, of current health service reforms. It will be a highly interactive event, with places limited to allow maximum speaker/delegate interaction, group exercises and facilitated discussion.

Julie Renfrew, independent financial and management consultant will facilitate the day. Julie is currently an Associate with the Institute of Public Finance and is lead advisor to the CIPFA Health Advisory Network.

If you would like further details about the CIPFA Health Advisory Network or the above event, please visit our website at www.ipf.co.uk/healthcare or email nicola.peachey@ipf.co.uk

PUBLICATIONS

FINANCIAL IMPLICATIONS OF CHRONIC DISEASE MANAGEMENT

The Panel has commissioned guidance on the Financial Implications of Chronic Disease Management, which it plans to publish in late 2004

PAYMENTS BY RESULTS

In August 2003, CIPFA published guidance that Richard Douglas, NHS Director of Finance, commends in the foreword

'as a practical, helpful and well thought-through contribution to the successful implementation of this major policy initiative'.

The guidance includes the following issues that will be essential reading for practitioners involve in implementing the DH policy

- budgeting
- costing
- strategic financial management
- risk management
- accounting,
- information

- quality
- patient choice

In November 2003, a complimentary copy of an Executive briefing of the publication was sent to Chief Executives and Directors of Finance of all NHS bodies.

JOINT COMMISSIONING OF SOCIAL CARE

In October 2003, the CJC (CIPFA's Commissioning Joint Committee) published a guide to the joint commissioning of by local government and the NHS in conjunction with the Associations of Directors of Social Services and Social Work.

The guide addresses, in plain English, the many intractable procurement, value-for-money, legal and accounting problems which now arise with joint commissioning.

These problems include

- fundamental differences in the terms of NHS and local government legislation
- service users' resistance to transfer from free to means-tested care
- the plethora of different organisational models now in use for the delivery of public services, including delegation, budget pooling, budget alignment, joint commissioning, and the independent funding of partnerships
- the built-in purchaser-provider split in most of the NHS, and the growing resistance to it (reflecting CCT experience) on the part of many local authorities
- their different accounting regimes, guidance about the apportionment of overheads, and treatment of year-end underspendings
- the conflict between efficient procurement and freedom of choice for service users as a result of direct payments
- the effect of the Competition Act 1998 and of the judgement in the 'Bettercare' case.

The CJC's website is available at www.ipf.co.uk/bestvalue/bvq/CJC

FINANCIAL CONTROL AND BUDGETING FOR NHS PARTNERSHIPS

In January 2003, CIPFA published guidance to help NHS finance practitioners who enter into partnerships in pursuit of the NHS modernisation agenda. The guidance is based on a previous successful publication for local government and includes the following issues:

- appraising a partnership proposal
- budgeting for partnerships
- financial monitoring and control
- financial reporting.

PRIMARY CARE TRUSTS

Following the success of the CIPFA publication 'Accountability: A Framework for Primary Care Trusts' the Panel published guidance on the role of Finance Directors in PCTs.

The guidance addresses the following issues

- the impact of change on the Finance Director
- the position and influence of the Finance Director
- how the Finance Director contributes to corporate management
- maintaining financial administration and stewardship
- supporting and advising directors and service managers
- managing the finance function.

The guidance will be of interest to finance directors, those aspiring to the position and all Board members of PCTs.

POOLED BUDGETS

The joint publication by CIPFA's Health and Social Services Panels providing guidance on the establishment and management of pooled budgets has now sold over 1000 copies.

There are six sections in the guide that look at the following different elements of pooled budgets for partnerships

- background
- managing the pooled budget
- corporate governance
- financial accountability
- audit
- other issues.

A checklist is provided to assist implementation and DH guidance (extracted from the Health Act 1999) is also included.

This publication was produced in conjunction with the DH and provides essential guidance for practitioners and organisations as they develop partnership arrangements under the Health Act 1999.

Publications may be ordered from www.cipfa.org.uk/shop or contact steve.crackett@cipfa.org (tel 0207 543 5602)

FUTURE PUBLICATIONS

If you are interest in promoting a subject or being an author please contact terry.brodie@cipfa.org

CIPFA WEBSITE

The November 2003 issue of PQ Magazine carried out an independent review of accountancy body websites in which the CIPFA website has been 'highly commended'. The website is described as 'getting better each year. The relatively new addition of the Study Lounge is excellent.'

This positive feedback reflects CIPFA's ongoing commitment to improving online support for its members and students.

For further information about the CIPFA website, please email joan.lavery@cipfa.org

MEMBERS' WEBSITE

The website for CIPFA members has been re-launched. The new site features improved navigation and easier access to membership lists which are now available in print-friendly format.

The online version of Spreadsheet magazine has also been revamped and features photographs from the printed magazine, clearer categorisation of articles and access to past issues online.

Further information is available at www.cipfa.org.uk/members

PANEL WEBSITE

The CIPFA Panels web section has been re-launched. Redesigned technical panel areas have been developed, and additional information is now available

A website dedicated to the Health Panel is at www.cipfa.org.uk/panels/health and this now includes NHS Finance news.

Comments would be particularly welcome on the content of the website and how it could be improved.

Further information is available at www.cipfa.org.uk/members

PUBLIC MANAGEMENT AND POLICY ASSOCIATION (PMPA)

The Public Management and Policy Association (PMPA) is a national membership organisation, managed by CIPFA, dedicated to helping managers, policy makers and academics keep in touch with and understand the wider cross-cutting developments in public policy making that affect the governance, general and financial management of the public services. In addition to excellent networking and

personal development opportunities across the public services, the benefits package includes:

- Priority booking for PMPA lectures
- Subscription to Public Money and Management
- Up to three PMPA reports each year
- The PMPA quarterly review

New corporate rates are now available which start at £350 for up to five persons registered by their employing organisations to receive the benefits package. For further information and details on individual membership rates

Three Public Management and Policy Association (PMPA) lectures have been confirmed for autumn 2004, others are being finalised:

9 September	Edward Davey MP - Funding Public Services
7 October	Sir Michael Lyons - Well placed to deliver?
30 November	Ed Straw - Are we ready? Civil Service reform

The latest PMPA publication 'Public Accountability in Practice - The Need for Public Scrutiny' authored by Jane Martin of The Centre for Public Scrutiny - is now available.

Full details are available on the Association's website www.pmpa.co.uk or email info.pmpa@cipfa.org asking for an information pack and sample publications.

DEVELOPMENTS IN NHS FINANCE ENGLAND

ADVANCE LETTERS

Advance Letter DOS 1/2004, published in July, details increased pay and allowances for dental public health staff, effective from 1 April 2004.

Advance Letter DOS 2/2004 details increased pay and allowances for community and salaried personal dental services dentists, effective from 1 April 2004.

For more information, please visit www.dh.gov.uk

AUDIT COMMISSION

The Audit Commission published in April their Strategic Plan 2004 - 2007 that sets out how, over the next three years, it proposes to help to improve public services and by doing so to help to improve people's lives.

Developed in consultation with a wide range of stakeholders, the Plan describes how the Commission will target their resources to focus where they are most needed and can have most impact.

It sets out our ambitions for 2004-07 around six central themes that cut across public services:

- audit: assuring value for money and stewardship
- performance assessment: measuring effectiveness
- improvement tools: providing challenge and supporting change
- focusing on service users and diverse communities
- improving organisational governance and capacity
- minimising the burden of regulation.

To view the Strategic Plan visit www.audit-commission.gov.uk

BOARD REMUNERATION

The Secretary of State has agreed increases in remuneration for chairs and non-executive directors of NHS boards for 2003/2004 and 2004/2005.

For more details visit www.dh.gov.uk

CAPITAL INVESTMENT

In July the Health Secretary gave the 'green light' for 15 new NHS hospital developments worth more than £4 billion.

The announcement will bring investment in new NHS hospitals to more than £16 billion since 1997. The NHS is already well on course to meet the NHS Plan target of 100 new hospital schemes open to patients by 2010. More than 40 are already built and operational.

The new hospital developments announced will be funded largely through the Private Finance Initiative (PFI). It will now be for local health organisations to progress these schemes to the next stages of development.

For more details visit www.dh.gov.uk

CHIEF EXECUTIVES REPORT

In May, the NHS Chief Executive, reported that sustained improvements to services for patients were being accelerated, with measurable improvements in productivity throughout the NHS.

Official figures confirm that - with a handful of exceptions - the NHS has hit the Government's NHS Plan target of ensuring that no patients wait more than nine months for an operation. Waiting times have fallen faster and further this year than ever before, and the maximum waiting time is now half what it was in 1997.

This is the tenth successive month the waiting list has been below a million and the total is at its lowest since September 1988.

The annual report also set out how the extra £5.9 billion spent on the NHS in England has purchased significant improvements in productivity.

Compared to last year there were:

- 167,000 more elective operations in hospital than last year
- 197,000 more procedures carried out in primary care and outpatients
- Faster treatment in A&E - 94% of patients now seen and treated within 4 hours
- 32.7 million more prescriptions in the community and 30% more statins (life-saving drugs)
- 59,000 more NHS staff - doctors, nurses and other front-line staff

The report is available at www.dh.gov.uk

CHILDCARE ALLOWANCE

In May, the Health Secretary launched a new childcare allowance for NHS-funded students to help with childcare costs during their studies. It is expected to cost the Government £17 million a year to fund.

Under the scheme up to 85% of childcare costs could be met, helping around 6,000 students a year. Up to £114 per week for students with one child or £170 per week for two or more children could be available.

Eligible students, both existing and new, will be able to claim the allowance from September 2004.

For more details visit www.dh.gov.uk

CHILDREN SERVICES

In May, the Children's Minister set out how families will benefit from new support services provided with £22.6 million funding for local and national projects.

The Minister also launched a new report, which pulls together findings from a major research programme on parental support involving 14 studies. The findings demonstrate the importance of joined up integrated services that enable parents to take control of their problems.

The Minister announced:

- how £15.5 million will be available to local and national projects that provide parenting support

through the Parenting Fund, being managed by the National Family and Parenting Institute;

- details of organisations benefiting from £4.9 million funding to provide marriage and relationship support to couples in England and Wales through the Marriage and Relationship Support Grant programme;

In July LAC (2004) 22 Children's Services Grant 2004-05 set out the proposed requirements for the 2004/05 grants for safeguarding children, adoption support and special guardianship support services, choice protects, integrated children's services, looked after children taskforces and regional development workers.

For more details visit www.dh.gov.uk

COMMISSIONING

In June, a paper by the King's Fund examined the new interest in practice-led commissioning and argues for its potential local benefits, if agreements can be negotiated between primary care trusts and GP practices.

The paper is at www.kingsfund.org.uk

CONTINUING CARE

In June, the Health Minister announced further progress made towards recompensing people who were inappropriately denied fully funded NHS care.

Following the work carried out by SHAs in reviewing, revising and investigating the provision of fully funded NHS continuing care, awareness and application by the NHS is improving. The NHS expects to pay a total of over £180 million when all the cases received by the end of March 2004 have been investigated and restitution made for incorrect decisions.

There is a timely appeal process for current cases, so that the need for a retrospective recompense process will decline

For more details visit www.dh.gov.uk

COUNTER FRAUD

In May, the Audit Commission published National Fraud Initiative (NFI) 2002/3 which brings together data from NHS bodies, local authorities, government departments and other agencies, to detect a wide range of frauds against the public sector.

This report looks at the value and types of fraud detected and other benefits and savings from NFI 2002/03; ways to improve further the effectiveness of anti-fraud data matching at local and national levels; and new developments for NFI 2004/05.

For more details visit www.audit-commission.gov.uk/reports

The NHS has benefited from an additional £478 million for patient care since 1998 thanks to work to deter, prevent and investigate fraud against the NHS, according to new figures released by the NHS Counter Fraud and Security Management Service (CFSMS) in June. This could pay for 60,000 kidney transplant operations or 100,000 hip replacements.

Other statistics released:

- There have been 216 successful prosecutions and 275 successful civil legal and disciplinary cases
- The NHS Counter Fraud Service has a 97% successful prosecution rate
- Overall losses from patient fraud have been cut by 49%
- In some areas, claims by NHS professionals have fallen by 31-46% after processes were fraud proofed
- The total financial benefit to the NHS is £478 million, which represents a 13:1 return on the budgetary investment in this work

The CFSMS is now halfway through a ten year plan to reduce fraud against the NHS to an absolute minimum. Since 1998, more than 400 Counter Fraud Specialists have been appointed, covering every NHS trust, PCT and other health body. There is also a dedicated national structure in place to support local counter fraud work.

With this in place, the CFSMS has helped cut fraud in every area of the health service, and the amount of money defrauded by patients, staff and contractors has been dramatically reduced.

In addition, local investment to counter NHS fraud has gone up by an estimated 785%, and counter fraud agreements with representative bodies now cover 940,000 staff members.

A full copy of the Performance Statistics are available on the CFSMS website www.cfsms.nhs.uk

DEPARTMENT OF HEALTH

In April, the DH published their 2004 report which provides Parliament and the public with an account of how the resources allocated to it were spent, as well as its future spending plans. It also describes policies and programmes and gives a breakdown of spending within these programmes.

For more details visit www.dh.gov.uk/PublicationsAndStatistics/Publications/AnnualReports

In response, the King's Fund welcomed the latest report on NHS performance as further proof that health services are improving, but warned that the focus should now shift to people with long-term chronic conditions, such as such as asthma, diabetes and heart disease.

For more details visit www.kingsfund.org.uk

DIAGNOSTIC SERVICES

In April, the Health Secretary invited bidders to supply the NHS with new, mobile, 'state of the art' MRI scanners and highly qualified staff to help cut waiting times across England. These new scanners will be targeted at areas of greatest need. It is expected that they will be operational this summer.

This new 5 year deal will see 80,000 more MRI scans a year on the NHS - a 10 percent increase in capacity.

For more information visit www.dh.gov.uk

DOCTORS AND DENTISTS

Advance Letters giving details of the revised pay, fees and allowances and collaborative fees payable to staff covered by this report and who are employed in the NHS on national terms and conditions, are at:

www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/AdvancedLetter/fs/en

DRUG MISUSE TREATMENT

Drug misuse treatment is now part of the star ratings for PCTs. The National Treatment Agency (NTA) is coordinating a mini-census of information held about numbers in treatment in 2003/04.

Treatment agencies were sent information for checking/updating in April.

For further information, please visit

www.nta.nhs.uk/programme/national/

FINANCIAL MANAGEMENT

NHS bodies must improve their financial management arrangements if the NHS is to realise the benefits of extra funding and meet the challenges it faces in delivering better services, according to a report published by the Audit Commission in April.

Achieving first-class financial management in the NHS shows that overall the basics of financial management are sound at most NHS bodies and provide effective financial control. Financial failures are rare but where they do occur they provide important lessons. But this is not enough. Significant devolution of responsibility, allied with extra cash and major reform will require top-class financial management with different systems, structures and skills from those used in the past.

First-class financial management is vital to delivering improvements in patient services. The NHS spends £1 million every 10 minutes and between now and 2008 expenditure is set to increase by £40 billion.

On the basis of current performance, some NHS bodies will struggle to meet the new challenges such as the introduction of patient choice and payment by results. Auditors reported concerns about the financial element of local delivery plans at more than 60 per cent of both primary care trusts

(PCTs) and NHS trusts, which casts doubt on NHS bodies' ability to deliver the services they had planned.

In particular, the current financial management capacity of most PCTs is inadequate to meet the challenges they face.

Strategic aspects of financial management need to be further developed, in particular financial planning, forecasting and the quality of financial information and its use in decision-making.

Even those in line to receive foundation status may find that their current approach to financial management needs to improve.

For further information visit

www.audit-commission.gov.uk/reports

FOUNDATION TRUSTS

The Health Secretary confirmed his support for 20 more hospitals to become NHS Foundation Trusts in July and that the next wave of NHS Foundation Trust applications is to be expanded to include, for the first time, three star rated Mental Health Trusts.

These Trusts can now apply to the Independent Regulator of NHS Foundation Trusts who has indicated that he will authorise the next set of NHS Foundation Trusts in two batches - likely to be 1 November 2004 and 1 February 2005.

To date, 20 NHS Foundation Trusts have been authorised by the Independent Regulator.

The Independent Regulator also published the Audit Code, for NHS Foundation Trusts in April. The Audit Code details the way in which auditors of NHS Foundation Trusts are to carry out their functions.

Ten NHS Foundation Trusts were established on 1 April 2004. The Audit Code applies to all audit work relating to financial years beginning on or after 1 April 2004.

Copies of the Audit Code and the Summary of Responses to the Consultation can be obtained via the Regulator's website

www.nhsft-regulator.gov.uk

A copy of the CIPFA response to the consultation document is available on www.cipfa.org.uk/panels/audit/consultations

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In April the consultation document on the Prudential Borrowing Code for NHS Foundation Trusts was also published by the Independent Regulator of NHS Foundation Trusts. NHS Foundation Trusts will use the Prudential Borrowing Code to determine the limit on the total amount of borrowing.

NHS Foundation Trusts are able to borrow from private sector sources within limits set by the Regulator, through the Code, and specified in their Terms of Authorisation. The Prudential Borrowing Code has been drafted in a manner consistent with the foundation trusts achieving an investment grade credit rating, which would assist them to borrow on commercial terms without a Government guarantee.

At the core of the draft Code is a set of five ratios. The long-term borrowing limit for each NHS Foundation Trust will be determined with reference to the amount, which it could borrow without breaching each of the five ratios.

The consultation document on the draft Prudential Borrowing Code has been circulated widely amongst the NHS and the financial community.

A copy of the consultation document is available from the Regulator's website www.nhsft-regulator.gov.uk

GERSHON REVIEW

In July the Government published the conclusions of Sir Peter Gershon's review of public sector efficiency. In particular, it sets out the scope for further efficiencies that he has identified within the public sector's back office, procurement, transaction service and policy-making functions. Sir Peter also identifies opportunities for increasing the productive time of professionals working in schools, hospitals and other frontline public services, and makes a series of cross-cutting recommendations to further embed efficiency across the public sector.

The Gershon Review concludes by summarising the specific efficiency proposals that Sir Peter developed with individual departments during the concluding phase of his review.

The full review is available at www.hm-treasury.gov.uk/spending_review

GUM SERVICES

In July the Department of Health issued the 2004/05 recurring GUM pump-prime funding to PCTs.

These allocations are to address capacity and waiting times.

And are available on www.dh.gov.uk/PolicyAndGuidance

HEPATITIS C

The Skipton Fund, the body set up to administer the UK-wide ex gratia payment scheme for people infected with Hepatitis C from NHS blood or blood products, launched and began processing applications in July.

From June, people can register their details with the Skipton Fund to ensure that they are sent application forms and guidance on how the scheme will work.

For more information visit

www.dh.gov.uk/PublicationsAndStatistics/

INSPECTION

New moves to cut the bureaucratic burden on hospitals - freeing up more time for treating patients were announced by the Health Minister in June.

Currently, over 30 bodies can call on NHS Trusts to inspect performance and many more can make visits. The Health Minister announced a package of measures to streamline the process.

The new measures announced today include:

- fewer, more consistent, better-prioritised recommendations from inspectorates and more co-ordinated data collection;
- joint inspections by regulatory bodies - reducing the number of visits hospitals may face;
- consideration of inspection 'holidays' for high-performing NHS Trusts; and
- schedules of visits to be published in advance - ensuring staff can plan ahead to meet inspection requirements.

Ministers have asked the Healthcare Commission to develop a concordat with the main inspection, review and audit bodies and devise a programme for delivery, which sets out a new approach.

The new arrangements will be overseen by the Healthcare Commission and the Inspection Concordat can be found at www.healthcarecommission.org.uk

MENTAL HEALTH SERVICES

People with mental health problems are set to benefit from a £5million funding boost for mental health research and the creation of the first ever Mental Health Research Network.

The Network will help to raise the standard of mental health and social care research in England by acting as a central resource for clinicians, researchers, carers and people with mental health problems with an interest in participating in research. The Network will increase the scale, range, and timeliness of mental health research.

Current research projects include support for carers, a study of service users views of the current Mental Health Act and an overview of trials of psychological treatments for people with schizophrenia and substance misuse.

Research priorities for the Network will be determined by a wide-scale consultation process, which will begin later this year. This will be informed by the views of service users and their carers, researchers, front-line staff, health services and social care managers and commissioners.

In March, the Health Secretary announced an extra £100 million per year by 2008 set out in the budget for research and development (£25m in each of the next four years over and above inflation), will be used to fund research into new medicines for children, and for the treatment and cure of Alzheimer's, Stroke, Diabetes and Mental health. The Network will receive £1million every year over the next five years. This funding boost will bring combined government spending on medical research to £1.2 billion by 2008.

NHS RELATED BODIES

The Health Secretary John Reid announced in July that the number of NHS bodies that work at 'arm's length' from the Department of Health will be reduced, saving at least £500 million in funds and increasing resources that can be channelled directly to frontline NHS patient care,

In a written Commons statement naming the bodies that will merge, be abolished or see their functions streamlined, the Health Secretary set out the second stage of the Department of Health's plans to overhaul the way it works with stakeholders in the health and social care system.

The main changes that will see the number of Department of Health arm's length bodies reduce by almost half from 38 to 20 and see a 25 per cent reduction in staff working in the sector by 2008 are:

- the Healthcare Commission will take on responsibility for the regulation of care for people detained under the Mental Health Act from the Mental Health Act Commission, which will be abolished;
- a new Regulatory Authority for Fertility and Tissue will be created to encompass the work of the Human Fertilisation and Embryology Authority (HFEA) and the proposed Human Tissue Authority;
- the National Institute for Clinical Excellence (NICE) will take on the work of the Health Development Agency (HDA) to link standards on the prevention and treatment of ill health. The HDA will be abolished;
- the Commission for Patient and Public Involvement in Health (CPPIH) will be abolished and stronger, more efficient arrangements will be put in place to provide administrative support and advice to Patients' Forums;
- the National Patient Safety Agency (NPSA) will support independent ethical reviews of all research that could affect patients and take the lead on hospital food, cleanliness and safe hospital design. It will also become responsible for national confidential enquiries from the National Institute for Clinical Excellence (NICE). NHS Estates will be abolished;
- the Health Protection Agency will assume functions from the Public Health Laboratory Service (PHLS) and the role of the National Radiological Protection Board (NRPB), which will both be abolished;

- a new Blood and Transplant Authority will be created to encompass the services provided by the National Blood Authority and UK Transplant, which will be abolished;
- the NHS Litigation Authority (NHS LA) will be reconstituted to oversee the proposed NHS redress scheme and manage financial compensation nationally. It will also take on the functions of the Family Health Services Appeal Authority, which will be abolished;
- a new Health and Social Care Information Centre will be created to reduce burdens on the frontline by co-ordinating information requirements across a wide range of bodies. The new Centre will retain some of the information-related functions of the current NHS Information Authority, (NHS IA) which will be abolished, and take on the statistics and information management functions of the Department;
- the National Programme for Information Technology will become an executive agency for three to five years, incorporating the IT functions of the NHS IA; and
- a new NHS Business Services Authority will be created to replace the NHS Pensions Agency, the Dental Practice Board, the Prescriptions Pricing Authority and the NHS Counter Fraud and Security Management Authority, which will all be abolished.

The Department plans to develop a memorandum of understanding on human resources processes with those organisations affected by the review. This will be developed in partnership with the relevant arms length bodies.

For full details of the arm's length bodies that are being merged, rationalised or abolished, see www.dh.gov.uk/aboutus/relatedbodies

NHS IMPROVEMENT PLAN

In June the Secretary of State published 'Putting people at the heart of public services' which sets out the priorities for the NHS between now and 2008. It supports the ongoing commitment to a 10-year process of reform first set out in The NHS Plan.

For more information please visit www.dh.gov.uk

NHS LIFT

The Department of Health wishes to identify a fourth wave of NHS LIFT. Strategic Health Authorities (SHAs) are requested to co-ordinate expressions of interest from their local Primary Care Trusts (PCTs).

Organisations expressing an interest in LIFT need to complete an application form, which should be returned to their SHA no later than 20 August 2004. SHAs are then asked to return completed applications to James Skelly, Capital Investment Branch, 3W54, Quarry House, Quarry Hill, Leeds, LS2 7UE (e-mail james.skelly@doh.gsi.gov.uk) by 17 September 2004.

The Department will meet with each applicant to discuss their LIFT proposals, planned project management arrangements, timescales, the resources they intend to commit to the project and their commitment to the initiative. This will provide localities with an opportunity to explain their proposals in more detail. Interviews will be held at the end of September through to mid October. Further details about these interviews will be provided nearer the time.

For more information please visit www.dh.gov.uk

NHS PERFORMANCE RATINGS

The Healthcare Commission published in July the 2003/04 ratings for primary care trusts, acute, specialist, mental health, and ambulance trusts.

For more details visit www.healthcarecommission.org.uk

NHS (ENGLAND) SUMMARISED ACCOUNTS 2002-2003

In April, the Head of the National Office reported to Parliament that, in 2002-2003, the Department of Health successfully met its target of ensuring that financial balance was achieved in aggregate across the 607 individual NHS organisations. The NHS as a whole reported an underspend of £96 million within the context of healthcare commissioned of £46.7 billion. However, he highlighted the fact that 51 (8 per cent) of organisations suffered significant deficits, the biggest of which amounted to nearly £45 million.

The report says that large deficits in individual NHS organisations, if not matched by surpluses

elsewhere, may put at risk the achievement of overall financial balance of the National Health Service.

The report follows his examination of each of the twenty-three summarised accounts for the NHS in England. Each summarised account is prepared by the Secretary of State for Health based on the audited financial statements of each underlying health organisation.

The report gave each of the summarised accounts an unqualified true and fair opinion. However, he has qualified his audit opinion on the summarised accounts of eight Special Health Authorities on the grounds of regularity. Because these eight bodies failed their statutory duty to remain within resource limits set for them by the Secretary of State, the excess expenditure of £0.6 million was irregular.

For more details visit www.nao.org.uk

NHS TARGETS

The Health Secretary announced in July that the number of national targets with which NHS providers must comply will be cut from 62 to 20.

Existing national targets that will have been met by April 2005 such as waiting times for A&E treatment will become core standards, which providers of care must maintain.

And NHS providers will get the power to set more locally-agreed targets instead.

The Health Secretary said that improved performance across the NHS meant there could now be fewer national but more locally-agreed targets with a stronger emphasis on the quality of patient care.

National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08, published in July, sets out the new targets and the new healthcare standards, detailing what patients can expect from NHS providers.

While the standards aim to safeguard and raise quality across the board, the national targets will accelerate improvements in a small number of national priority areas.

The reduced number of national targets includes:

- achieving year-on-year reductions in MRSA levels and future
- reductions in other hospital acquired infections;
- an 18 week maximum waiting target from start time to treatment by 2008;
- helping people to manage their long-term conditions so they spend
- less time in hospital; and
- improving the health of black and ethnic minority communities.

Most current NHS targets were agreed in 2000 under the NHS Plan. Access targets (such as those on waiting times) run until 2008 while the outcome targets (such as those on cancer, coronary heart disease) run from 2000 to 2010.

National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08 is available at www.dh.gov.uk/publications

OPHTHALMIC SERVICES

New ways of treating patients with the chronic eye diseases glaucoma, age related macular degeneration and low vision are to be tested in eight pilot sites around the country, were announced in May.

As part of a new £4m programme, the eight chronic eye disease pilot sites will help to improve chronic eye disease services and treatment for patients by:

- providing a seamless NHS service for glaucoma patients by joining up high street and hospital eye care;
- investing in cutting edge technology to provide the very best patient care;
- setting up a mobile eye care unit in East Devon to help patients who are unable to travel for physical, mental, social, or financial reasons; and
- providing further training for optometrists so they can diagnose patients earlier, freeing up doctors to work on specialist areas.

The first report of the National Eye Care Services Steering Group can be downloaded from the Department of Health website www.dh.gov.uk/PublicationsAndStatistics

Also in May a three-year deal was agreed to increase the NHS Sight Test Fee. The new fees became payable on 6 May but can be backdated to 1 April 2003.

The guidance can be downloaded from www.info.doh.gov.uk/doh/finman.nsfn or e-mail overseasvisitors@doh.gsi.gov.uk

PAYMENT BY RESULTS

In June, the Audit Commission published a report identifying the key risks and questions to consider for trust and PCT managers and non-executives.

In July, the Commission also published *Introducing payment by results - getting the balance right for the NHS and taxpayers* which examines the benefits and risks in the new arrangements, including trusts' ability to implement them.

The report says that, the Government's new funding system for NHS trusts, offers significant opportunities for improved efficiency and cost-effectiveness but says that the new regime also carries substantial risks, which, if not well managed, could lead to financial instability within NHS bodies.

The report adds that Primary Care Trusts (PCTs) in particular will have greater flexibility to influence the way services are provided and improve patient care but they also face considerable financial risk under the new arrangements. Many do not have the necessary financial systems in place, nor the capacity to manage the risks. Other countries have also found that this funding system can be manipulated by providers to get extra, unmerited, cash.

The report's recommendations for trusts include:

- Greater investment in information systems, focusing on recording and coding patient activity;
- Strengthening financial management systems and capacity;
- Ensuring doctors and front-line managers understand the implications of payment by results and are committed to the changes needed to address them;

- Development of proper arrangements to identify and prevent manipulation of the system by providers; and
- Continual assessment and refinement of the system by the Department of Health and strategic health authorities (SHAs), and providing support to help NHS bodies address key risks and build capacity.

For details of the reports visit www.audit-commission.gov.uk/reports

PHARMACY SERVICES

In July, the Government announced proposals to further reduce the reimbursement price paid to community pharmacy contractors and dispensing doctors for four generic medicines (medicines without a brand name) from 1 September 2004. The proposals will cover the generic versions of the medicines Doxazosin, Lisinopril, Omeprazole and Simvastatin.

The prices of these four medicines were first reduced on 1st December 2003 to address the significant differences between the reimbursement price and the price at which pharmacists were purchasing these four medicines from suppliers. The decision to reduce the reimbursement prices of these medicines is expected to save the NHS about £100 million per annum.

Over the last six months the prices at which pharmacists purchase these medicines from suppliers has again dropped significantly. To address this, the government proposes to further reduce the reimbursement price paid to community pharmacists. This will make sure that the NHS is getting value for money until new arrangements for the supply of generic medicines are agreed and implemented.

For more information visit www.dh.gov.uk
A letter and tables of figures notifying primary care trusts of their 2004-2005 indicative budgets for oxygen services and oxygen hardware are at www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/Is/en

PRIMARY CARE

In April, a report produced by the Primary Care National Director show that NHS primary care, the local healthcare people access most frequently, is continuing to expand and provide a wider range of services to patients.

The first progress report on primary care details a period of significant achievement for NHS primary care staff.

Key improvements outlined in the report include:

- Extra investment in primary care services has increased the amount of specialist services available in family practices. Last year more than 700,000 procedures were carried out in local practices that were, until recently, only available in hospital. This is an increase of 100,000 on the previous year.
- More than 99% of practices have now signed up to the new national contract for general practice. The new contract will see significant improvements in patient care, and will secure important improvements in the working lives of GPs.
- 97% of patients now see a GP within two working days - an increase from 75% in March 2002.
- The confident expectation that the NHS has met its target of recruiting 2000 more GPs into the health service by April 2004, as set out in the NHS Plan.
- Nearly 2,000 surgeries have been improved or replaced, and 268 one-stop primary care centres established from a total investment in premises of up to £1 billion to 2005.
- More than 25,000 community nurses are now trained to prescribe medicines from an agreed list of medications. Some 1,900 nurses are qualified to prescribe independently.

Copies of the primary care progress report are available online at www.dh.gov.uk

RESEARCH

In June, the Health Minister announced the winning bids for £4 million of funding into pharmacogenetics - how a patient's genetic make-up can effect their response to different medicines.

Whilst research in this area is still in its early stages, it is hoped that eventually doctors will be able to use information about a patient's genes to predict how they might respond to different medicines and then tailor treatments to suit their individual needs.

This could help to reduce the incidence of adverse drug reactions by making sure that when a patient's genetic make-up means that they are likely to react badly to a medicine, alternative treatments are used. Likewise, doctors will be able to improve the effectiveness of some treatments by targeting those patients who are likely to respond well.

The six winning bids include research projects into how genetics could effect responses to drugs used to prevent blood clots and treat epilepsy as well as developing a screening test to identify patients who are at high risk of having a fatal reaction to general anaesthetic.

The funding is part of a £50 million strategy announced in last year's Genetics White Paper.

For more information visit www.dh.gov.uk/PublicationsAndStatistics/

SPENDING REVIEW 2004

Patients will continue to benefit from increased investment in the health service, as the Chancellor reaffirmed in July the funding increase for the NHS of 7.2% increases per year above inflation until 2007/08.

Social Services will receive 2.7% increases above inflation for the three years up to 2007/08 to support more older people to live in their own homes.

Health spending will rise 7.2% per year in real terms between 2002/03 and 2007/08, an extra £36bn per year for the NHS by 2007/08. There will be a 2.7% real terms increase for personal social services.

This builds on progress made since 1997, which has seen nearly 40,000 fewer deaths each year from cancer and heart disease, maximum waiting times for surgery halved and shorter waits to see a GP and in A&E, more services available at home and in the community rather than in hospital, 19,300 more doctors and 67,500 more nurses, more beds, and the biggest NHS hospital building programme in history.

The funding through to 2007-08 will ensure:

- shorter waiting times - there will be more operations and medical staff so that patients will spend less time waiting for health care at all stages of treatment. By 2008, no-one will wait more than 18 weeks between booking their hospital appointment and receiving hospital treatment.
- longer healthier lives - the forthcoming White Paper on improving health will help people lead longer, healthier lives, with more support for the 69% of smokers who want to quit, and a massive investment in better primary care, with more services available in the community.
- the NHS becomes a true health service, not just a sickness service - with more drugs, treatment, support and advice for the 17.5m people with chronic conditions, such as diabetes and asthma, to better help them manage their conditions. Health and social care will work together to prevent avoidable hospital admissions. Patients will be able to monitor their own care in their own electronic patient record.
- a personal health service with more patient choice The NHS will remain free at the point of use, but personal to each patient. By 2008 all patients needing secondary care will be able to choose the hospital they wish to provide it, subject to the provider meeting cost and quality standards.
- more frontline staff and more capacity - more doctors, nurses and other health professionals, to offer more services and better patient care. The biggest hospital building programme in the history of the NHS will provide better comfort, better clinical facilities and greater capacity.
- greater numbers of older people will be supported to live at home - a new preventative technology grant will provide £80m over two years to fund local councils to provide alarm technology to 160,000 vulnerable elderly, helping to keep them safe and out of hospital. New pilot projects will be funded to encourage innovative joined-up preventative services for the elderly across the NHS and social care.

- improvements in efficiency - there will be a war on waste, releasing around £6.5bn for better patient care by 2007/08, through, for example:
 - electronic patient records which will mean fewer missing records and better patient care;
 - better exploiting the NHS' national buying power;
 - shared back office functions (such as IT and finance); and
 - cutting the running costs of health bureaucracy.

For more information visit www.hm-treasury.gov.uk/

STILLBIRTH AND NEONATAL HELPLINE SERVICE

In June, the Health Minister announced a funding boost of £40,000 for the Stillbirth and Neonatal Death Society (SANDS).

Allocated over three years, the new core funding from the Department of Health's Section 64 Grant Programme provides the charity with £40,000 to continue their work, which includes:

- Maintaining a Helpline Service for bereaved parents and their families;
- Developing support provided through the SANDS website;
- Improving the quality of care provided by professionals to bereaved parents; and
- Identifying and promoting ways to reduce the incidences

Since 2001-02, the Department of Health has provided SANDS with £50,400 to pilot the helpline and develop their website. The core funding announced today will further increase their resources, and will be allocated over the next three years, £14,000 in 2004-05, £14,000 in 2005-06 and £12,000 in 2006-07.

For more information visit www.dh.gov.uk/PublicationsAndStatistics/

WANLESS REPORT

A new book, produced by the Office of Health Economics together with the King's Fund and the University of York Centre for Health Economics, explores the assumptions, estimates and models underlying the recommendations made by Derek Wanless in his report on future NHS spending.

For more details visit www.kingsfund.org.uk

WORKFORCE DEVELOPMENT CONFEDERATIONS

Workforce Development Confederations (WDCs) were established in April 2001 to plan and develop the whole healthcare workforce.

The Audit Commission carried out an audit to assist WDCs in identifying development needs. The Commission focused on the key roles of the WDCs including their responsibilities for working with partners to develop and support workforce planning and human resource capacity and capability.

Their report in April summarises the audit findings and the feedback from a trust survey.

For details of the report visit www.audit-commission.gov.uk/reports

SCOTLAND

ORTHOPAEDIC SERVICES

A £7 million project to improve services and cut long waits for orthopaedic outpatients was announced in May.

It is the latest in a series of initiatives from the Centre for Change and Innovation working with local clinicians to achieve a fundamental overhaul of practice rather than a short-term blitz on lists.

For more details visit www.scotland.gov.uk

WALES

AUDIT COMMISSION

In May, the Commission published 'Transforming Health and Social Care in Wales'.

The Wanless Review of Health and Social Care in Wales made a series of recommendations, both immediate and long term, based on the need for radical redesign and reconfiguration of services and the need for best use of the available resources.

The Welsh Assembly accepted the findings of the Review and in November 2003, the Assembly's Implementation Plan for the Review was presented to the Health and Social Services Committee.

The success of the whole process now rests on that Implementation Plan. The rest of the report is an assessment of the current situation in which implementation must take place, as well as the conditions needed to maximise its chances of success.

For full details of the report visit www.audit-commission.gov.uk/reports

DELAYED DISCHARGES

The Welsh Assembly Government is making significant inroads in tackling the problem of delayed transfer of care according to the Health Minister on the publication of the latest figures in July.

On a comparable basis with England, figures in Wales would now show only approximately 150 people experiencing delayed transfer of care. The new figures show that in the three months to June, the number of patients experiencing delays of any sort within the system, have been reduced by 154 or 15 per cent to 856 compared to the March statistics and 260 or 23 per cent since September 2003.

The Minister said that the Assembly Government wants people to be in the right care setting at the right time and that an additional £4m given to local health boards late last year has made a big difference.

For more details visit www.wales.gov.uk

DENTISTRY

The Welsh Health Minister announced a £5.3m boost for NHS dentistry and a programme of reform to ensure dental services for patients across Wales are improved in May.

The extra money, which is available over three years, shows the Assembly Government's commitment to NHS dentistry in Wales and will help more patients have access to NHS treatment. This is on top of the on-going Welsh Dental Initiative aimed at attracting more dentists into Wales.

The Minister also announced that there will be a new contract for NHS dentists in Wales from April 2005 and the changes will follow the same timetable as in England.

For more details visit www.wales.gov.uk/subihealth

CIPFA Health Panel Membership

Kevin Orford	-	West Midlands STHA (Chairman)
David Allcock	-	North Warwickshire PCT
Julie Barnaby	-	NHS Modernisation Agency
Terry Brodie	-	CIPFA
David Clark	-	Tayside NHS Board
Caroline Clarke	-	Homerton University Hospitals NHS Foundation Trust
Liz Cockcroft	-	Gwent Healthcare NHS Trust
Steven Corbishley	-	National Audit Office
Mark Day	-	Yorkshire Wolds & Coast PCT
Colin Dunn	-	Tameside and Glossop Acute Services NHS Trust
Kate Harrison	-	RSM Robson Rhodes
Alison Hunt	-	West Yorkshire Workforce Development Confederation
Paul Kemp	-	Norfolk, Suffolk & Cambridgeshire STHA
Mike Langley	-	Audit Commission
Jean McBride	-	Audit Scotland
Sarah Melling	-	Scottish Executive
Ann-Marie Millar	-	Department of Health
Pauline Moore	-	Scottish Ambulance Service
Therese Paskell	-	West Yorkshire Ambulance Service
Don Richards	-	North West London Hospitals NHS Trust
Paul Simpson	-	Down and Lisburn Health and Social Services Trust
Peter Smith	-	Gateshead Health NHS Trust
Suzanne Tracey	-	East Somerset NHS Trust
Hardev Virdee	-	South Birmingham PCT
Mick Waite	-	Audit Commission
Eifion Williams	-	Bro Morgannwg NHS Trust

TERMS OF REFERENCE

CIPFA's Health Panel meets quarterly and is responsible for:

- monitoring developments in finance and policy issues relating to health
- formulating CIPFA's policy on health matters
- responding to Government, professional bodies' and other bodies' consultation/ discussion papers and exposure drafts
- developing, promoting and maintaining best practice, standards and guidelines on financial management issues affecting health
- producing and disseminating relevant advice and material for members and employers in health
- establishing positive and productive professional relationships with Government, government departments and agencies, the national audit bodies professional regulators, the Healthcare Financial Management Association and other bodies in the Health sector
- working with CIPFA's other Boards and Panels on matters of mutual interest.