Commissioning
Current Awareness Bulletin
March 2019

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Title: NHS England sets out plan to revoke Lansley’s competition rules

Citation: BMJ: British Medical Journal (Online); Mar 2019; vol. 364
Author(s): Iacobucci, Gareth

Abstract: NHS England has outlined plans to repeal divisive laws on competition and procurement that were introduced in the Health and Social Care Act 2012 in a bid to promote integration in the health service. The move, which was trailed in the NHS long term plan, is designed to make it easier for the NHS to integrate services by freeing commissioners from the burden of having to tender service contracts on the open market. Merging NHS England and NHS Improvement to foster greater collaboration Removing the Competition and Markets Authority’s powers to review mergers involving NHS foundation trusts Giving NHS Improvement targeted powers to direct mergers or acquisitions involving NHS foundation trusts in specific circumstances Giving clinical commissioning groups and trusts the power to create joint decision-making committees Introducing a new shared duty for clinical commissioning groups and trusts to promote and contribute to a “triple aim” of better health, better care, and efficient use of NHS resources. Giving the health secretary powers to set up new integrated care trusts in cases where local commissioners wish to bring services together under a single contract Giving NHS Improvement powers to set annual capital spending limits for NHS foundation trusts in the same way that it does for NHS trusts NHS England chief executive, Simon Stevens, said: “We heard from lots of people involved in developing the NHS long term plan that progress would be accelerated towards a better integrated health service if some targeted changes could be made to the law.

Title: Barriers and enablers to accessing dental services for people experiencing homelessness: A systematic review.

Citation: Community Dentistry & Oral Epidemiology; Apr 2019; vol. 47 (no. 2); p. 103-111
Author(s): Paisi, Martha; Kay, Elizabeth; Plessas, Anastasios; Burns, Lorna; Quinn, Cath; Brennan, Nicola; White, Sandra

Objectives: The aim of this systematic review was to identify and conceptualize the barriers and enablers to accessing dental services for people experiencing homelessness in the United Kingdom.

Methods: A literature search for studies relevant to homelessness and dental care was conducted. The PRISMA and ENTREQ guidelines were followed. Electronic databases (EMBASE, MEDLINE, DOSS, CINAHL, SOCINDEX and PsycINFO) and grey literature sources (Electronic Theses Online Service – EThOS, Kings Fund, NICE Evidence, Open Grey, Google and the Health Foundation) were searched up to 28 August 2018. The critical appraisal was conducted using CASP and an adjusted version of a JBI Critical Appraisal tool. Thematic analysis was used to develop the themes and domains.

Results: Twenty-eight papers were included. Barriers to homeless people accessing dental care stemmed both from the lived experience of homelessness and the healthcare system. Within homelessness, the themes identified included complexity, emotions and knowledge. Regarding the healthcare system, identified themes included staff encounter, accessibility and organization issues.
**Conclusion:** Homelessness can actively contribute to both an increased need for dental care and barriers to accessing that care. The arrangement of dental healthcare services can also act as barriers to care. This is the first systematic review to conceptualize the factors associated with access to dental care for people who are homeless. It provides a set of recommendations for overcoming the main barriers for homeless people to accessing dental care. It also offers directions for future research, policy and commissioning.

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**Title:** Homeless medical respite service provision in the UK.

**Citation:** Housing, Care & Support; Jan 2019; vol. 22 (no. 1); p. 40-53

**Author(s):** Dorney-Smith, Samantha; Thomson, Emma; Hewett, Nigel; Burridge, Stan; Khan, Zana

**Objective:** The purpose of this paper is to review the history and current state of provision of homeless medical respite services in the UK, drawing first on the international context. The paper then articulates the need for medical respite services in the UK, and profiles some success stories. The paper then outlines the considerable challenges that currently exist in the UK, considers why some other services have failed and proffers some solutions.

**Design/methodology/approach:** The paper is primarily a literature review, but also offers original analysis of data and interviews, and presents new ideas from the authors. All authors have considerable experience of assessing the need for and delivering homeless medical respite services.

**Findings:** The paper builds on previous published information regarding need, and articulates the human rights argument for commissioning care. The paper also discusses the current complex commissioning arena, and suggests solutions.

**Research limitations/implications:** The literature review was not a systematic review, but was conducted by authors with considerable experience in the field. Patient data quoted are on two limited cohorts of patients, but broadly relevant. Interviews with stakeholders regarding medical respite challenges have been fairly extensive, but may not be comprehensive.

**Practical implications:** This paper will support those who are thinking of undertaking a needs assessment for medical respite, or commissioning a new medical respite service, to understand the key issues involved.

**Social implications:** This paper challenges the existing status quo regarding the need for a "cost-saving" rationale to set up these services.

**Originality/value:** This paper aims to be the definitive paper for anyone wishing to get an overview of this topic.

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**Title:** Community pharmacy minor ailment services: Pharmacy stakeholder perspectives on the factors affecting sustainability.

**Citation:** Research in social & administrative pharmacy: RSAP; Mar 2019; vol. 15 (no. 3); p. 292-302

**Author(s):** Nazar, Hamde; Nazar, Zachariah

**Objective:** Self-care advice and management of minor ailments have long been provided in community pharmacies across England. However, formal pharmacy minor ailment service
provision is geographically variable and has yet to gain recognition and political support as a valued sustainable service for nationwide adoption and commissioning. This study aimed to investigate the sustainability potential of pharmacy minor ailment services from the perspective of community pharmacy stakeholders within the North East of England.

Methods: A mixed methods approach was adopted to survey and interview stakeholders from the North East of England who commission; provide; and/or represent groups influencing the design, delivery and investment in community pharmacy clinical and public health services. The 40-item Programme Sustainability Assessment Tool, a validated instrument to assess a public health programme’s capacity for sustainability across eight domains, was administered to fifty-three stakeholders, identified from a pharmacy minor ailments showcase event. The same stakeholders were invited for a semi-structured interview to explore issues further. Interviews were audio-recorded, transcribed verbatim, and underwent framework analysis.

Results: Forty-two (79.2% response rate) stakeholders representing commissioning, provider and influencing (e.g. Local Professional Network) organisations completed the assessment tool. Pharmacy minor ailment services were rated as unsustainable across the majority of the domains. Elements within the domain ‘Partnerships’ demonstrated potential for sustainability. Stakeholder interviews provided detailed explanation for the low scoring sustainability domains, highlighting the multifaceted challenges threatening these services.

Conclusion: The Programme Sustainability Assessment Tool allowed stakeholders to evaluate the potential of pharmacy minor ailment services in England. Follow-up interviews highlighted that initial design and implementation of services was poorly conceived and lacked evidence, thereby impeding the services’ sustainability. There are many challenges facing a widespread provision of pharmacy ailment services, but it is clear the profession needs to be clear on the service objectives to secure future interest and investment.

The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index’ Cinahl, Medline, King’s Fund & Health Foundation

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