

News story: Willcain Solution for Injection – Product defect recall alert

The following batches of Willcain Solution for Injection (Vm 10434/4046) have been recalled due to low active substance assay results during long term stability trial.

Batch Expiry Date

92927 April 2020

94340 April 2020

94341 April 2020

106023 Jan 2021

106024 Feb 2021

106025 Feb 2021

Dechra Ltd is contacting wholesalers and vets to examine inventory immediately and quarantine products subject to this recall.

For further information regarding the recall, please contact Dechra Veterinary Products Ltd, email: productdefects@dechra.com Tel : 01939 211 200

Press release: Prolific Northampton burglar has to spend longer in jail

A man who burgled multiple Northampton homes has today had his sentence increased after it was referred to the Court of Appeal by the Attorney General's Office for being too low.

Darren Barry Williams, 39, was caught after he broke into a house on Prescott Close in Northampton in April. He damaged a window and door, as well as attempting to steal jewellery. Before he could make his escape, two neighbours apprehended him, having been alerted to his crime by an alarm. Once in police custody, Williams pleaded guilty to this burglary, as well as five other home burglaries.

Williams was originally sentenced at Northampton Crown Court in May, where he was given 2 years 6 months' imprisonment and ordered to pay a £170 victim surcharge. Today, after the Attorney General's referral, the Court of Appeal increased his sentence to 3 years 8 months' imprisonment.

Commenting on the sentence increase, Attorney General Geoffrey Cox QC MP said:

“Burglaries leave owners feeling unsafe within their own homes, and can cause a wider sense of disquiet in the community. Williams had an extensive criminal history, including multiple burglaries. I therefore welcome the Court of Appeal’s decision today to agree to increase his sentence.”

Speech: Matt Hancock: my priorities for the health and social care system

Everyone has an affection for their local NHS hospital.

So it’s wonderful to be here at my local hospital: the West Suffolk.

I’m so proud of what you do and how in these challenging times you have become one of the best hospitals in the country, so congratulations. You are not just rated outstanding but the best comparable trust in the country to work at, or receive care from, in the latest national NHS staff survey.

Just like in thousands of other health and social care organisations across the country it is places like the West Suffolk where the real value of the NHS, and indeed the social care system, is felt by us all.

Paramedics, doctors, nurses, community health staff, managers, IT workers and support staff all working together to provide the best care possible.

And your commitment is mirrored by the district nurses, care home staff and informal carers who work tirelessly to provide dignified and professional care within this community.

Now, after just 2 short weeks as your Health and Social Care Secretary I want to thank you for giving me your insights on the issues you face and your views on what we can do together.

And I promise you, I will keep listening to and learning from the 3.1 million people who dedicate their working lives to caring for the health of others.

I pay tribute to your service.

NHS values

I believe the NHS is one of our nation’s greatest achievements.

Its founding doctrine of providing universal healthcare free at the point of delivery – regardless of your background or income – is a mark of our

civilisation and has been a shining example to countries across the world.

It was Mahatma Ghandi who said: "A nation's greatness is measured by how it treats its weakest members." By these standards, the NHS has helped make Britain great for the last 70 years.

I love the NHS.

Not just because some of my family work within it.

My grandmother worked in the NHS as a nurse from its inception, just as other members of my family work in it today.

But like so many other families in the country the NHS has been there for my family.

I have always valued the NHS.

But this was brought home to me last year, when the NHS was there for us at one of our toughest moments as a family.

Last summer my sister sustained a severe head injury.

It was touch and go, and her life was saved by the intensive care unit at Bristol Southmead hospital – where she stayed for a week – most of it in a coma.

Thanks to their care she is now recovered. And I want to say a deep and heartfelt thank you to the brilliant team at Southmead for all that they did.

I love my sister. And the NHS saved her life. So when I say I love the NHS I mean it.

My commitment to the health service and the fundamental principles that underpin it is not just professional – it is deeply personal.

As your Health and Social Care Secretary – supported by my brilliant ministerial team – I will be guided by these principles in everything that I do, working together to guarantee the NHS's future.

Long-term plan

We meet at an important moment for the future of health service.

We all know, and I fully acknowledge, that since 2010 budgets have been tight. Unlike most other public services we have managed to increase real terms spend on the NHS in each and every year.

And that money, coupled with your incredible work under unrelenting pressure and increasing demand has delivered extraordinary increases in services.

We've seen half a million more patients treated within 18 weeks of referral compared to five years ago.

Independent experts rated the NHS as the best and safest health system in the world for the second time running last year.

And thousands more people are alive today due to improved cancer survival rates.

But as you know first-hand, the pressures have ramped up year on year.

As a society more people are living longer and with more complex conditions. This is in part down to the success of the NHS, and we must always remember that people living longer is one of its main goals but this also brings its problems.

And we've seen the emergence of new issues – like growing childhood obesity, antimicrobial resistance and the impact that modern living is having on our mental health.

Put together these are huge challenges to the workload of our NHS and, more importantly, the dedicated staff that work within it.

And of course social care budgets have been under even more intense pressure.

With demands rising, we must find a way to make health and care – by which I mean the whole health and social care system – sustainable for the long term.

Part of the answer lies in increased taxpayer funding, underpinned by a strong economy generating those tax revenues.

With the economy growing strongly, last month the Prime Minister was able to propose that NHS funding will grow on average by 3.4% in real terms each year over the next 5 years.

This allows us to make the NHS funding sustainable over the medium term, with the NHS England budget set to increase by £20 billion in real terms compared with today.

We must also reduce and tackle waste in the health service, and ensure the NHS focuses on using this new money to work smarter and more effectively.

And we're committed to a comprehensive green paper on social care in the autumn.

Yet I feel very strongly that these vital questions of funding are not the end of the matter – they are merely the first step of a long-term plan for the health and care system.

One that's nationally agreed, clinically led and locally supported.

I don't plan to pre-empt our long-term plan today, but I do want to talk about 3 areas where we must make swift and decisive progress for that plan to be a success.

These are my early priorities across health and care: across the whole health

and social care system. Workforce, technology, and prevention.

Workforce

First – workforce.

I've again seen so vividly this morning the health and care system is nothing without you – the millions of people who turn up every day to improve the lives of complete strangers.

Everyone has their part to play.

It's often too easy to refer to 'doctors and nurses' as a shorthand for the NHS.

But only when the whole workforce has the chance to fulfil their potential can the health and care system operate at its best.

I've already seen for myself just how hard you work, and just how much pressure you are under.

On my first day in this job I visited University College Hospital and after a meeting with staff where I listened to what they said I should do and what I should concentrate on, one of the junior doctors literally sprinted out of the room as she didn't want her patients to miss an MRI appointment.

I am inspired by the utter commitment of paid and unpaid carers who go to such lengths to ensure people receive dignified and professional care when they need it.

The nation's health is determined by the health of the health and care workforce.

So it is heart-breaking to see how undervalued you often feel.

The sense of duty and public service that motivates you to go into health and care is one of the things that make the NHS the institution it is.

I am determined that the commitment you show to your patients is matched by the commitment we show to you.

So I have a clear message: I value you. I admire you. I will fight for you and I will champion you.

So what does that mean in practice?

First it means receiving the best training and support – the right number of people with the right skills so you are able to provide the safest, highest quality care to patients.

I want to ensure training is organised and funded so that everyone can reach their full potential.

GPs need more assistance to tackle with their substantial workloads.

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And I want to expand the apprenticeships in both health and social care that in a previous ministerial job I introduced. Everyone should have a ladder they can climb and a career they can develop.

You know better than me the pace at which modern medicine moves and so it's crucial that your training looks to incorporate new technology that can save you time and offer better care.

I want to make sure you have the access to the skills you need to make the most of these new opportunities.

And while I will support you I will also challenge you too.

We all know there are parts of the working culture that needs to change.

Less of a division between management and clinical staff – we are one NHS.

Less of a division between community health services and social care – we are one team.

A culture of mutual respect for everyone.

Where everyone is valued for what they contribute.

Fewer hierarchical, outdated rules.

I want to drive this culture change and I know that you do too.

And let's talk about managers.

Crucial staff who may attract less attention but who are a vital component of well run health and care organisations large or small.

It matters to clinical staff that their managers are good – everyone has their part to play.

Too often, getting the right people into these roles has been a struggle and I know some of you in management can feel overlooked or undervalued.

So we need to back our managers to manage in a modern, dynamic, way.

I'm interested in how we can increase the pathways into leadership and management – removing the obstacles and getting the incentives right for more doctors, nurses and health professionals to want to take charge of NHS organisations.

Breaking down the tribal barriers between management and clinicians to build a shared leadership agenda for the health service. And I have seen some of this in practice this morning.

And we need better leadership training across the whole health and care system.

Crucially we also need talent from outside at all levels – to develop a strong and diverse pipeline of capable leaders willing to bring their talents to health and care.

That diversity is critical. In many areas diversity is thriving. But not everywhere. And speaking frankly, the NHS leadership community must do more to reflect the wider workforce.

At the moment there are only 5 CEOs from a BAME background. That has to change.

I was horrified that in the last staff survey, 12% of staff responding to it felt discriminated against – and that figure rises to 24% for BAME staff.

While these statistics are from the NHS, the same trends apply to social care and we know its leadership does not fully reflect the diversity of its incredible workforce.

People cannot be expected to deliver world class care when facing bullying and harassment on this scale.

So the culture must change, the NHS will be the better for it and I am determined to lead this change from the top.

So in both health and social care I want your voice to be at the heart of government.

To make this happen I'm going to launch a consultation exercise on workforce issues.

And I'll be setting up a panel of clinical and professional advisers, from a cross-section of the NHS and social care workforce.

And I want everyone who gives their lives to this amazing vocation to respond to our consultation with their views.

There is every reason why, with determination and the right caring, collaborative and supportive approach the NHS can be the best employer in the world to work for, with high morale at all levels.

That should be our collective goal.

Technology

Now you may know that I am passionate about the opportunities that new technology – used intelligently – present to us.

Technology is my second early priority.

Because we are one NHS, our health system is uniquely placed to become the most advanced health system in the world – one where technology addresses the user need – making care better for patients, but just as importantly making life better for staff.

For too long, decisions on health and care have seemed to involve a trade-off – improving patient outcomes at the expense of placing ever more pressure on staff, while reducing the demands on staff has been seen to have an impact on patient care.

Technology and data innovation offers an opportunity to move past this binary approach.

I came from a tech background before I went into politics, and I love using modern technology myself. Not only do I have my own app for communicating with my constituents here in West Suffolk, but as you may have heard I use an app for my GP.

The discussion around my use of a Babylon NHS GP, which works brilliantly for me, has been instructive.

Some people have complained that the rules don't work for care provided in this revolutionary new way. Others have said the algorithms sometimes throw up errors.

Emphatically the way forward is not to curb the technology – it's to keep improving it and – only if we need to – change the rules so we can harness new technology in a way that works for everyone: patient and practitioner.

I want to see more technology like this available to all, not just a select few in a few areas of the country.

Technology used right is a catalyst for greater connectivity and empowerment – on both sides.

Not only can the right use of technology save time and money, it can improve patient safety.

I want to pay tribute to Jeremy Hunt who personally did more than any other health secretary to drive changes which have led to a more open, learning culture that benefits staff and patients alike.

The patient safety agenda is important to me and I strongly believe properly integrated technology has the power further enhance safety and improve

outcomes for patients.

This sort of integration is happening. At the Bridgeside Lodge social care home yesterday I saw new technology in action.

The home links with GPs, with local hospitals and develops preventative pathways for each patient.

Their electronic care planning system – on a phone – uses voice recognition, gives clinical staff better data about what's happening to each patient, saves costs, and saves each nurse an estimated hour per shift, giving them more time to care.

Another new machine also measures blood coagulation at the home and emails it to the hospital.

So instead of sending people to hospital for up to 3 days a week – with all the disruption and costs and risks such a visit entails – it takes 5 minutes.

Or take Scan4Safety – barcode tracking in hospitals that enable staff to track all patients and their treatments, manage medical supplies the effectiveness of equipment.

This is an innovation that's driving improvements in patient safety while saving money that can be invested in the front line. A pilot in 6 hospitals has already saved £8.7 million.

There are pockets of excellent work taking place all over the country.

Right here in the West Suffolk, junior doctors and nurses will soon throw away their pagers and install a new smartphone app, removing the need to phone colleagues for details after getting paged – something that a pilot has shown should save nurses more than 20 minutes and doctors almost 50 minutes every shift.

The RCN's 'every nurse an e-nurse' approach is showing how electronic health records and other smart tools can help nurses in and out of hospital work together to comprehensively address patients who have a range of health problems.

Smartphone apps are only the start. Cutting edge technology is also improving safety and saving clinicians' time.

Take the new partnership between UCLH and the Alan Turing Institute – harnessing the power of artificial intelligence and data science to support clinicians and make the treatment of patients fast, more efficient and safer.

The question is how do we harness the best modern technology has to offer?

How do we achieve this holy trinity of improving outcomes, helping clinicians and saving money?

I want to help provide answers, and I want to empower everyone in the health

and care system who wants to provide those answers with me.

And let me make this point.

Only in health and care has new technology always seemed to lead to inexorably higher costs. In every other area of life, innovation reduces waste and drives costs down not up. We've got to make that happen in health and care too.

There is huge variance in take-up, leading to variance in outcomes with patients getting different outcomes based on where they live. This variance must reduce.

And I want to see technology that releases funding to save lives elsewhere – on cancer survival rates for example – where we still lag behind the best in the world.

I am hugely excited by the opportunities.

I recognise, not least from my experience of leading tech transformation that to unlock them requires upfront investment.

Today I am delighted to announce a half a billion pound package to help jump start the rollout of innovative technology aimed at improving care for patients and supporting staff to embrace technology-driven health and care.

More than £400 million will go towards new technology in hospitals which make patients safer, make every pound go further and help more people access health services at home. It will be another major step along the road to full provider digitisation.

A further £75 million is available to Trusts to help them put in place state-of-the-art electronic systems which save money, give clinicians more time to spend on patients and reduce potentially deadly medication errors by up to 50% when compared to the old paper systems.

This money is just the start, and the entire £20 billion proposed for the NHS will be contingent on modern technological transformation.

Of course money alone won't work.

We will put in place the data standards, and support the workforce to adopt change too.

Some of this is about inventing new technology but in lots of places it is about adoption because we know there are places where this technology is working.

Just down the road in Cambridge the introduction of ePrescribing has halved the preparation time for medication provided to patients when they are discharged – meaning people are able to leave hospital faster.

In my experience the small part is finding or inventing the technology.

The big part is embedding a culture of always looking for the best possible technology and embracing it.

I want to drive that culture change.

And I want to work with everyone across the NHS and social care system to embrace the next generation of technology.

We will work with suppliers who want to embrace this change.

And I'm crystal clear that suppliers who drag their feet or threaten to stand in the way won't be suppliers for long.

Underlining all of this is getting the data architecture right.

Allowing for innovation at all levels while protecting the highest standards of privacy based on our rigorous Data Protection Act that I took through Parliament last year.

Interoperable data standards over clinical and operational tools and the world class, secure use of data are the basis upon which modern technology and modern research must rest.

And we need to think about how the technology so many of us use in daily life can be joined up with the resources we have in the health system to improve care and reduce pressure on our NHS.

We are working with Amazon so the NHS Choices health information that millions use each day can be tailored for voice activated devices.

Currently, if you ask Alexa what to do about your back pain – you don't know where the answer will be sourced from.

We will change this so questions of this sort will mean you receive the expert information prepared by the NHS.

This will be open to other home devices too.

This is another step towards helping people better engage in managing their own care.

For the visually impaired this sort of innovation can be the difference between them getting simple advice at home, through NHS choices, or having to book an appointment to speak to someone face to face.

From these patient-facing technologies through the amazing advances in artificial intelligence, personalised medicines and genomics and the full breadth of the life sciences this technology is advancing faster than ever before.

We must harness this advance.

And by the way there's more to do to capture in a more modern way the intellectual property the NHS produces as we've seen in the very best

universities like Imperial and Oxford.

Again we'll be setting out more detail on this in the autumn and seeking your views.

But from today let this be clear: tech transformation is coming.

The opportunities of new technology, done right across the whole of health and social care, are vast. Let's work together to seize them.

Prevention

Taking pressure off staff and improving patient outcomes is not just about enhancing the way that healthcare is delivered in a hospital.

It is also about keeping people out of hospital. So my third early priority is prevention.

With an ageing society and 10 million more people projected to be living with a long-term condition by 2030, it is more imperative than ever that we look to make a radical shift in our approach – focusing on preventative, joined-up care that's centred around individuals.

Ensuring we're improving our ability to intervene early – especially, but not only, for cancer.

Prevention, like technology, is mission critical to making the health and social care system sustainable.

For example – we know that up to 30% of people who got to A&E in the winter months don't actually need to be there.

We must change this.

By prevention I mean:

- keeping people healthy and treating their problems quickly
- empowering people by giving them the tools they need to manage their own physical and mental health needs closer to home
- delivering care in the right place in settings that suit them and their needs

The integration of the NHS and social care and wider services in local government is vital to getting this right.

Part of this will be addressed in the green paper on social care to be published in the autumn.

Prevention cannot be solved purely by the health and care system alone. Everyone has a part to play.

To make serious progress on prevention we need to understand that. From the education we receive, to the home we live in to the job we do and so much more – all of this shapes our physical and mental health.

Important work is already being done.

Through the Government's healthy ageing grand challenge, we aim to ensure people can enjoy an additional 5 extra years of life by 2035, crucially seeking to narrow the gap between the experience of the richest and poorest.

Over a generation smoking rates have continued to fall.

We are now addressing the shocking levels of childhood obesity which is often the starting gun for long-term health conditions later in life.

And we are committed to achieving true parity between physical and mental health through better access to modern mental health services.

But to make the most of the extra £20 billion taxpayers are rightly investing in our health service we must take a holistic approach to prevention.

To reduce the over-prescription of unsophisticated drugs in favour of approaches like social prescribing which address someone's physical and mental well-being.

To make the investment in primary care and community pharmacies so people don't need to go to hospital.

To empower people to keep themselves more healthy at home.

I'll have much more to say on this soon but I will be spearheading work across government to support our healthcare services in helping more people to lead happy, healthy lives.

Conclusion

Workforce, technology and prevention.

These are my 3 early priorities.

They are intertwined and they cut across everything my department does.

Whether from the social care providers looking after the most vulnerable in society to NHS England commissioning services, to every GP practice and every public health official and everyone who provides care for their fellow citizen – family or stranger alike. One NHS and social care system, working together to improve patient safety and outcomes.

In a spirit of collaboration, not competition, towards our common goal.

This is an important moment. As a country we have decided to invest £20 billion more in funding for our NHS.

And as a country we need to find a sustainable approach to fund fair social care for all.

Now is a moment to define how these sums are spent for the next generation.

The amazing workforce must feel more involved and I want to see health and care professions as the very best places to work.

The amazing modern technology now at our fingertips must be harnessed for the good of patients and the good of those who care for them.

And the amazing power to improve outcomes by prevention rather than cure must be realised.

All of this in aid of a simple goal to enhance the well-being of the nation.

Behind which I know we can all unite.

One workforce working to the same goal together.

That is my goal. I know it is your goal too.

It is my duty and deep honour to be asked to play my part in leading the way.

And in doing this I will be by your side at every step.

Speech: Matt Hancock: my priorities for the health and social care system

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So we need to back our managers to manage in a modern, dynamic, way.

I'm interested in how we can increase the pathways into leadership and management – removing the obstacles and getting the incentives right for more doctors, nurses and health professionals to want to take charge of NHS organisations.

Breaking down the tribal barriers between management and clinicians to build a shared leadership agenda for the health service. And I have seen some of this in practice this morning.

And we need better leadership training across the whole health and care system.

Crucially we also need talent from outside at all levels – to develop a strong and diverse pipeline of capable leaders willing to bring their talents to health and care.

That diversity is critical. In many areas diversity is thriving. But not everywhere. And speaking frankly, the NHS leadership community must do more to reflect the wider workforce.

At the moment there are only 5 CEOs from a BAME background. That has to change.

I was horrified that in the last staff survey, 12% of staff responding to it felt discriminated against – and that figure rises to 24% for BAME staff.

While these statistics are from the NHS, the same trends apply to social care and we know its leadership does not fully reflect the diversity of its incredible workforce.

People cannot be expected to deliver world class care when facing bullying and harassment on this scale.

So the culture must change, the NHS will be the better for it and I am determined to lead this change from the top.

So in both health and social care I want your voice to be at the heart of government.

To make this happen I'm going to launch a consultation exercise on workforce issues.

And I'll be setting up a panel of clinical and professional advisers, from a cross-section of the NHS and social care workforce.

And I want everyone who gives their lives to this amazing vocation to respond to our consultation with their views.

There is every reason why, with determination and the right caring, collaborative and supportive approach the NHS can be the best employer in the world to work for, with high morale at all levels.

That should be our collective goal.

Technology

Now you may know that I am passionate about the opportunities that new technology – used intelligently – present to us.

Technology is my second early priority.

Because we are one NHS, our health system is uniquely placed to become the most advanced health system in the world – one where technology addresses the user need – making care better for patients, but just as importantly making life better for staff.

For too long, decisions on health and care have seemed to involve a trade-off – improving patient outcomes at the expense of placing ever more pressure on staff, while reducing the demands on staff has been seen to have an impact on patient care.

Technology and data innovation offers an opportunity to move past this binary approach.

I came from a tech background before I went into politics, and I love using modern technology myself. Not only do I have my own app for communicating with my constituents here in West Suffolk, but as you may have heard I use an app for my GP.

The discussion around my use of a Babylon NHS GP, which works brilliantly for me, has been instructive.

Some people have complained that the rules don't work for care provided in this revolutionary new way. Others have said the algorithms sometimes throw up errors.

Emphatically the way forward is not to curb the technology – it's to keep improving it and – only if we need to – change the rules so we can harness new technology in a way that works for everyone: patient and practitioner.

I want to see more technology like this available to all, not just a select few in a few areas of the country.

Technology used right is a catalyst for greater connectivity and empowerment – on both sides.

Not only can the right use of technology save time and money, it can improve patient safety.

I want to pay tribute to Jeremy Hunt who personally did more than any other health secretary to drive changes which have led to a more open, learning culture that benefits staff and patients alike.

The patient safety agenda is important to me and I strongly believe properly integrated technology has the power further enhance safety and improve outcomes for patients.

This sort of integration is happening. At the Bridgeside Lodge social care home yesterday I saw new technology in action.

The home links with GPs, with local hospitals and develops preventative pathways for each patient.

Their electronic care planning system – on a phone – uses voice recognition, gives clinical staff better data about what's happening to each patient, saves costs, and saves each nurse an estimated hour per shift, giving them more time to care.

Another new machine also measures blood coagulation at the home and emails it to the hospital.

So instead of sending people to hospital for up to 3 days a week – with all the disruption and costs and risks such a visit entails – it takes 5 minutes.

Or take Scan4Safety – barcode tracking in hospitals that enable staff to track all patients and their treatments, manage medical supplies the effectiveness of equipment.

This is an innovation that's driving improvements in patient safety while saving money that can be invested in the front line. A pilot in 6 hospitals has already saved £8.7 million.

There are pockets of excellent work taking place all over the country.

Right here in the West Suffolk, junior doctors and nurses will soon throw away their pagers and install a new smartphone app, removing the need to phone colleagues for details after getting paged – something that a pilot has shown should save nurses more than 20 minutes and doctors almost 50 minutes every shift.

The RCN's 'every nurse an e-nurse' approach is showing how electronic health records and other smart tools can help nurses in and out of hospital work together to comprehensively address patients who have a range of health problems.

Smartphone apps are only the start. Cutting edge technology is also improving safety and saving clinicians' time.

Take the new partnership between UCLH and the Alan Turing Institute – harnessing the power of artificial intelligence and data science to support clinicians and make the treatment of patients fast, more efficient and safer.

The question is how do we harness the best modern technology has to offer?

How do we achieve this holy trinity of improving outcomes, helping clinicians and saving money?

I want to help provide answers, and I want to empower everyone in the health and care system who wants to provide those answers with me.

And let me make this point.

Only in health and care has new technology always seemed to lead to inexorably higher costs. In every other area of life, innovation reduces waste and drives costs down not up. We've got to make that happen in health and care too.

There is huge variance in take-up, leading to variance in outcomes with patients getting different outcomes based on where they live. This variance must reduce.

And I want to see technology that releases funding to save lives elsewhere – on cancer survival rates for example – where we still lag behind the best in the world.

I am hugely excited by the opportunities.

I recognise, not least from my experience of leading tech transformation that to unlock them requires upfront investment.

Today I am delighted to announce a half a billion pound package to help jump start the rollout of innovative technology aimed at improving care for patients and supporting staff to embrace technology-driven health and care.

More than £400 million will go towards new technology in hospitals which make patients safer, make every pound go further and help more people access health services at home. It will be another major step along the road to full provider digitisation.

A further £75 million is available to Trusts to help them put in place state-of-the-art electronic systems which save money, give clinicians more time to spend on patients and reduce potentially deadly medication errors by up to 50% when compared to the old paper systems.

This money is just the start, and the entire £20 billion proposed for the NHS will be contingent on modern technological transformation.

Of course money alone won't work.

We will put in place the data standards, and support the workforce to adopt change too.

Some of this is about inventing new technology but in lots of places it is about adoption because we know there are places where this technology is working.

Just down the road in Cambridge the introduction of ePrescribing has halved the preparation time for medication provided to patients when they are discharged – meaning people are able to leave hospital faster.

In my experience the small part is finding or inventing the technology.

The big part is embedding a culture of always looking for the best possible technology and embracing it.

I want to drive that culture change.

And I want to work with everyone across the NHS and social care system to embrace the next generation of technology.

We will work with suppliers who want to embrace this change.

And I'm crystal clear that suppliers who drag their feet or threaten to stand in the way won't be suppliers for long.

Underlining all of this is getting the data architecture right.

Allowing for innovation at all levels while protecting the highest standards of privacy based on our rigorous Data Protection Act that I took through Parliament last year.

Interoperable data standards over clinical and operational tools and the world class, secure use of data are the basis upon which modern technology and modern research must rest.

And we need to think about how the technology so many of us use in daily life can be joined up with the resources we have in the health system to improve care and reduce pressure on our NHS.

We are working with Amazon so the NHS Choices health information that millions use each day can be tailored for voice activated devices.

Currently, if you ask Alexa what to do about your back pain – you don't know where the answer will be sourced from.

We will change this so questions of this sort will mean you receive the expert information prepared by the NHS.

This will be open to other home devices too.

This is another step towards helping people better engage in managing their own care.

For the visually impaired this sort of innovation can be the difference between them getting simple advice at home, through NHS choices, or having to book an appointment to speak to someone face to face.

From these patient-facing technologies through the amazing advances in artificial intelligence, personalised medicines and genomics and the full breadth of the life sciences this technology is advancing faster than ever before.

We must harness this advance.

And by the way there's more to do to capture in a more modern way the intellectual property the NHS produces as we've seen in the very best universities like Imperial and Oxford.

Again we'll be setting out more detail on this in the autumn and seeking your views.

But from today let this be clear: tech transformation is coming.

The opportunities of new technology, done right across the whole of health and social care, are vast. Let's work together to seize them.

Prevention

Taking pressure off staff and improving patient outcomes is not just about enhancing the way that healthcare is delivered in a hospital.

It is also about keeping people out of hospital. So my third early priority is prevention.

With an ageing society and 10 million more people projected to be living with a long-term condition by 2030, it is more imperative than ever that we look to make a radical shift in our approach – focusing on preventative, joined-up care that's centred around individuals.

Ensuring we're improving our ability to intervene early – especially, but not only, for cancer.

Prevention, like technology, is mission critical to making the health and social care system sustainable.

For example – we know that up to 30% of people who got to A&E in the winter months don't actually need to be there.

We must change this.

By prevention I mean:

- keeping people healthy and treating their problems quickly
- empowering people by giving them the tools they need to manage their own physical and mental health needs closer to home
- delivering care in the right place in settings that suit them and their needs

The integration of the NHS and social care and wider services in local government is vital to getting this right.

Part of this will be addressed in the green paper on social care to be published in the autumn.

Prevention cannot be solved purely by the health and care system alone. Everyone has a part to play.

To make serious progress on prevention we need to understand that. From the education we receive, to the home we live in to the job we do and so much more – all of this shapes our physical and mental health.

Important work is already being done.

Through the Government's healthy ageing grand challenge, we aim to ensure people can enjoy an additional 5 extra years of life by 2035, crucially seeking to narrow the gap between the experience of the richest and poorest.

Over a generation smoking rates have continued to fall.

We are now addressing the shocking levels of childhood obesity which is often the starting gun for long-term health conditions later in life.

And we are committed to achieving true parity between physical and mental health through better access to modern mental health services.

But to make the most of the extra £20 billion taxpayers are rightly investing in our health service we must take a holistic approach to prevention.

To reduce the over-prescription of unsophisticated drugs in favour of approaches like social prescribing which address someone's physical and mental well-being.

To make the investment in primary care and community pharmacies so people don't need to go to hospital.

To empower people to keep themselves more healthy at home.

I'll have much more to say on this soon but I will be spearheading work across government to support our healthcare services in helping more people to lead happy, healthy lives.

Conclusion

Workforce, technology and prevention.

These are my 3 early priorities.

They are intertwined and they cut across everything my department does.

Whether from the social care providers looking after the most vulnerable in society to NHS England commissioning services, to every GP practice and every public health official and everyone who provides care for their fellow citizen – family or stranger alike. One NHS and social care system, working together to improve patient safety and outcomes.

In a spirit of collaboration, not competition, towards our common goal.

This is an important moment. As a country we have decided to invest £20 billion more in funding for our NHS.

And as a country we need to find a sustainable approach to fund fair social care for all.

Now is a moment to define how these sums are spent for the next generation.

The amazing workforce must feel more involved and I want to see health and care professions as the very best places to work.

The amazing modern technology now at our fingertips must be harnessed for the good of patients and the good of those who care for them.

And the amazing power to improve outcomes by prevention rather than cure must be realised.

All of this in aid of a simple goal to enhance the well-being of the nation.

Behind which I know we can all unite.

One workforce working to the same goal together.

That is my goal. I know it is your goal too.

It is my duty and deep honour to be asked to play my part in leading the way.

And in doing this I will be by your side at every step.

[News story: New MAIB Safety](#)

Investigation

The MAIB has commenced a safety investigation of the grounding of the 89m Netherlands registered cargo ship Priscilla on Pentland Skerries in the Pentland Firth during the early morning of 18 July 2018. The ship remains stable but aground with its six crew still on board. There are no reported injuries and no signs of pollution. MAIB inspectors have deployed to the scene to collect evidence with the aim of establishing the causes and circumstances of the accident. They are conducting an independent investigation and are working closely with the ship's owner, Flag State, Maritime and Coastguard Agency (MCA), Secretary of State's Representative Maritime Salvage and Intervention (SOSREP), and local authorities. On completion of the investigation, a report will be published in the reports section of this website.

You can subscribe to automated emails notifying you when we publish our reports [here](#).

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