

- To: • ICB chief executives (designate)
• NHS trust and NHS foundation trust chief executives
• CCG accountable officers
- cc. • NHS England and NHS Improvement regional directors

NHS England and NHS Improvement
Skipton House
80 London Road
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19 May 2022

Dear Colleagues,

Next steps on transitioning from COVID-19 response to recovery

Thank you to you and your teams for your continued hard work responding to the COVID-19 pandemic. We are writing to set out the next steps for the NHS over the coming months.

On 13 December 2021, we declared a Level 4 (National) Incident to help prepare the NHS for the predicted surge in Omicron cases and to deliver the COVID-19 vaccine booster national mission. Since that point, the NHS has surpassed 730,000 patients with COVID-19 treated in hospitals and 123 million vaccine doses delivered, as well as delivering over 140,000 treatments through our new COVID medicine delivery units.

With community cases and hospital inpatient numbers now seeing a sustained decline – thanks in part to the success of winter and now spring booster vaccines – and following advice from the National Incident Director, today I will report to the NHS England and NHS Improvement Board my decision to reclassify the incident from a Level 4 (National) to a Level 3 (Regional) Incident.

The NHS needs to remain vigilant, and local systems need to ensure their resilience and capability to re-establish full incident responses in the event this is warranted.

There will clearly also be a need to continue offering COVID-19 vaccines to those eligible, including running any further booster campaigns indicated by the JCVI and Government.

However, the current trajectory with regards to COVID-positive inpatients affords us the opportunity to now ‘step across’ our resources from COVID-19 response to recovery of patient access, outcomes and experience, and to reform for the future, with integrated care systems (ICSs) taking a lead in building on the lessons of the pandemic to do things in a better way.

Recovery, and the quality of patient care

As described above, the current level of direct impact from COVID-19 should allow much of the operational time and resource currently assigned to incident response to be refocused on recovering services further with a focus on those things which make the most significant difference for patient access, outcomes and experience.

We are not setting any additional expectations or priorities on local systems beyond those already set out in the [2022/23 priorities and operational planning guidance](#), which sets out objectives across a range of services including primary care, community health, mental health, learning disabilities and autism, the [Delivery plan for tackling the COVID-19 backlog of elective care](#), and supporting guidance.

We do, however, expect the immediate focus areas for ICSs, and their constituent organisations and partners, to be:

- **Delivering timely urgent and emergency care and discharge:** Continuing to work as whole systems – including colleagues in local authorities, social care and the voluntary sector – to address the ongoing pressures across the urgent and emergency care (UEC) system and discharge pathways, with the aim of ensuring all patients receive timely and safe care in the right place for their needs.

This includes improving discharge planning and processes for those patients who no longer require acute care, including ensuring that the levels of discharges on weekend days matches those on weekdays, while working with social care partners to identify and address wider system capacity challenges.

Intensive work will continue nationally and regionally to support systems in this. We will also shortly be sharing operational best practice to support trusts in reviewing and improving the discharge related processes most within their control.

- **Providing more routine elective and cancer tests and treatments:** Continuing the strong progress we have already seen towards ensuring those people who have been waiting the longest for elective care are offered treatment by July 2022, and people who are diagnosed with cancer are able to begin treatment within 62 days of first seeing their GP.

Again, intensive work will continue to support those systems with the greatest challenges to delivery.

- **Improving patient experience:** Providers should implement in full the recently updated UK [Infection Prevention and Control \(IPC\)](#) guidance given the significant benefits this can bring to increasing capacity and reducing waiting times.

National principles on [hospital visiting](#) and [maternity/neonatal services](#) will remain in place for now as an absolute minimum standard.

However, in practice, all healthcare settings should now begin transitioning back towards their own pre-pandemic (or better) policies on inpatient visiting and patients being accompanied in outpatient and UEC services, with the default position of no patient having to be alone unless through their choice.

Where we are able to remove additional reporting, guidance and other burdens implemented as part of the pandemic response, without impacting on our ability to rapidly stand back up a national incident in the event of need, we will do so.

Further detail on the exact changes to ways of working will be cascaded via the National Operations Centre shortly, and where guidance is withdrawn in the future this will be notified through relevant bulletins where necessary.

Learning lessons and building for the future

The NHS has faced incredible pressure over the 840 days since we first declared a national incident in response to COVID-19. In facing that pressure, thanks to the ingenuity, passion and commitment of our staff and local and national partners, and to the efforts of other key workers and the public, we have also achieved incredible feats.

While our immediate task now is to improve patient access and experience, the coming months and years cannot see a blanket return to how things were done before the pandemic.

Instead, we need to draw on the spirit of empowerment, partnership and innovation that have typified the pandemic response, and build on the improvements made and lessons learned, to reform our services so they are fit for the future.

The legal creation of integrated care boards and partnerships on 1 July is the next step of our reform agenda; it is vital that every system partner has – and takes – the opportunity to contribute to making the strategic ambitions of ICSs a reality.

In particular, this means maximising the gains from collaboration, including deployment of capital to increase capacity and improve key pathways such as diagnostics, and the

application of data and technology to support patient access and choice, as well as the planning of services which improve population health and reduce health inequalities.

From our recent conversations with system and trust leaders we are aware that there is already a great deal of energy, thought and work going into both addressing the challenges and grasping the opportunities outlined above.

We are immensely grateful to staff at all levels for their unwavering commitment to our patients, and to you for your continued leadership.

As we embark on this next phase of NHS recovery and reform, these factors will remain as important as ever in galvanising our efforts to ensure the NHS evolves and continues to meet the changing needs of the communities we serve.

Yours sincerely,



Amanda Pritchard
NHS Chief Executive



Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement