

NHS ENGLAND – BOARD PAPER

Title:

NHS performance, and progress on the implementation of 'Next Steps on the NHS Five Year Forward View'

Lead Director:

Matthew Swindells, National Director: Operations and Information
Paul Baumann, Chief Financial Officer

Purpose of Paper:

To provide the Board with a summary of NHS performance and give assurance on the actions being taken by NHS England and partners to recover, sustain or improve standards.

To provide the Board with an update on implementation of the key commitments included in 'Next Steps on the NHS Five Year Forward View'.

The Board is invited to:

Note the contents of this report and receive assurance on NHS England's actions to support NHS performance and progress with the implementation of 'Next Steps'.

NHS performance and implementation of 'Next Steps'

Introduction

1. 'Next Steps on the NHS Five Year Forward View' published in March 2017, is NHS England's business plan for 2017/18 and 2018/19. It sets out a range of specific commitments for improving the NHS over the next two years.
2. This paper focuses on the progress we are making in addressing the following priorities identified in 'Next Steps':
 - Urgent and emergency care
 - Primary care
 - Cancer
 - Mental health
 - Elective care
 - Integrating care locally
 - Ten point efficiency plan
 - Harnessing Technology and Innovation
3. Current NHS performance is incorporated in this report. In addition, we publish comprehensive statistics regarding NHS performance on our website: <https://www.england.nhs.uk/statistics/statistical-work-areas/combined-performance-summary/>

Urgent and Emergency Care

4. The Urgent and Emergency Care (UEC) programme brings together all of the ongoing UEC work across the organisations and wider system into a coherent strategy to drive UEC transformation and A&E performance improvement. We are delivering transformation at all points of the pathway for UEC, to ensure that it is clear where patients can access services that best meet their urgent care needs.
5. The NHS has continued to see and treat, admit, transfer or discharge almost 9 out of 10 patients (89.5%) who attend **A&E** within four hours during 2017/18 so far. The NHS planned earlier and more comprehensively for winter than ever before with £337m allocated to improve UEC services this winter, including funding for improved access to GPs and additional mental health liaison staff. At least £150m of this has been allocated 'un-earmarked' to provider trusts to cover 'extra' costs of winter.
6. The following sections set out more information about progress against the elements of UEC transformation as set out in Next Steps:
 - In November, over 90% of acute trusts with a type 1 A&E department had **front-door clinical streaming services in place**.

- On **delayed transfers of care** (DTC) reductions, from February to November 2017, there have been 1,491 beds freed up as a result of reducing DTCs, and DTC delayed days continue to be at their lowest since January 2016. Of these 1,491 beds freed up, 870 were attributable to the NHS, 508 have been delivered by social care, and the remaining 113 reductions have been jointly delivered. NHS delays are now at their lowest seasonal level for four years.
- We remain on track to deliver our ambition of 24 hour '**Core 24**' **mental health liaison teams** to 50% of acute hospitals by 2021. To date, £30m transformation funding has been awarded to 74 hospital sites from 2017-2019.
- More people are calling **NHS 111** for advice and treatment on their urgent care needs. December 2017 saw an increase of 13.5% in calls against the same period of the previous year, with an average of 54,100 calls per day. This represents the largest volume of calls since records began in August 2010. The proportion of calls receiving clinical input has increased for a twelfth month in a row to 39.4% in December 2017. Over the winter period, the 111 service continues to perform well due to the robust plans that were put in place to deal with winter pressures.
- The **Ambulance Response Programme (ARP)** has been implemented in all mainland Ambulance Trusts, with the Isle of Wight going live by the end of the financial year. A new set of operating standards have been implemented and we continue to promote 'see and treat' services with paramedics, and in December 2017, 93% of emergency incidents received a face-to-face response from the ambulance service.

Primary Care

7. The Primary Care Programme is supporting the delivery of the General Practice Forward View (GPFV) by increasing investment in primary care services, developing an increased and expanded workforce and supporting the improvement of access, services and premises.
8. **Investment in general practice** continues as planned across a range of initiatives to support primary care transformation and delivery of the GPFV. We are on track to deliver the additional £2.4bn by 2021, increasing our investment in general practice to £12bn per annum, as set out in the GPFV, with a particular focus on the additional primary care transformation investment (£3 per head).
9. As at 30 November 2017, 52% of the registered population (30.3m) across England are receiving **seven day extended access** to general practice, ahead of the commitment to provide extended access coverage to 40% of the population by the end of March 2018. By March 2018, we anticipate that 60% of the population will be benefitting from extended access. We are also on track to meet the commitment to provide extended access to 100% of the population by March 2019.

10. Over 770 additional **GP trainees** have commenced specialist training since 2015, bringing the current total to 3,157 in 2017/18. Additionally, 133 GPs have completed the induction and refresher scheme and are now able to work in practice without conditions, with a further 190 currently on the scheme. The **international GP recruitment programmes** are reporting that a total of 100 GPs are expected to be recruited by 31 March 2018. The total number of GPs supported through **national retention** initiatives is 218. Additionally, 24 experienced GPs who were at risk of leaving have been recruited onto the **GP career plus schemes** across six sites.

Cancer

11. In November 2017, 95.1% of patients with a suspected cancer were seen by a specialist within **two weeks** of an urgent GP referral, against a standard of 93%, with 4.6% more patients being seen in the 12 months to November 2017 than in the previous 12 months. In addition, there has been a 4.8% increase in patients receiving a first treatment for cancer following an urgent referral.
12. Trusts continue to focus specifically on recovery of the **cancer 62 day** from referral to treatment standard. November 2017 performance was 82.3% against a standard of 85%. There was an increase of 4.3% of patients who received first treatments for cancer following an urgent GP referral in the 12 months to November 2017. Trusts have undertaken extra actions to ensure management of patients on the 62 day pathway is completed robustly and thoroughly, resulting in over 2,000 fewer patients waiting to start treatment than in April 2017.
13. Over £17m has now been invested through the regional teams to drive recovery of the 62 day standard. Additional investment is now also being targeted to improve the lung and prostate pathways in particular, which account for a high proportion of breaches. This investment is being directed to the most challenged Cancer Alliances.
14. In October 2016, NHS England announced a £130m investment in **modernising radiotherapy** over two years to fight cancer and cure more patients and in early 2017, the first 23 hospitals received new or upgraded equipment. In Next Steps, we committed to rolling out a further 50 new radiotherapy machines in at least 34 hospitals over the 18 months to October 2018. We continue to improve access to modern radiotherapy treatments across the country, with funding allocated for 26 replacement machines in 21 trusts. The development of 11 Radiotherapy Networks across the country is now out to consultation.
15. Transformation funding for improving **early diagnosis** has been agreed and implementation commenced for over half of the Cancer Alliances and Vanguard Partnerships. For early diagnosis, we are funding four types of intervention designed to support earlier and faster diagnosis which are grouped as follows: early access, pathway redesign, secondary care networking and rapid diagnostic models. The aim of this is to achieve

progress towards 2020 ambition of 62% diagnoses at stages 1 and 2, reduction in diagnoses via emergency presentations, meeting the 62 day standard, improvements in patient satisfaction in time to diagnosis, and improvements in experience of communication of diagnosis.

16. Additionally, half of the Cancer Alliance and Vanguard Partnerships have had funding confirmed to support the roll out of **personalised follow up** after cancer treatment, which will result in patients receiving the type of follow-up care that is most suited to their needs. For personalised follow up, we are funding the implementation of the recovery package, and the implementation of stratified follow-up pathways for people with breast, colorectal and prostate cancer, which will improve patient experience and quality of care.
17. Next Steps commits to the introduction of ten new multidisciplinary **rapid diagnostic and assessment centres** across England by March 2018. Through the Accelerate, Coordinate, Evaluate (ACE) Wave 2 programme (a partnership between NHS England, Cancer Research UK and Macmillan Cancer Support), nine centres have been set up and have begun to take patients with complex symptoms through to diagnosis. The final ACE wave 2 site is due to be operational this month, taking the total to ten.
18. Progress continues to be made on supporting **faster diagnoses** of cancer for patients. The new system to implement the 28 day Faster Diagnosis Standard will go live from April 2018, with data collection commencing from July 2018.

Mental Health

19. Since introduction of the first **access standards for mental health**, we remain on track for delivery for 2020/21 for early intervention in psychosis, eating disorder and IAPT services.
20. In particular, all **IAPT recovery and access standards** were exceeded during the last reporting period. The rolling quarterly IAPT access rate of 3.75% was met in September 2017 at 4.01%, working towards achievement of the cumulative 16.8% annual access rate by the end of March. The monthly 50% recovery target has continued to be met, with latest data from September 2017 at 51.1%. In September 2017, 88.7% of people had their first treatment within six weeks of referral, as against a target of 75% and 98.9% of people received treatment within 18 weeks, compared to the 95% target.
21. At the end of November 2017, the estimated diagnosis rate for **dementia**, which is calculated for people aged 65 and over, was 68.7%. This is above the ambition that at least two-thirds (66.7%) of people living with dementia receive a formal diagnosis. The standard has been consistently achieved since July 2016.

22. Throughout 2017/18 the IAPT programme has supported the development of IAPT support for people with **Long Term Conditions (IAPT-LTC)**. The IAPT programme has worked closely with early implementers sites (22 in Wave 1 and 15 in Wave 2) and Health Education England (HEE) to ensure that as many training places as possible are delivered in 2017/18. The IAPT programme has also engaged with non-implementers sites to promote IAPT-LTC across the country. Early indications from local sites demonstrate that providing IAPT to people with long term conditions is resulting in a substantial reduction of GP, A&E, ambulance and other physical health service usage.
23. Provisional STP plans and trajectories for the elimination of adult non-specialist **out of area placements** (OAPs) by 2020/21 were reviewed during quarter 3, with final trajectories to be agreed by March 2018. A bespoke support offer is being rolled out to areas with the highest pressures
24. The first wave of the **perinatal** community services has seen over 3,400 additional women accessing specialist perinatal care services between April and September 2017, above the national target of 2,000 more women.
25. The NHS has commissioned and added 81 new beds for Children and Adolescent Mental Health Services (Tier 4), with at least another 50 beds to open by the end of March 2018, in line with the plan to fund 150 to 180 new Tier 4 beds across the country. These new beds are helping to **reduce travel distances** for treatment, rebalancing beds from parts of the country where more local services can reduce inpatient use.
26. Following HEE's publication of the mental health workforce plan for England, STPs have submitted STP-level workforce plans covering all transformation areas to HEE.

Elective Care

27. Published RTT performance in November 2017 was 89.5%, up from 89.3% the previous month.
28. The number of RTT patients waiting to start treatment at the end of November 2017 was 4 million (including estimates for non-reporting trusts), an increase of 4% on the previous year. This is likely to be further impacted by a reduction in elective admissions over the winter period due to operational pressures.
29. We continue to focus on reducing avoidable demand for elective care, to ensure that patients who can have their condition treated in an alternative setting are not referred into hospital. This work has already made a positive impact in the number of patients referred for elective care by their GP, with a 1.2% reduction in the number of GP referrals made so far this year, compared with historically high growth.

30. A number of further interventions have also made an impact on elective demand in 17/18, such as the introduction of musculoskeletal (MSK) triage schemes
31. Local teams have also implemented a number of initiatives to further ensure demand is met appropriately during 17/18 including:
- The majority of CCGs now have in place a MSK triage scheme to agree with each patient the most appropriate management plan for their condition prior to onward referral
 - Implementing clinical peer review for CCGs where referral growth is much higher than expected
 - Providing specific interventions to ensure patients receive an efficient and effective pathway of care, for gastroenterology and MSK. This specialty-based transformation will focus on diabetes, dermatology and ophthalmology in 2018/19
 - Piloting capacity alerts in the electronic referrals system, highlighting to GPs where there is greater capacity and shorter waiting times for certain specialties

Integrating Care Locally

32. Memoranda of understanding (MOUs) have been signed with eight **integrated care systems** (formerly referred to as ‘accountable care systems’). It is expected that these systems will be confirmed as full integrated care systems from April 2018. A further cohort of systems will join the programme early in 2018/19 as more systems become ready to take on the associated enhanced accountability.
33. We are now using the term ‘Integrated Care System’ as a collective term for both devolved health and care systems and for those areas previously designated as ‘shadow accountable care systems’. An Integrated Care System is distinct from – though it may encompass – providers (sometimes known as ‘accountable care organisations’) that are awarded a single contract to provide integrated care for a defined population. From now on we will more clearly distinguish these terms to prevent any confusion between systems that are voluntarily working together (ICSs) and those seeking a formal contractual relationship, which will normally require a procurement using a proposed ACO contract, on which NHS England will consult publicly (ACOs).
34. All Integrated Care Systems have confirmed to NHS England that appropriate financial governance arrangements are in place to enable the release of their delegated transformation funding. These arrangements will support these systems to jointly provide optimal delivery of services across their populations.

Ten Point Efficiency Plan

35. The 10 Point Efficiency Plan within 'Next Steps' sets out how the NHS will deliver significant efficiency opportunities through concerted action across the system, in order to enable the NHS to balance its budget and to invest in new treatments and better care. There are 10 overarching aims within the plan, supported by a series of over 40 efficiency programmes across NHS England, NHS Improvement and the Department of Health and Social Care.
36. In the first eight months of the year, a number of efficiency achievements have helped to ensure that the commissioning sector is still forecasting a **balanced position**.
37. Within this forecast, CCGs are expecting to deliver **£2.5bn of efficiencies** through local action at month 8, which is in line with the delivery to date against plan, and an increase of £557m (28%) on 2016/17 (£2.0bn). This still requires significant delivery of local efficiency plans in the last four months of the year. Similarly, within Specialised Commissioning, latest forecasts show an expectation of £394m of efficiencies, an increase of £68m (21%) on the 2016/17 delivery of £326m.
38. Commissioner efficiency improvements are mainly focussed on four key areas, which are supported by dedicated national programmes:
- Moderation of elective and non-elective demand
 - Elimination of unwarranted variation through the RightCare programme
 - Medicines Optimisation
 - Continuing Healthcare (CHC)
- Progress within each of these is discussed in the following paragraphs.
39. Firstly, **demand moderation** continues to show positive impacts, mainly as a result of concerted action to manage the volume of patients attending an A&E setting, as well as interventions to ensure that GP referrals are appropriate and well-managed. Growth in A&E attendances is up just 1.3% year-to-date, and 0.5% over the last 12 months. Overnight emergency hospital admissions are running at only 1% growth year-to-date, and up 0.7% over the past 12 months. Similarly, growth in GP referrals over the last year has fallen below zero, with 1.1% fewer referrals in the last year compared to a year earlier. (NHS Improvement has issued trusts new guidance clarifying appropriate reporting of zero-day emergency hospital attendances).
40. RightCare is now working across all CCGs to reduce the levels of **unwarranted variation in commissioning**. The programme focuses on 9 core specialties including MSK, Cancer and tumours and Respiratory; along with long-term conditions and complex patients (cohorts with care encompassing a range of specialties). Local Delivery Partners have been working with CCGs to identify what their priority areas of focus should be based on detailed benchmarking information and local intelligence, and supporting systems to implement specific actions to remove unnecessary

activity, cost or improve patient outcomes within those areas. To date, elective activity growth in priority areas of focus for CCGs has been 0.7% lower in the first wave of CCGs and 1.4% lower in the second wave when compared to non-priority areas. Within Non-Elective activity, growth has been 0.4% lower in the first wave of CCGs and 0.6% lower in the second wave compared to non-priority areas.

41. As part of our overall programme of **medicines value** work (covering developing the policy framework, infrastructure, commercial arrangements, and a range of initiatives to optimise the use of medicines) NHS England has recently taken action to optimise the use of the routine prescribing budget in two specific areas:
- a. Through our work to deliver better value out of our medicines and pharmacy expenditure, we have recently completed a consultation on **items which should not be routinely prescribed in primary care**. Following a review of responses, NHS England has taken action to reduce inappropriate prescribing of 18 medicines. National guidance on medicines which should no longer be routinely prescribed in primary care has been published to ensure people receive the safest and most effective treatment available, and save the NHS up to £141m a year.
 - b. In December, NHS England launched a consultation on reducing prescribing of **over-the-counter medicines** for 33 minor, short-term conditions. In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets. These prescriptions included items for conditions that are considered to be **self-limiting** (and so will heal of their own accord), and which lend themselves to self-care (and so the person suffering does not normally need to seek medical care). Reducing spend on treating such conditions allows resources to be redirected to **other higher priority areas** that have a greater impact for patients, support improvements in services and deliver transformation that will ensure the long-term sustainability of the NHS.
42. NHS England has worked with the Department of Health and Social Care and the Association of Directors of Adult Social Services over the past year to deliver a revised National Framework for **Continuing Healthcare**, with implementation due to begin in the second half of 2018/19. This work looks to standardise the process around Continuing Healthcare assessments and commissioning, reducing variation across CCGs and ultimately improving patient and family experience as well as releasing financial efficiencies. To ensure NHS Continuing Healthcare assessments take place at the right time and in the right place, NHS England set a quality premium for 2017/18 to encourage a reduction in the proportion of full NHS CHC assessments that take place in an acute hospital setting. Latest published data for Q2 shows that 24% of DST assessments were carried out in an acute hospital setting in Q2 nationally, an improvement of 3% from Q1.

Harnessing Technology and Innovation

43. The programmes set out above are underpinned by a comprehensive information and technology plan, centred on supporting people to manage their own health, digitising our hospitals and supporting the delivery of NHS priorities.

- The NHS '**Apps Library**' continues to grow and now includes 45 NHS assessed apps for download, which can be used by patients to support management of their health and wellbeing.
- Over 11 million patients are now registered for **GP online services** and over 40% of GP practices now offer free WiFi services.
- The 16 acute **Global Digital Exemplars (GDEs)** are now actively deploying technology and enhancing their digital capability. The 7 mental health GDEs have are also initiating their transformation programmes. Three ambulance providers have been selected to participate in the ambulance providers GDE programme.

44. The NHS is also taking further steps to enhance innovation for future care improvement.

- NHS England published '**Twelve Actions to support and apply research in the NHS**' as a joint statement with the National Institute for Health Research (NIHR) at the November public board meeting. These actions include proposals to simplify NHS research processes by managing excess treatment costs better and eliminating delays in confirming multi-site trials.
In July 2017, the NHS England Board committed to relicensing the **Academic Health Science Networks** for a further five years with a focus on supporting the spread and uptake of innovation into the NHS at pace and scale and delivering local service transformation so that local health populations will see better patient outcomes. AHSNs have enabled 6 million patients to benefit from better clinical outcomes and improved experiences through the adoption of evidence based innovations. The 200 innovations spread across 11,000 locations have driven down the cost of care for the NHS and propelled economic growth by creating 500 new jobs and attracting £330m of inward investment.
- Uptake of the **Innovation and Technology Tariff (ITT)** products is increasing, with more than 55,000 patients benefiting from use of approved innovations from April to December 2017.
- The rollout of a new **thrombectomy** service has been underway during 2017/18, providing innovative treatment for patients who suffer certain types of acute ischaemic strokes that may lead to the risk of death or long term disability.

Recommendation

45. The Board is asked to note the contents of this report.