

NHS ENGLAND – BOARD PAPER

Title:

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

Lead Director:

Matthew Swindells, National Director: Operations and Information

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. Hospitals faced a 'perfect storm' this winter with the cold weather and the highest number of flu cases in six years and a spike in norovirus. Despite this, the NHS has continued to see and treat, admit, transfer or discharge almost 9 out of 10 patients (88.7%) who attend A&E within four hours during 2017-18 so far, and has looked after 359,534 more patients within the 4 hour target this year than last. The NHS has been implementing a comprehensive winter programme. Additional beds have been opened over the winter, and a fortnightly monitoring process has been established to monitor the implementation of schemes across Acute Trusts, Mental Health services, Ambulances, NHS 111 and Primary Care services.
6. The following sections set out more information about progress against the elements of UEC transformation as set out in Next Steps: -

- In January 2018, 98.5% of acute trusts with Type 1 A&Es had **front-door clinical streaming services in place**.
- **On delayed transfers of Care (DToC)** reduction from February 2017 to January 2018, there have been 1,732 beds freed up as a result of reducing DTOCs. DTOC delayed days are at their lowest since August 2015 and have reduced by 23% compared with the same time last year.
- 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. This will cover almost half of all hospitals by 2019. Of 232 schemes across England funded by the 2017/18 £18m mental health winter pressures monies, an initial categorisation suggests that there are:
 - 58 schemes to support mental health liaison;
 - 32 crisis resolution/home treatment/first response schemes;
 - 28 discharge and step-down schemes, across acute and mental health services;
 - 18 specialist children and young people’s schemes
 - 24 older people’s mental health/dementia schemes
- More people are calling **NHS 111** for advice and treatment on their urgent care needs. February 2018 saw an increase of 15.0% in calls against the same time last year, with an average of over 47,500 calls per day, up from around 41,300 calls per day in February 2017. The proportion of calls receiving clinical input has increased to 46.4% in February 2018. This proportion has increased every month since it was first collected in November 2016, when the proportion stood at 26.8%.
- The **Ambulance Response Programme (ARP)** has been implemented in all mainland Ambulance Trusts and this is the third month that Ambulance Services have reported performance against the new Category C1 to C4 standards. Ambulance services are expected to meet the new standards by September 2018 as set out in the planning guidance.

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. NHS England and the General Practitioners Committee (GPC) of the BMA have reached agreement on GP contract changes for 2018/19. There will be an investment of £256.3 million going into the contract for 2018/19, a 3.4% per cent increase overall. This includes £60 million to be paid to GP practices to help cover the increased costs of indemnity inflation from 2017/18 and a 1% pay uplift ahead of the report of the DDRB. Some key features of the deal are:
 - £10million will be invested non-recurrently to support full implementation of the e-Referral Service by October this year. This allows GPs and patients to

identify the hospitals with the shortest waiting lists and speeds up the process of booking the first consultant appointment for both GP and hospital;

- A further contractual requirement to improve take-up of patient online services;
- Replacement of the National Quality Requirements for out of hours services with new Key Performance Indicators;
- Making it quicker and easier for patients to get their medicines with the planned roll-out of Phase 4 of the Electronic Prescription Service;
- An expression of support for development of integrated and at-scale models of primary care, designed both to provide benefits to patients and greater resilience for practices.
- A review of premises used to provide primary medical care to ensure they are fit for purpose.

Importantly, we have gained agreement that over the next year, GPC and NHS England will work together to support further use of 111 direct booking of GP practice appointments to ensure patients can access GP services urgently when they need them.

9. **Investment in general practice** continues as planned across a range of initiatives to support primary care transformation and delivery of GPFV, to meet our commitment for CCGs to invest an additional £171m in primary care by 31 March 2019. This has been reiterated and reinforced as part of refreshing NHS plans for 2018/19.

10. As at January 2018, 55.4% of the registered population across England are benefitting from **extended access to general practice services**, including evening and weekend appointments. This is ahead of the commitment to provide extended access coverage to 40% of the population by the end of March 2018. As part of the refreshing NHS plans for 2018/19, CCGs will accelerate delivery of extended access to ensure 100% England wide coverage by 1 October 2018. This will support patients' access to primary care during winter 2018/19.

11. We have invested in 700 GP practices piloting an additional 494 clinical pharmacists in primary care, with some pharmacists allocated to more than one practice. Phase 2 of the programme is now underway and every GP practice is able to apply for a clinical pharmacist. 694 clinical pharmacists have already been recruited and applications for a further 590 full time equivalent (FTE) clinical pharmacists have been approved to date, working across 2,924 practices. As at the end of December 2017, 1,009 clinical pharmacists (658 FTE) were actively working in general practice, an increase of 734 (490 FTE) since September 2015.

Cancer

12. In January 2018, 93.8% of people who had an urgent GP referral for suspected cancer were seen by a specialist within two weeks, against a standard of 93%. In the 12 months to January 2018 there has been a 5.4% (1,288) increase in the number of patients receiving treatment for cancer for the first time.

13. Trusts continue to focus specifically on recovery of the **62 days from referral to treatment for cancer** standard. January 2018 performance was 81.1% against a standard of 85%.
14. To date over £17m has now been invested through the regional teams to drive recovery of the **62 day cancer standard**. Additional investment is now also being directed to the most challenged Cancer Alliances to improve the lung and prostate pathways in particular, which account for a high proportion of breaches.
15. In October 2016, NHS England announced a £130 million investment in **modernising radiotherapy** over two years to fight cancer and cure more patients. Funding has been confirmed for 26 replacement LINAC (radiotherapy) machines in 21 trusts in 2017/18.
16. Transformation funding for improving **early diagnosis** has been agreed and implementation commenced for over half of the Cancer Alliances and Vanguard Partnerships. In addition, 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. This funding has enabled:
 - a. Prostate cancer treatment: A pilot programme using high-definition magnetic resonance imaging (MRI) scans is reducing average prostate cancer diagnosis time to just eight days, and referral-to-treatment time to 20 days.
 - b. Fitness for cancer treatment: The Wessex Cancer Alliance is piloting community-based pre-surgery fitness programmes and psychological support, to test whether this boosts recovery rates after surgery.
17. Progress continues to be made on supporting **faster diagnoses** of cancer for patients. NHS England is introducing a new Cancer Waiting Times (CWT) system and dataset from April 2018, which will enable measurement of the new 28 day Faster Diagnosis Standard. Hospitals will use the system to provide data on transfers between services from 1 July 2018 and on the new faster diagnosis standard from 1 April 2019. The standard will be in force across the country from April 2020.

Mental health

18. Since the introduction of the first **access standards for mental health**, we remain on track for all standards being achieved by 2020/21 for early intervention in psychosis, eating disorder and IAPT services.
19. All **IAPT recovery and access standards** were exceeded during the most recent reporting period. The annualised IAPT access rate was 18.2% in November 2017, above the ambition of 16.8% to be achieved by the end of March 2018. The monthly 50% recovery target has been met since January 2017 and has been maintained through to November 2017 with a rate of 50.4%. In November 2017, 89.1% of people had received their first treatment within six

weeks of referral, against a standard of 75% and 98.8% of people received treatment within 18 weeks, exceeding the target of 95

20. At the end of January 2018, the estimated diagnosis rate for **dementia**, which is calculated for people aged 65 and over, was 67.9%. 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.
21. The first wave of **perinatal mental health community services** has exceeded the national target of 2,000 more women receiving specialist perinatal care in 2017/18, with over 5,000 additional women accessing these services between April and December 2017. £15m of capital investment will be used to commission four new, eight-bedded mother and baby units (MBUs) to provide specialist care and support to mothers who experience severe mental illness during and after pregnancy. In addition NHS England is increasing the number of beds in existing units - expanding the current capacity by 49% (total of 164 beds) by the end of 2018/19.
22. The proportion of **children and young people (CYP) accessing treatment for eating disorders** within four weeks for routine cases was 83.1%, an increase of 1% from the July to September 2017 period. 76.9% CYP were seen within one week for urgent cases from October to December 2017 5.9% more than between July to September 2017.
23. Data from January 2018 indicates that the target for 50% for people starting treatment for **early intervention in psychosis** within 2 weeks was met nationally and regionally; 69.3% of patients started treatment within two weeks in January 2018.

Elective Care

24. **Referral to treatment time (RTT)** performance in January 2018 was 88.2% (excluding estimates for non-reporters), which was down from 89.5% in the previous month. The number of RTT patients waiting to start treatment (including estimates for non-reporting trusts) was 3.7 million, an increase of 5.0% on the previous year. This is likely to be further impacted by to operational pressures over the winter period.
25. 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 on the number of patients referred for elective care by their GP, with a 1.4% reduction in the number of GP referrals made so far this year.
26. To further reduce avoidable demand and meet demand more appropriately we have put in place a number of key initiatives since April 2017:
 - **Implementation of musculoskeletal triage services.** As at December 2017 140 out of 197 approximately 70% CCGs had established compliant MSK triage services to ensure patients access the most appropriate

services and receive personalised decision making about their treatment plans, which can reduce MSK referrals to hospital;

- **Providing guidance for specialty based transformation** to support improvements in the design of services starting with gastroenterology and musculoskeletal/orthopaedic services and moving to diabetes, dermatology and ophthalmology;
- **National rollout of capacity alerts** on the NHS electronic referral service (e-RS). Putting in place capacity alerts on e-RS has been shown in pilot sites to reduce referrals for certain specialties to hospitals with little capacity and steer referrals instead to hospitals more able to meet the demand.

Integrating care locally

27. The guidance for refreshing NHS plans for 2018/19 signalled 'full speed ahead' for integrated system working. All STPs are now engaged refreshing their 18/19 plans, ensuring a system-wide approach that aligns key assumptions between commissioners and providers and which are credible in the round. STPs should also be taking steps to enhance their system 'infrastructure' and capability, which in turn will enable them to lead system-wide programmes to improve services and to identify STP-wide efficiencies, including a review of estates.
28. Integrated care systems are going further by preparing a single system operating plan. These plans are being shaped by their system leaders to ensure that organisational plans underpin and together express the system's priorities. The ability to produce a credible and fully reconciled system operating plan will be an important test of whether the ten integrated care systems are ready to progress. Similarly, those systems that wish to join the ICS programme will need to demonstrate they can develop a plan for 18/19 that underpins their collective control total, as well as one that will improve services and takes specific steps to integrate NHS and local government services around the people who need it most. To reinforce this approach to system planning, NHS England and NHS Improvement will focus on the assurance of system plans for ICSs rather than organisation-level plans.
29. NHS England and NHS Improvement will support the development of system-working in 18/19 with several joint programmes. These will include:
 - Supporting service improvement: focusing on developing primary care networks, system-wide management of urgent & emergency care, improving mental health and cancer services;
 - Financial management: with particular focus on managing a shared system control total, developing a single operating plan and payment reforms;
 - Care redesign: supporting systems to implement population health management systems to understand the needs of the population and then design their care model correspondingly
 - Governance, commissioning, engagement and oversight: supporting systems to move towards a strategic commissioning function, ensuring they have

robust governance and ways of involving the public and staff, as well as implementing system-based regulation and oversight.

Harnessing Technology and Innovation

30. 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:

- **NHS.UK** A large proportion of the most visited topics on the NHS.UK website have been rewritten to provide more accessible and action-oriented versions of around 150 care and conditions topics. In January 2018 ten new medicines pages were published on NHS.UK, taking the total number to 65. These online information sheets contain information on the medicines such as who can take it, and key facts and information about side effects. These included the first instance of an anti-coagulant, to support the frequency of prescription and the importance of adherence of this type of medicine
- Building on the success of the NHS **WiFi** early adopters, the wider rollout of free WiFi to patients and professionals will help encourage the uptake of online health services. 76 (over 36%) CCGs have now completed implementation with the majority of the primary care implementers expected to complete by 31 March 2018.
- **111 online** has been implemented over the last 12 months and is now live in 32.7% of the country, supporting patients to access advice and treatment for their urgent health needs.

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

- The NHS England Investment Committee agreed additional funding for the **Academic Health Science Networks** to deliver seven national programmes to improve medication management, diagnosis of atrial fibrillation, management of people with mental ill health, to improve patient outcomes and reduce costs.
- The uptake of the **Innovation and Technology Tariff** products continues to increase, with more than 65,000 patients benefiting from use of approved innovations from April 2017 to January 2018.