

## NHS ENGLAND – BOARD PAPER

**Title:**

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

**Lead Director:**

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**Purpose of Paper:**

To provide the Board with a summary of NHS performance and actions being taken by NHS England and partners.

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

**Patient and Public Involvement**

Additional information is available to patients and the public online, including the monthly published performance data for NHS England and NHS Digital.

**The Board is invited to:**

Review the performance and progress outlined in this report and receive assurance on NHS England's actions to support 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
  - Harnessing Technology and Innovation
3. Information on current NHS performance is incorporated into this report. We also publish comprehensive statistics regarding NHS performance on our website: <https://www.england.nhs.uk/statistics/statistical-work-areas/combined-performance-summary/>

## Demand<sup>1</sup>

4. CCGs have had considerable success over the past year in moderating the growth rate of hospital demand. For **elective care**, GP referrals actually fell by -1.6% in 2017/18 (compared to average annual growth of 3.8% in the prior 4 years). **A&E attendances** in 2017/18 rose by only 2.4% (compared by average annual growth of 4% in the prior 4 years). Furthermore, within this overall figure, attendance growth of Type 1 (acute hospital) A&Es was only 0.8%, since most of the overall recorded growth was in alternative channels such as urgent care centres, minor injuries units and walk-in centres. As for **non-elective admissions**, those actually requiring inpatient/overnight stay grew by a modest 1.7% in 2017/18, compared with growth of 7.2% in 'zero day'/day care' emergency cases. Total **hospital occupied inpatient bed-days** increased by a modest 0.5% in 2017/18.

## Urgent and emergency care

5. The vision of the Urgent and Emergency Care (UEC) programme is to redesign and strengthen the urgent and emergency care system to ensure that patients receive the right care in the right place, first time. It brings together all urgent and emergency care services to drive UEC system transformation and A&E performance improvement.

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<sup>1</sup> These figures are based on month 12 activity numbers submitted by providers, they may change as final year end numbers are submitted.

6. Hospitals faced significant additional pressure during this winter due to the extended cold weather, the highest number of flu cases in six years and a spike in the levels of Norovirus. Despite this, the NHS has continued to see and treat, admit, transfer or discharge 88.5% of patients who attend A&E within four hours so far during 2018/19 in comparison to 88.4% during in 2017/18.
  
7. We have made progress towards the elements of UEC transformation as set out in Next Steps:
  - By the end of March 2018, all eligible acute Trusts with a Type 1 A&E had **front-door clinical streaming services in place.**
  - There was an average of 4,987 daily **Delayed Transfers of Care (DToC)** in March 2018, this represents a decrease from 4,996 in February 2018. There were 1,453 fewer daily delays in March 2018 than in March 2017, representing an annual reduction of 22.6%. Since the February 2017 baseline, there have been 1,658 beds freed up as a result of DTOC reductions.
  - 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. In 2017/18, £18m of funding was allocated to support mental health during winter. Of the 232 schemes supported an initial categorisation suggests that we funded:
    - 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 for their urgent care needs. For the year ending March 2018, there were 16.0 million calls to NHS 111. This was 43,700 per day, and was an 8.6% increase on the previous twelve months. It is the highest number of calls NHS 111 has ever had in one year. More callers than ever before are accessing **clinical input** when calling NHS 111, with more than 50% of callers receiving this in April 2018, exceeding the 50% target in the five year forward view. This proportion has increased every month since it was first collected in November 2016, when the proportion stood at 26.8%.

## Primary Care

8. 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.
  
9. **Investment in general** practice continues as planned across a range of initiatives to support primary care transformation and delivery of the GPFV, to meet our commitment for CCGs to invest an additional £171m in primary care by 31 March 2019. 2017/18 was the first year of the investment in transformational support, and this commitment has been reiterated and reinforced as part of refreshing NHS plans

for 2018/19. CCGs submitted their operational plans for 2018/19 in March and these are being reviewed.

10. As at 31 March 2018, 55% of the population could access **extended evening and weekend GP services across all 7 days of the week**. This has exceeded the mandate commitment to deliver access to enhanced GP services, including evening and weekend access, to a total of 40% of the population by 31 March 2018. Regions continue to work with all CCGs on their delivery plans to ensure the national target of 100% population extended access by 1 October 2018 is met. As at 31 March 2018, London had 100% population access to extended evening and weekend GP services across all 7 days.
11. We have supported improvements to the primary care **estate and technology infrastructure**, through the delivery of 970 projects to date in March 2018, with a further 700 schemes in development. We are now seeing examples of new or extended buildings and new technology which are delivering benefits to practices and patients. A set of case studies is being built up to demonstrate the impact the programme is having.
12. GP numbers continue to be under real pressure, with further net reductions. However, GP training is expanding, and the expanded international recruitment programme to recruit a further 2,000 GPs from abroad is also underway. It is anticipated that the first candidates will begin working in England by the end of September 2018.
13. Over 720 (FTE) GP practice based Clinical Pharmacists were actively working in general practice (as at March 2018), an increase of over 550 since September 2015. We anticipate that 1,200 FTE clinical pharmacists across over 3,000 practices and benefitting 34 million patients, will be in place by summer 2018 - with more planned as we move towards our target of 2,000 clinical pharmacists in post by 2020/21.
14. We continue to support GPs and primary care staff to maximise their time . As at 30 April 2018, 169 CCGs covering 5,587 practices, are engaged in the planning and delivery of a Time for Care programme locally.

## Cancer

15. In March 2018, 93.2% of patients received specialist input within two weeks of an urgent GP referral for suspected cancer, above the standard of 93%. Trusts continue to focus specifically on recovery of the **62 days from referral to treatment standard**. Latest data shows the NHS is now seeing the highest number of urgent suspected cancer cases on record, with the proportion of people treated within 62 days at the highest level since December 2015 - 84.7% against a standard of 85%.
16. Transformation in cancer services, supported by targeted national investment, includes the introduction of **Rapid Diagnostic and Assessment Centres**, currently being piloted in 10 areas. These centres are intended to diagnose cancers early in people who do not have 'alarm symptoms' for a specific type of cancer. Some patients will receive a definitive diagnosis or all clear on the same day, while others will need to undergo further assessment, but can generally expect a diagnosis within two weeks of their first appointment.

17. A new **Cancer Waiting Times system** went live on 1 April which allows for a more accurate view of the pathway and enables recording of the new 28 day Faster Diagnosis Standard (to be monitored from 2020).
18. Guidance on the implementation of **three accelerated pathways (lung, prostate and colorectal)** has been published, to support the refresh of operational plans for 2018/19 requirement that they are implemented across the country by March 2019. The guidance documents take the latest research and best practice to set out routes to diagnosis in 28 days. For example, the prostate pathway guidance uses the outputs of the Prostate MRI Imaging Study (PROMIS) trial, conducted by University College London, which showed twice as many prostate cancers identified and up to one in four men avoiding an unnecessary biopsy.

## Mental health

19. Delivery of the Five Year Forward View for Mental Health remains **on track**. There are robust local assurance processes for delivery of mental health standards in 2018/19, with the Planning Guidance including the requirement that all Clinical Commissioning Groups (CCGs) must meet the Mental Health Investment Standard. This means CCGs must increase investment in mental health in-line with the overall increase in funding allocation in 2018/19.
20. A second wave of community **perinatal mental health** funding has been announced which will allow pregnant and new mothers experiencing mental health difficulties to access specialist perinatal mental health community services in every part of the country by April 2019. Over 7,000 additional women accessed specialist perinatal care as of March 2018, exceeding the national target of an additional 2,000 women accessing these services in 2017/18.
21. The rolling-quarterly **Improving Access to Psychological Therapies (IAPT)** access standard was 3.95% nationally in February 2018 against a provisional target of 4.20%; however, the annualised access standard of 16.8 % is expected to be met by the end of the 2017/18 financial year. We are on track to achieve the ambition of 19% people with common mental health conditions accessing psychological therapies by the end of 2018/19, and 25% by the end of 2020/21. The rolling-quarterly recovery target of 50% was met with a rate of 50.9%. In February 2018, 89.3% of people finished treatment having waited less than six weeks to enter treatment (against a standard of 75%) and 98.7% of people finished treatment having waited less than 18 weeks to enter treatment (against a standard of 95%).
22. At the end of March 2018, the diagnosis rate for **dementia**, which is calculated for people aged 65 and over, was 67.5%. 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.
23. The most recent data (quarter four, 2017/18) shows the proportion of **children and young people accessing treatment for eating disorders** within four weeks for routine cases was 80%. The proportion of children and young people accessing treatment within one week for urgent cases was 79%, up from 77% in quarter three. The programme is on track to achieve 95% for routine and urgent cases by 2020/2021.

24. The national standard for people starting treatment for **Early Intervention in Psychosis** (EIP) within two weeks was exceeded, 75.9% achieved nationally in March 2018 against a standard of 50% . Ongoing improvement is underway to ensure that patients are able to have access to the full range of NICE recommended treatment and support once they have been allocated a care co-ordinator within an EIP team.

## Elective Care

25. **Referral to treatment time** (RTT) performance in March 2018 was 87.2% (excluding estimates for non-reporters), which was down from 87.9% in the previous month. The number of RTT patients waiting to start treatment (including estimates for non-reporting trusts) was just over 4 million, an increase of 5% on the previous year.

26. In 2018 we are continuing our work to reduce avoidable demand for elective care and implementing interventions to ensure that patients are referred to the most appropriate healthcare setting, first time. These include:

- **Implementation of musculoskeletal (MSK) Triage services.** As at **March 2018** 158 out of 197 (approximately 80%) of 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 patient pathways starting with gastroenterology and musculoskeletal/orthopaedic services and moving to diabetes, dermatology and ophthalmology services;
- **National rollout of capacity alerts** on the NHS electronic referral services (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 most mature local health and care partnerships are making major steps in their journey to become integrated care systems (ICSs). In April, these systems submitted single system operating plans showing how individual organisations' plans reflect system-wide priorities. NHS England and NHS Improvement are supporting local leaders to refine these plans, and will authorise the first group of 'live' systems and a further group of 'shadow' systems over the coming weeks. There is strong appetite among STPs to join future cohorts; we intend that integrated care systems will serve one in five people in England by March 2019, rising to one in three by 2020.

28. Over the past year, NHS regulators and system leaders together designed policies to help ICSs broaden and deepen collaboration. These include a new financial framework to promote collaborative whole-system decision-making, an oversight model devolving freedoms to manage financial and operational performance, and options for system design and governance.

29. Alongside this, NHS England and NHS Improvement are supporting STPs at all stages of development by promoting national policy and sharing emerging learning from early cohorts. For those that aspire to become integrated care systems within a year this will include detailed support for a handful of areas in September, and more in 2019. NHS England is also working with NHS Providers and the Local Government Association to provide peer-led support to support more challenged areas to work through longstanding issues. To back this up, all STPs will have access to a central NHS England resource bringing together advice and guidance with training and capacity-building offers from national regulators and elsewhere.

## 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:

- *Empower the person:* 14 million people are now registered to Patient Online services, allowing them to book their GP appointment, order repeat prescriptions and view their records online. Free NHS WiFi is now available across 5,000 GP practices. The NHS Digital Apps Library now provides access to 47 health apps. 80,000 people are also being supported to use digital health technologies via the NHS's Widening Digital Participation programme.
- *Support the clinician:* The Global Digital Exemplars continue to actively deploy technology and enhance their digital capability with early results showing improved compliance with reviewing antibiotics and reductions in sepsis.
- *Integrate services:* The first cohort of Local Health and Care Record exemplars are being supported to enable the safe and effective sharing of information between health and organisations for the benefit of patient care.

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

- The relicensing of the 15 **Academic Health Science Networks** continues with a new contract, governance arrangements and performance metrics to be finalised by the end of May. All 15 AHSNs will support national adoption of a suite of proven innovations and local programmes within their STPs.
- Uptake of the **Innovation and Technology Tariff** products continues to increase, with more than 77,500 patients benefiting from use of approved innovations from April 2017 to April 2018.