

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
Paul Baumann, National Chief Finance Officer

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 this two year period.
2. This paper focuses on current NHS performance and 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
 - 10 Point Efficiency Plan
 - 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/>

Demand¹

4. CCGs have had considerable success in 2017/18 in moderating the growth rate of hospital demand. For **elective care**, GP referrals have continued to fall as seen in 2017/18, with a 1.5% decrease in GP referrals over the last three months (February – April 2018) in comparison to a 1.3% decrease seen in the same three months in the previous year and an average annual growth of 1.5% over the prior four years (14/15 – 17/18 inclusive).
5. **A&E attendances** have risen by only 2.8% over the last three months (which includes the latter part of the winter period) when compared to the same three months in the previous year. During 2017/18, attendances at Type 1 (acute hospital) A&Es rose more slowly than in previous years, 0.6% compared to average annual growth of 2.1% in the prior four years, with most of the attendance growth in urgent care settings that are not Type 1 A&Es, such as urgent care centres, minor injuries units and walk-in centres.
6. The majority of growth in non-elective admissions has been seen for patients who are an ‘emergency day case’ with no overnight stay, where growth was 6.8% over February to April 2018 compared with the same period last year, compared with growth of 3.5% for those requiring an overnight stay. In 2018/19, NHS Improvement

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

and NHS England will drive a concerted focus on reducing long stay patients. The three month rolling average growth rate for long stay patients decreased between February 2018 and April 2018 by 5.6% in comparison to the same period last year. Total hospital occupied inpatient bed-days have decreased by 0.3% in the 12 months to April 2018.

Urgent and emergency care

7. The Urgent and Emergency Care (UEC) programme is designed 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 system transformation and A&E performance improvement.
8. A&E performance has continued to improve with 90.4% of patients who attended A&E in May 2018 admitted, transferred or discharged within four hours, up from 88.5% in April 2018, and 89.7% in May 2017.
9. We have made progress towards the elements of UEC transformation as set out in Next Steps, including:
 - All eligible acute Trusts with a Type 1 A&E have **front-door primary clinical** streaming services in place.
 - In April 2018, there were on average 4,833 beds occupied each day by people who were **Delayed in their Transfer of Care (DToC)**, this was fewer than in March 2018 where the average was 4,987. This means that in the number of daily delays in April 2018 was 18% lower than the same time in 2017 which equates to 1,063 fewer daily delays. Overall 1,812 beds have been freed up as a result of actions to reduce DToC.²
 - 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.
 - More people are calling **NHS 111** for advice and treatment for their urgent care needs. In May 2018, there were 1.4 million calls to NHS 111. This was 45,500 per day, and was a 7.9% increase on May 2017. More callers than ever before are accessing clinical input when calling NHS 111, with 51.1% of callers receiving this in May 2018, compared to 39.7% in May 2017, exceeding the 50% target in Next Steps.

Capacity

10. Coming into 2018/19 we have turned our attention from the primary focus on A&E attendances and delayed transfers of care, to addressing the whole question of demand and capacity across the acute sector (capacity transformation work streams

² Please note this calculation uses the baseline DToC numbers which were shared with providers, commissioners and local authorities in May 2017 for local planning and delivery.

2018/19 see appendix 1). To do this will require a whole system response, as outlined in Pauline Phillip's letter on 13 June 2018.

11. We are continuing and accelerating our successful work in primary care to reduce avoidable A&E attendances by completing the roll-out of extended access to primary care, continuing the development of high street urgent treatment centres, moving 111 further towards being able to meet callers' needs without handing them off to another professional and developing 111 on-line technologies to help people self-care.
12. We are continuing our work with local authorities to further reduce delayed transfers of care. We have launched a new focus on "long stay patients", those patients who have been in hospital over three weeks and who would be better suited to care in another location. If the NHS reduced the number of these patients by 25% it would release over 4,000 beds to provide capacity for emergency patients waiting in A&E and planned patients on waiting lists.

Primary Care

13. 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.
14. As at 31 May 2018, 55% of the population could access extended evening and weekend GP services across all 7 days of the week. Regions continue to work with all CCGs on their delivery plans to ensure the national target of 100% extended access by 1 October 2018 is met. In addition, over 300 practices in England are offering online consultations to approximately three million patients.

Cancer

15. Last year, over 1.9 million people were urgently referred for suspected cancer by their GP – half a million more than just three years ago.
16. Trusts continue to focus on the recovery of the **62 days from referral to treatment standard**. Performance for the 62 day referral to treatment standard was 82.3%, against a standard of 85%. April's position is above the 2017/18 YTD figure of 82.2%. More people were seen this month compared to last April (+1,654 or 15.3% increase).
17. Cancer Alliances are continuing to drive improved performance, working across providers to manage services to patients. Key interventions include the implementation of patient tracking to reduce backlogs and actively manage patients' diagnostic testing and treatment, and optimal timed pathways that are delivering faster diagnosis and treatment for lung and prostate patients in the most challenged areas.
18. Funding agreements have been made with each Cancer Alliance. All Alliances will receive funding in 2018/19 to continue to transform cancer services including implementing timed pathways for lung, prostate and colorectal cancer to diagnose

cancer within 28 days. Funding to Cancer Alliances in 2018/19 is dependent on performance against the 62 day standard, with additional support being provided to Alliances for recovery of the standard.

19. A new Cancer Waiting Times system went live on 1 April which gives more robust information on shared breach counting and enables recording of the new 28 day Faster Diagnosis Standard (to be monitored from 2020). The first national publication of data under the new system was in June, for April's performance.
20. England committed £130m in October 2016 for a two-year modern radiotherapy equipment upgrade. By March 2018, 56 machines had been upgraded or replaced. So far in 2018/19, a further 15 machines have been approved for funding.
21. Rapid Diagnostic and Assessment Centres are currently 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.

Mental Health

22. 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 more than their overall funding allocation in 2018/19.
23. A second wave of community **perinatal mental health** funding has been announced which will allow expectant 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.
24. Our **Improving Access to Psychological Therapy (IAPT)** programme has developed at pace, with Quarter 4 access rates at 4.27% versus a 4.2% target. We are on track for our ambition of 25% by 2021. The recovery rate was the highest ever recorded at 52.5% against a target of 50%. In March 2018, 89.2% 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%).
25. 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.
26. The national standard for people starting treatment for **Early Intervention in Psychosis** (EIP) within two weeks was exceeded, at 74.4% achieved nationally in

April 2018 against a standard of 50%. Ongoing improvement work is underway to enhance patients' access to the full range of NICE recommended treatment and support once they have been allocated a care co-ordinator within an EIP team.

27. At the end of May 2018, the diagnosis rate for **dementia**, which is calculated for people aged 65 and over, was 67.3%, the same as the previous month. 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.

Elective Care

28. **Referral to treatment time** (RTT) performance in April 2018 was 87.5%, up from 87.2% in the previous month. The number of RTT patients waiting to start treatment was just over 4 million, an increase of 6% on the previous year.

29. We are working with systems to ensure that the necessary levels of activity are commissioned to deliver these ambitions, and where gaps are identified robust and locally owned plans are put in place. These plans will include a focus on reducing long stay patients and further implementation of national improvement and efficiency programmes.

30. 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 April 2018 158 out of 185 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. A recent snapshot audit of 143 CCGs live with MSK triage has shown that when comparing the same two month period in 2016/17 and 2017/18, those CCGs that were compliant with the MSK specification saw a 10% reduction in MSK referrals seen;
- Further work to reduce avoidable demand for elective care in 2018/19 includes the generation of 12 specialty level transformation handbooks, roll out of capacity alerts functionality across all regions, and delivery of high impact interventions focussing on first contact practitioners in MSK services and ophthalmology.

Integrating care locally

31. In June 2017, NHS England and NHS Improvement announced that the most mature healthcare systems working collectively as STPs would take the next steps in their evaluation as **Integrated Care Systems**. They have each made strong progress including encouraged primary care to streamline patient entry points into the health system; managed urgent care as a system through initiatives such as GP streaming in A&E; and developed joint teams and services to keep people out of hospital. NHS England and NHS Improvement have worked closely alongside

systems to support them and to encourage regular peer-to-peer learning. Lessons from this cohort of more evolved systems are now being shared with other STPs.

32. At the NHS England and NHS Improvement Board-in-common in May, it was announced that another four STPs would become Integrated Care Systems in 2018-19: Gloucestershire, Suffolk and North East Essex, West, North and East Cumbria, and West Yorkshire and Harrogate. These systems demonstrate strong leadership teams, capable of acting collectively, with an appetite for taking responsibility for their own performance. They have also set out ambitious plans to strengthen primary care, join up services and improve collaboration between providers. These areas will begin their journey to become fully-fledged integrated care systems from this month, and we will work with them to develop targeted support to help them manage system-wide challenges.
33. NHS England and NHS Improvement also confirmed further measures to enhance joint working. From September, regional teams will act on behalf of both national bodies, ensuring join up of oversight and support to local health systems. We will also develop with local systems simplified oversight arrangements that encourage systems to take accountability for their own operational and financial performance.

Ten Point Efficiency Plan

34. The Ten Point Efficiency Plan (10PEP) 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 ten overarching aims within the plan, supported by a series of over forty efficiency programmes across NHS England, NHS Improvement and the Department of Health.
35. In 2017/18 CCGs successfully delivered £2.5 billion of **QIPP** efficiency savings worth 3.1% of their allocation, up from 2.6% in 2016/17. More than half of these savings arose from successful moderation of demand, discussed above.
36. CCGs report £641m efficiencies delivered using a **RightCare** approach. Evidence suggests that in areas that have been prioritised for a RightCare focus within CCGs, elective activity demand growth is 1.4% lower and non-elective demand growth is 0.3% lower than in areas where RightCare is not active. This helps to demonstrate the savings attributable to reducing unwarranted variation in clinical quality and efficiency. 2018/19 will see further roll-out of RightCare interventions across all CCGs.
37. The **Medicines Value Programme** has delivered, up to January 2018, generic uptake at 98.6% for the top 20 drugs and 84% for all generics. Uptake of biosimilar medicines is also high, exceeding 80%, with £210m savings in year. Guidance on "Conditions for which over the counter items should not routinely be prescribed in primary care" was published in March 2018, with a forecast impact of c£100m per annum in reduced cost to the NHS. £462m of QIPP associated with the programme have been reported delivered by CCGs in 2017/18.
38. **Continuing Healthcare (CHC)** expenditure is stabilising, with lower growth from 2016/17 to 2017/18, and £257m of CHC QIPP delivered in 2017/18. Location of assessment and 28 day standard targets show improving trends as at Q4.

39. £200m of savings have been delivered by CCGs from cutting the cost of corporate services and administration in 2017/18, and CCG admin spending was £48m lower than planned, demonstrating the strong action on delivering efficiencies in this area. At the same time NHS England running costs were £32m lower than planned.

40. £21m of savings have been delivered in 2017/18 through our proactive counter-fraud work in identifying inappropriate dental and pharmacy fee exemption claims. A further £9m of savings have been delivered through identifying and recovering over-claimed dental fees.

Harnessing Technology and Innovation

41. 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:

42. *Empower the person:*

- There are now 14 million people registered for **GP online services** and 88.3 percent of GP practices now have over 10 percent of their patients registered. In an average month (January 2018) 1.2 million of GP appointments were booked or cancelled.
- **The NHS 'Apps Library'** currently has 47 live apps. The number of visitors to the library continues to rise with 19,800 unique visitors from 1-25th March. The programme is on track to achieve 25% of citizens uploading wearable and tele-health information into their care record by 2020. Average visits to the site per month has increased from 12,000 in the first month (April 2017) to a peak of 45,000 in February this year following a mention on "Trust me I'm a Doctor".
- **The widening digital participation programme** is focused on helping citizens and patients make the right health and care choices by offering the public useful alternatives to face-to-face treatments whilst transforming the digital experience of, and access to, health and care services and transactions. The total number of people supported since March 2017 is now 109,200.
- Free **NHS WiFi** is now available in 65% of CCGs. Additionally, 88% of the 16 Secondary Care 'Priority Adopter' trusts and 70% of the 33 Secondary Care Fast Follower Trusts have implemented WiFi.

43. *Support the clinician:*

- All 16 Acute **Global Digital Exemplars** (GDEs) are continuing to deliver their transformation programmes and are achieving milestones set out in their agreed plans. 10 Acute Fast Followers have received funding approval and programmes are now commencing. All 7 Mental Health GDEs have also now commenced their programmes and are in the final stages of confirming their own Fast Followers. Three Ambulance GDEs have completed their Funding Agreements which make them eligible for approval to receive on-boarding payments for their programmes.

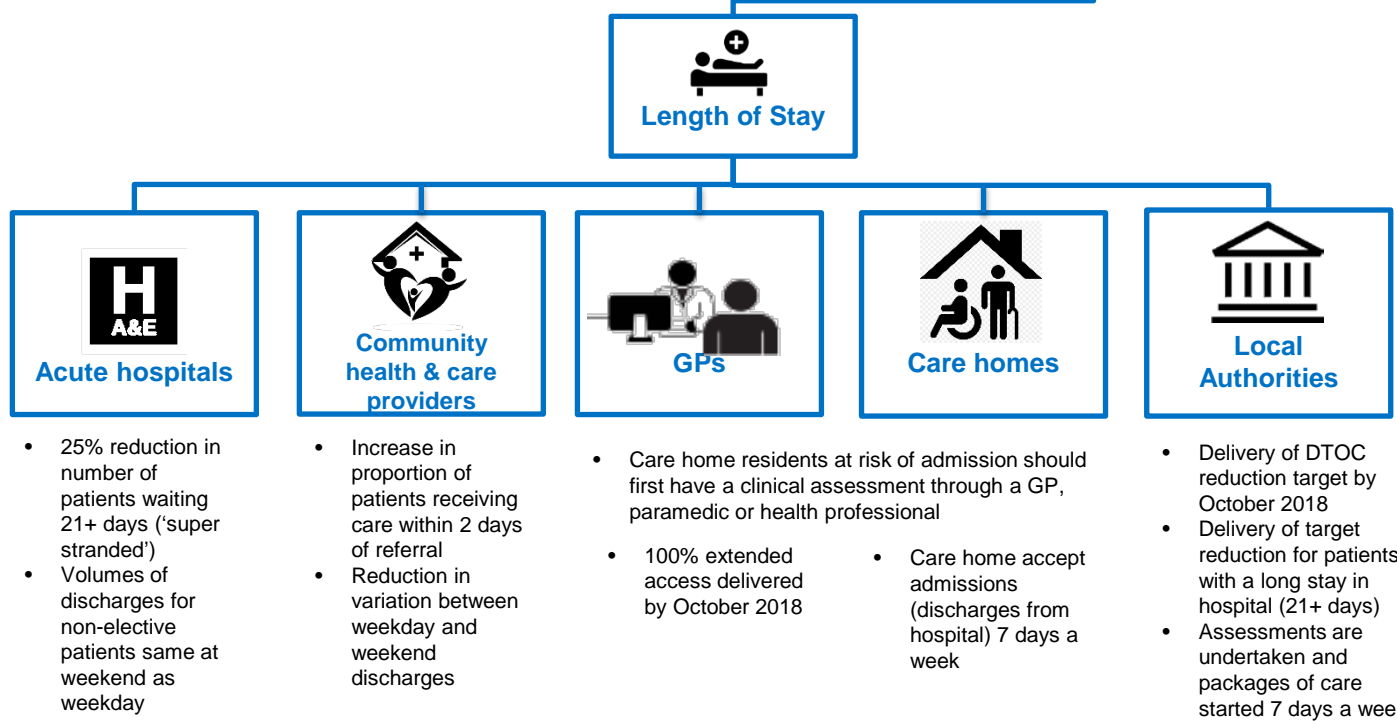
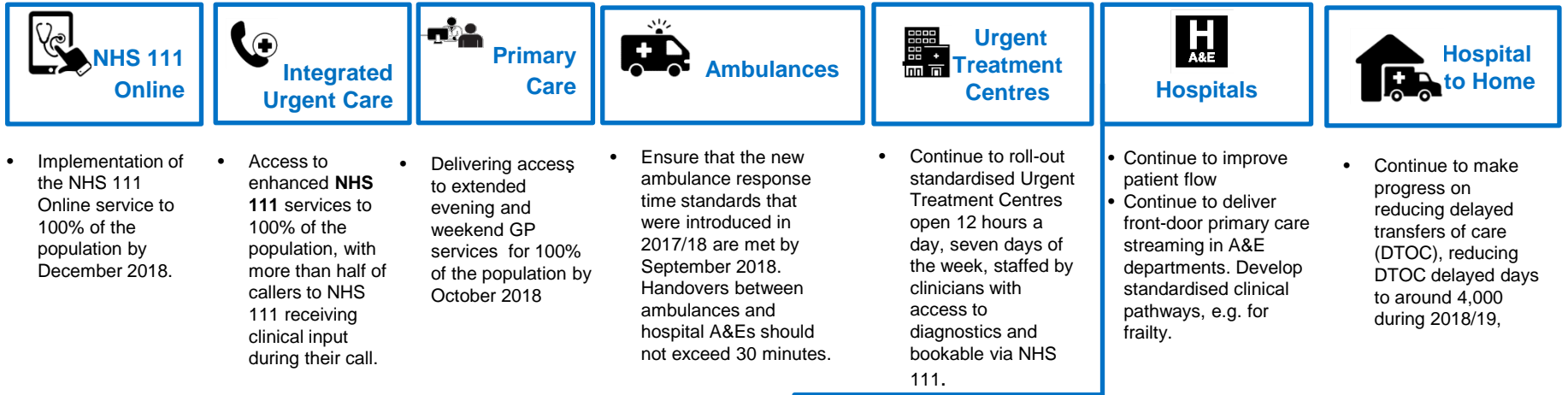
44. *Integrating care:*

- The first exemplars of the **Local Health and Care Record** programme have been selected and will cover London, Manchester and Wessex. These exemplars will enable safe and effective sharing of information between health and care organisations for the benefit of patient care. A further two sites will be confirmed shortly.

45. The NHS is also taking further steps to enhance innovation for future care improvement. We are working to simplify commercial contract research and to introduce a new model for reimbursement of excess treatment costs. Recruitment for year 3 of the **Clinical Entrepreneur programme** is currently underway with over 170 candidates progressing to interview.

46. Uptake of the **Innovation and Technology Tariff** products continues to increase, with more than 80,000 patients benefiting from use of approved innovations from April 2017 to May 2018.

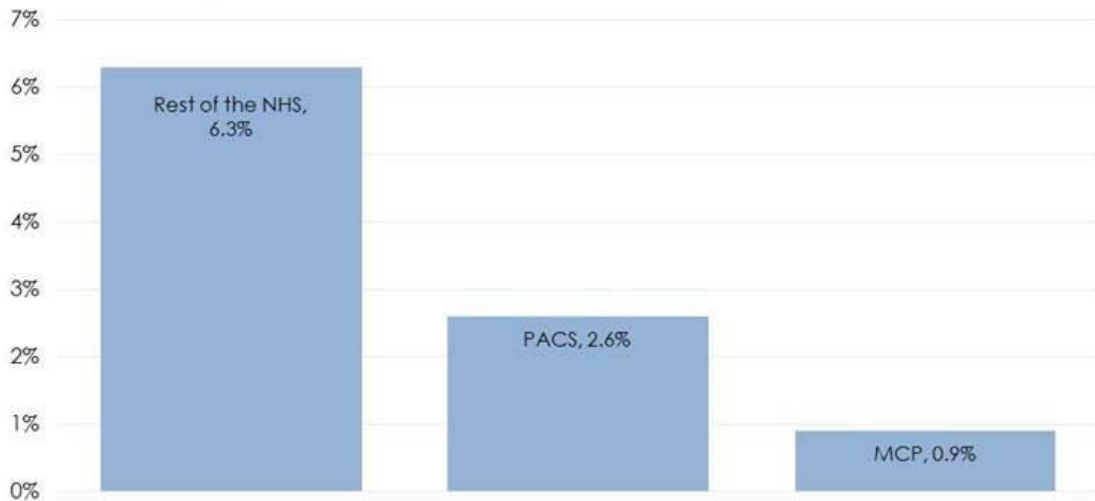
Ambitions for 2018/19



Appendix 2 – IMPACT OF THE VANGUARD PROGRAMME

1. Reducing emergency admissions was the main focus of the 23 MCP and PACS vanguards. Across the duration of the vanguard programme, between 2014/15 and 2017/18, emergency admissions grew more slowly, on a per capita basis, in vanguard areas than in non-vanguard areas: 0.9% in MCPs and 2.6% in PACs, compared to 6.3% in the rest of the NHS. We can confidently say that the result is statistically significant, bearing in mind data quality issues.

**Growth in emergency admissions per capita 2014/15 to 2017/18:
MCP and PACS vanguards vs. rest of the NHS**



Note: The MCP and PACS rate combined is 1.6%, which is statistically significantly lower than the rest of the NHS with 95% confidence (the upper limit for a significant value is 3.1%)

Source: NHS-England analysis of SUS data

2. Furthermore, emergency admissions of care home residents were held flat in areas covered by the six Enhanced Health in Care Homes (EHCH) vanguards. In areas not covered by EHCH vanguards, emergency admissions of care home residents increased by 8.7%.
3. The vanguards are also demonstrating positive return on investment (ROI). Based on progress up to Q3 in 2017/18, the 36 MCPs, PACS, EHCH and Acute Care Collaboration vanguards forecast £324million of net annual savings by 2020/2. This represents a return of £2 for every £1 spent.