

NHS ENGLAND – BOARD PAPER**Title:**

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

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

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':
 - Demand
 - Urgent and Emergency Care
 - Primary Care
 - Elective Care
 - Cancer
 - Mental Health
 - Integrating care locally
 - Ten Point Efficiency Plan
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

4. CCGs have effectively managed down demand for **elective care** during 2017/18. Demand has continued to reduce from 4.7% growth in 2015/16 to -1.8% in 2017/18, with a 0.2% year-to-date increase in GP referrals in September 2018. Outpatient attendances have grown by 1.6% year to date, with overall elective spells growing by 0.4%.
5. The majority of growth in **urgent attendances** has been for non-A&E (Type 1) services, such as urgent care centres, minor injuries units and walk-in centres (Type 2 – 4), with a year-to-date growth of 11.2% in September 2018. This reflects the shift in care away from acute hospital beds and towards more community-based provision. Attendances at Type 1 A&Es have risen by only 1.8% over the same period and all attendances (Type 1,2,3 and 4) have a growth of 4.3%.
6. In line with our Urgent & Emergency Care strategy, the majority of growth in **non-elective admissions** has been for patients who are 'emergency day cases' with no overnight stay, where year-on-year growth was 10.5% and 2.4% for those patients who require an overnight stay. Joint analysis between NHS England and NHS Improvement show that two thirds of the growth in emergency day cases is due to reclassification of activity and therefore the real growth is closer to 5.3%.
7. In 2018/19, NHS Improvement and NHS England are driving a concerted focus on reducing long stay patients. The three month rolling average for 21+ day length of stay non-elective spells shows a decrease between July to September 2018 of 3.6% when compared to the

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same period last year, freeing up an estimated 2,470 hospital beds. Total hospital occupied inpatient bed-days have also decreased year-to-date by 1.5%.

Urgent and Emergency Care

8. The Urgent and Emergency Care (UEC) programme is focused on redesigning and strengthening 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.
9. **A&E performance** is below the 95% standard, but has improved during this year with 89.1% of patients who attended A&E in October 2018 admitted, transferred or discharged within four hours. This compares to 88.9% in September 2018, and 89.9% in October 2017.
10. We have made progress towards the elements of UEC transformation as set out in Next Steps, including:
 - More people are calling **NHS 111** for advice and treatment for their urgent care needs. In October 2018, there were 1.33 million calls to NHS 111. This was 43,000 per day, a 5.8% increase on October 2017. Of these calls 52.5% of patients were able to speak to a clinician when calling NHS 111 in October 2018, compared to 42.4% in October 2017, exceeding the 50% target in Next Steps.
 - The **Ambulance Response Programme (ARP)** recommendations have been implemented in all mainland Ambulance Trusts. In October 2018, the C1 standard (i.e. the most urgent calls from people with life-threatening illnesses or injuries) mean and 90th centile response times across England were both the shortest since national recording commenced in December 2017. October performance against the other four standards demonstrated improvement compared to September 2018, and work continues to ensure further improvements are made.
 - In September 2018 there were on average 4,809 beds occupied each day by people who were recorded as having a **Delayed Transfer of Care (DTC)**, 809 delays short of the 4,000 average daily delays target set for September 2018. Over the last year (September 2017 to September 2018), DTCs have been reduced by 14.1% equating to 792 fewer beds being blocked every day. Against the February 2017 DTC baseline of 6,660 average daily delays, 1,851 beds are now freed up every day as a result of reductions in DTCs.
 - In addition, local systems continue to focus on reducing Length of Stay (LoS) for the longest waiters to address unnecessary long stays in hospital and release over 4,000 beds. In the 3 months to September the number of occupied long stay beds was 16,832. This is a 13% reduction against the 25% ambition.

Primary Care

11. 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.

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12. We are well on track to hit the **Improving Access** target originally set for March 2019 but brought forward to make more appointments available this winter. As of 1 October, over 98% of the population were benefitting from evening and weekend appointments to GP services seven days a week. There is intensive work ongoing with the few remaining CCGs to address outstanding issues. Planning is underway for a national communications campaign in the run up to winter to highlight to patients how they can benefit from this extended access.
13. A core focus to date has been to recruit more doctors into general practice, with Health Education England (HEE) working to attract 3,250 GP trainees per year from 2016. This year, 3,473 doctors have been accepted into GP specialty training; exceeding the target and representing a 10% increase on last year. An enhanced focus is now needed on ensuring these trainees are encouraged to remain in the workforce, with a focus on supporting them into rewarding jobs and careers in primary care.
14. We continue to invest in support for GPs who might otherwise leave general practice, with a strong focus on retention being encouraged in STP plans. The seven GP Retention Intensive Support sites are now progressing with agreed action plans focusing on combining three levels of support (for individual GPs who are considering exiting, the practice in which workload can be redistributed and the wider system to improve working with secondary care) to maximise their impact on retention. More widely, 144 local initiatives to support the retention of GPs are either live or in development across the country under the Local GP Retention Fund. The GP career support pack produced in consultation with the RCGP, BMA and GP appraisers' network to signpost GPs to available career support has been downloaded over 1,200 times since its publication in August 2018.
15. In October 2018, NHS England launched an improved process for returning doctors as part of the induction and refresher scheme. The scheme helps support doctors back into general practice, with over 700 doctors currently on the application list and nearly 260 currently receiving support. We are now expanding our support offer to include a new relocation package worth up to £18,500 for doctors returning from overseas and assistance with application fees and visa costs. In parallel, with RCGP and GMC we launched a streamlined process to check equivalence of qualifications and experience for Australian-trained GPs who qualified after 2011, and we have begun active recruitment of GPs from Australia. We are now exploring whether we can streamline the process for some additional non-EEA countries. The overall international GP recruitment programme will run over several years as it takes time to safely support doctors into practice. We have been exploring all possible routes for attracting GPs from overseas and are starting to see this programme gain momentum with over 1,200 applications received to date.
16. The GPFV also commits to increasing the wider general practice workforce (non-GP staff) by at least 5,000 FTE staff by 2020. As at June 2018, there were 92,851 FTE non-GP staff, an increase of 4,576 FTE since Sept 2015, putting us on track to exceed this target. Statistics will next be published on 23 November.
17. We have supported improvements to the primary care estate and technology infrastructure, through the delivery of 970 projects as at 30 April 2018, with a further 700 schemes in development under the Estates and Technology Transformation Fund. We remain on track to deliver the original planned investment of £800m over the 5 years under this programme. Further business cases are being developed for the schemes submitted under the STP

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Wave 1-3 Capital programme. We are anticipating a further spend of circa £68million and we await the outcome of the STP Wave 4 capital bids submitted in Summer 2018. The General Practice Premises Review is underway and considering proposals to support new models of care and transformation of services. Recommendations are expected to be made in early 2019.

Elective Care

18. Performance on the **referral to treatment time** (RTT) standard in September 2018 was 86.7% of patients waiting less than 18 weeks, down from 87.2% in the previous month. The number of RTT patients waiting to start treatment was 4.13 million, an increase of 6% on the previous year. The number of people waiting over 52 weeks reduced in September to 3,156 from 3,407 in August. The expectation is that the number of 52+ week waiters is reduced by 50% on the March 2018 level. Based on a like-for-like comparison group, the number of 52+ week waiters has increased by 5.5% between March 2018 and September 2018.
19. We are confident that we have commissioned the volumes of activity required to hold the waiting list level as per the national commitment. The increase in the waiting list that has occurred to date therefore partly reflects capacity constraints on elective volume increases. We are working system by system to ensure that they deliver as close to the planned levels as possible.
20. 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 October 2018 178 out of 185 CCGs (96%) 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 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 compared to a 3% reduction in CCGs not yet compliant with the specification;
 - 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. A First Contact Practitioner (MSK) service enables patients who would usually present to the GP in primary care with an MSK issue to either refer themselves directly into existing physiotherapy services or see a First Contact Practitioner who is based in general practice. Enabling people to self-refer to first contact MSK practitioner services can speed up access to treatment, reduce GP workload and associated costs, improve patient experience and reduce inappropriate referrals to secondary care.

Cancer

21. 2018/19 has seen steep increases in referrals across all tumour types, most starkly in urology. In September 2018, YTD referral growth is 13.6% higher than the same period last

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year. This is welcome as we want to see more people coming forward with symptoms to get a diagnosis and receive treatment early, thereby increasing survival. The system has responded with a significant growth in activity (in September 2018, 62 day treatments have grown by 10.7% financial YTD compared to the same period last year), but we need to do more to meet the constitutional standard.

22. Two key initiatives are proposed to respond to this growth in demand and to improve on 62 day performance:
 - a nationwide initiative (particularly focused on urology) to grow capacity and support improvement activity across the country; with investment from the national Cancer Programme
 - Senior specialist visits and support planning with especially challenged areas to diagnose the root causes of their poor performance and provide solutions
23. This will enable actions to implement the better management of additional patient demand and inform a follow-on support package. The National Cancer Director agreed to ring-fence £10m from the cancer programme to support this work and the additional funding was announced by Simon Stevens on 9 October 2018.
24. All Cancer Alliances have agreed plans in place for using transformation funding in 2018/19 to deliver earlier and faster diagnosis and support for people living with and beyond cancer, while prioritising the delivery of the 2018/19 Planning Guidance. Alliances are implementing timed pathways for lung, prostate and colorectal cancer, and putting in place agreed clinical protocols and a system for remote monitoring to support all breast cancer patients to move to a stratified follow-up pathway after treatment. Q3 and Q4 transformation funding allocations have been communicated with all Alliances and have confirmed adjustment for the impact of increased urology referrals; Alliances' delivery plans have been agreed and updated accordingly.
25. In October 2016, NHS England announced a £130 million fund to modernise radiotherapy across England. This is ensuring that older linear accelerators (LINACs - radiotherapy machines) being used by hospitals across the country are being upgraded or replaced, giving cancer patients access to the latest leading edge technology regardless of where they live. Since October 2016, NHS England has approved funding to replace or upgrade 79 machines across England, with 49 of those since publication of Next Steps on the Five Year Forward View. We will meet the commitment in Next Steps shortly, completing the modernisation programme.
26. The cancer priorities within the NHS Long-Term Plan are being developed, building on the foundations of the FYFV and Cancer Taskforce recommendations. The Long-Term Plan will further service transformation already underway to improve early diagnosis of cancer, so that 75% of cancers are diagnosed early, as announced by the Prime Minister on 3 October 2018. Rapid Diagnosis Centres, investment in modern radiotherapy and modernisation of screening programmes will contribute to this step change in cancer outcomes.

Mental Health

27. Delivery of the Five Year Forward View for Mental Health continues to progress. Latest data from the mental health dashboard shows that more CCGs than ever before have met the Mental Health Investment Standard (MHIS), with 90% of CCGs meeting the requirement in

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2017/18 - up from 85% the previous year. In addition, CCGs increased their mental health spend from £9,723m in 2016/17 to £10,080m in 2017/18 – an increase of 3.7% compared to 2.1% growth in CCG programme allocation. There are robust local assurance processes for delivery of mental health standards, including a requirement that all CCGs meet the Mental Health Investment Standard (MHIS) from 2018/19.

28. The **Improving Access to Psychological Therapy (IAPT)** access rate was 4.26% in August 2018, with a recovery rate of 51.6%, exceeding the standard of 50%. In August 2018, 89.7% of people entered treatment having waited less than six weeks (against a standard of 75%) and 99.2% of people entered treatment having waited less than 18 weeks (against a standard of 95%).
29. A second wave of community **perinatal mental health** funding has been distributed to a further 35 STP-led sites, 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. The Five Year Forward View pledges that an additional 9,000 women will be receiving specialist perinatal care by 2018/19. At the end of Quarter 1 we are ahead of the commitment made with 2,200 additional women having accessed services.
30. NHS Digital published a one-off data collection for access to children and young people's mental health services in July 2018. Results indicate that nationally 324,724 children and young people accessed mental health services in 2017/18, which approximately equates to 30.5% of children and young people and is in line with our annual standard of 30% for 2017/18.
31. Data for the second quarter of 2018/19 shows the proportion of **children and young people accessing treatment for eating disorders** within four weeks for routine cases was 80.2%. The proportion of children and young people accessing treatment within one week for urgent cases was 81.3%. The programme is on track to achieve 95% for both routine and urgent cases by 2020/21.
32. The national standard for 50% of people to start treatment for **Early Intervention in Psychosis (EIP)** within two weeks was exceeded in September 2018, with a performance of 75.4%. 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 coordinator within an EIP team.
33. At the end of October 2018, the 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. We are also exploring ways to reduce unnecessary admissions and length of stay in acute hospitals for people with dementia, with three pilot STPs initially.

Integrating Care Locally

34. The 14 integrated care systems (ICSs) continue to mature. The latest data shows 13 are performing better than the national average against referral to treatment (RTT) standard; 11 are performing better than the average against the cancer 62-day standard; and 10 are performing better than average against the 4-hour A&E standard.

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35. In financial terms, 8 of the 14 systems are outperforming their operating plans. We anticipate that most ICSs will meet their system control totals at the end of the financial year, although there is much work left to be done. We are working with all systems to strengthen their capability to manage resources collectively and improve financial performance. This includes codifying and sharing good practice and providing bespoke support on payment reform and other challenges, as well as pro-actively facilitating peer-to-peer learning.
36. The ICSs are also making progress in redesigning their care or delivery models, investing in primary care and community services that prevent unnecessary hospitalisation and tackle the wider determinants of health. Most systems now report full coverage of primary care networks designed to ameliorate pressure on GP surgeries, extend access and - in their more developed form - provide 'anticipatory' or proactive care. These networks are the platform for integration with hospital, mental health and local government services. For example, North Cumbria has put in place eight integrated care communities that are coordinate care through community multidisciplinary teams, co-located services and expanded community services available seven days a week. Similarly, in Dorset, integrated care hubs bring together a GP extensivist, community geriatrician, therapists, community nurses, social workers and mental health professionals. ICSs must now concentrate on embedding and spreading these integrated care models to serve all their residents.

Ten Point Efficiency Plan

37. 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 and Social Care.
38. CCGs are forecasting to deliver £2.4bn of QIPP savings attributable to the 10PEP in 2018/19.
39. CCGs are forecasting £541m of efficiencies delivered using a RightCare approach in 2018/19. An additional £126m is expected to be delivered within Specialised Commissioning in 2018/19 compared to £78m in 2017/18. In service areas that have been prioritised for a RightCare focus within CCGs, elective activity demand growth is 1.7% lower and non-elective demand growth is 0.1% lower than in areas where RightCare is not active. This helps to demonstrate the savings made by reducing unwarranted variation in clinical quality and efficiency. 2018/19 and 2019/20 will see implementation of the new RightCare Delivery Strategy which includes increasing close working with other national programmes and the NHSI GIRFT workstream to further embed the improvement methodology.
40. The Medicines Value Programme have a forecast delivery in 18/19 of £785m of efficiency savings. From 1 April to 30 June 2018, expenditure on Low Priority Prescribing products is, in cash terms, 22.7% below the same three months in 2017/18 with the trajectory expected to improve. Uptake of best value biologics has increased month on month, with three of four currently available products exceeding the 80% target for uptake within 12 months of on-set. The fourth is expected to do so by the end of 2018/19, having become available at the end of 2017/18. During 2018/19, CCGs have begun to implement the over the counter

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medicines guidance published in March 2018, and we will be able to report on performance against this at the next board.

41. Continuing Healthcare (CHC) expenditure is stabilising, with lower growth than anticipated in the last three years. CCGs delivered QIPP of £530m in 2017/18, with an additional £297m above this expected to be delivered in 2018/19 (gross impact of £827m). This has been delivered at the same time as eligibility rates have remained constant. Location of assessment and 28 day standard targets continue to show improving trends to the end of June 2018. Further work is being undertaken in 2018/19 to identify opportunities from reducing the still high level of variation seen across the country.
42. The Evidence Based Interventions (EBI) programme consultation closed on 28 September. We expect the EBI programme to have a significant impact on demand moderation by ensuring appropriate use of the 17 procedures it is focusing on; we will monitor the impact of the programme from Q4 2018/19, subject to final decisions following the consultation.
43. £26m of savings are forecast to be delivered in the year 2018/19 through our proactive counter-fraud work in identifying inappropriate dental and pharmacy fee exemption claims. A further £12m of savings have been forecast through identifying and recovering over-claimed dental fees.

Harnessing Technology & Innovation

44. 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 (EtP)

45. We've been improving the [NHS website](#) to include more accessible content which is better optimised for mobile devices. The redesigned homepage has been live since mid-August and a successful heart age tool campaign drove significant interest. There have been **2.5million more visits** over the past two months compared to the same time period last year.
46. **NHS WiFi** has been implemented in 81% of CCGs. This equates to 87% of GP practices (accounting for partial implementations) giving **51 million patients** access to free NHS WiFi. The programme continues to see an upward trend of NHS WiFi usage month on month, based on CCG submitted data.
47. The [NHS Apps Library](#) now has over 75 apps across a range of health and social care categories with a further 108 under review. It has received **620,000 visits** and **75,000 click-throughs** to the app store to date, with more than a third of those click-throughs in the last three months since we started linking from condition-specific pages on the NHS website.
48. Patients have started testing the new [NHS App](#). Up to 30 GP Practices across England are taking part in private beta testing between September and the end of the year. The new app provides simple and secure access to a range of healthcare services on a smartphone or tablet. Patients can access [NHS 111 Online](#) and symptom check, book and manage appointments, order repeat prescriptions, view their GP medical record, and much more.

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Feedback from patients and practices will help us to make improvements to the app before it is rolled out nationally.

49. **NHS login** (Citizen Identity Programme) also entered into private beta testing at the end of September, as part of the NHS App pilot. This is the single, easy to use system for verifying the identity of those requesting access to digital health records and services, so that we can ensure people only access information about themselves and those they care for. You can watch this short film and find out more about [NHS login](#).
50. **Widening Digital Participation:** Evaluation of one of our 20 pathfinders showed that a [social media campaign led to a 13% increase in first-time attendances for breast screening in Stoke-on-Trent](#) over four years. The local initiative saw information about screening posted on Facebook community groups, which empowered women to make appointments by reducing their anxiety around breast examinations. It also allowed them to communicate quickly and easily with health practitioners to ask questions about the screening process.
51. We have published a new [Digital Services Design Manual](#) for those building digital services for the NHS. Developers can easily find content styles, design principles and guidance in one place, and can provide feedback to us so we can make further improvements.
52. We have undertaken significant stakeholder engagement on digital services, with health and care partners, professional associations, suppliers, and patients and the public at conferences, events and forums; including a [voluntary sector digital roundtable](#) held recently with over 20 national charities and patient voice organisations.

Digital Urgent and Emergency Care (DUEC):

53. We have been rolling out **NHS 111 Online** (Pathways) across England throughout 2018. 100% of the country has access to a 111 Online service, with varying levels of integration at this stage. Over two thirds of the country (68.2%) now have full integration, with the rest developing this.
54. NHS 111 is now able to directly book appointments into 93% of Out of Hours, 75% of Urgent Treatment Centres and 9% of GPs.
55. The **Ambulance Digital Strategy** will inform the digital development plan that is planned to sit under the Digital Technology portfolio and support both Ambulance Improvement and the Carter implementation. The delivery plan is currently being developed alongside the funding requirements.

Support the clinician:

56. 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 and further progress is expected during November 2018.

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57. The GDE Accreditation workstream is now gaining momentum with a number of Acute GDEs signalling that they will be ready to through the process by the end of this financial year.

Integrating care:

58. The first 5 exemplars that form Wave 1 of the **Local Health and Care Record** programme have been selected and cover London, Greater Manchester, Yorkshire and Humber, Thames Valley and Surrey and Wessex. These exemplars will enable safe and effective sharing of information between health and care organisations for the benefit of patient care and enable use of data to support the improvement of outcomes through population health management approaches. The exemplars cover circa 40% of the population and a range of demographics and urban and rural mix. Delivery is being led by local service transformation priorities to ensure this is embedded as part of STP/ICS plans. Specific pathways are being focused upon by each (e.g. cancer, UEC, maternity) as part of their implementation with blueprinting of these approaches for use by other areas.