

# MINUTES

## BOARD MEETING HELD IN PUBLIC

**Date/Time** Thursday, 31 January 2019 – 11:00-13:00  
**Location** Rooms 102A & 124A, Skipton House, London

### ITEMS

#### 1. Welcome and Introduction

- 1.1. The Chair welcomed everyone to the meeting.
- 1.2. Apologies for absence were received from Professor Sir Munir Pirmohamed.
- 1.3. There were no declarations of interest over and above those held on record.

#### 2. Minutes of the previous meeting

- 2.1. The minutes of the meeting held on 28 November 2018 were approved as an accurate record. There were no matters arising.

#### 3. Chair's Report

- 3.1. The Chair:
  - 3.1.1. expressed thanks to Simon Stevens and the wider team for the production and delivery of the NHS Long Term Plan, remarking that in his opinion there was no other country in the world that could produce such a comprehensive strategy for their health system;
  - 3.1.2. reported on two recent visits to South Yorkshire and to Manchester, which had demonstrated the benefits of working together as integrated care systems; and
  - 3.1.3. reported that, in December, Genomics England and NHS England had completed the sequencing of 100,000 genomes and in same month NHS England had offered CAR-T therapy at Great Ormond Street NHS Foundation Trust – remarking that this was a demonstration that the NHS is at the forefront of innovation.
- 3.2. The Board received and noted the Chair's update.

#### 4. Chief Executive's Report

- 4.1. The Chief Executive:
  - 4.1.1. thanked teams throughout the country who were responding to pressures in the NHS over Winter;
  - 4.1.2. set out work underway to complete the 2018-19 financial year and to prepare for 2019-20 as the first year of implementation for the NHS Long Term Plan;
  - 4.1.3. commented that the Board would hear about the first pillar of implementation through the new GP contract later in the meeting, and placed on record thanks to both the NHS England and British Medical Association's General Practitioners Committee teams for the productive way they had worked together on the development of this;
  - 4.1.4. reported that NHS England had been invited by the Health and Social Care Select Committee and the Government to put together more detailed around proposals around legislation, which would be issued for engagement across the health service and more widely during February; and
  - 4.1.5. reported that NHS England would shortly be advertising for Co-Chairs of the new NHS Assembly.
  - 4.1.6. The Board received and noted the Chief Executive's update.

#### 5. CCG Allocations and NHS England funding 2019/20-2023/24

- 5.1. Matthew Style reported that:
  - 5.1.1. the Government's five-year revenue funding settlement had now been set out in detail, as shown in the Board paper. It funded the NHS Long Term Plan and provided the opportunity for NHS England to set firm allocations over an extended period. This meant greater planning certainty, and would allow local systems to develop robust and sustainable plans; and
  - 5.1.2. the allocations made provision to both complete the original Five Year Forward View commitments and to deliver the NHS Long Term Plan commitments, providing a methodologically sound and efficient distribution of resources across the population in England according to need.

- 5.2. Matthew thanked Professor Peter Smith and the members of the independent Advisory Committee on Resource Allocation (ACRA) for their recommendations and recommended to the Board that they accept them in full.
- 5.3. The Board accepted the ACRA recommendations and confirmed the draft CCG allocations, as published on 10 January 2019.

## **6. Update on GP Contract Negotiations**

- 6.1. Ian Dodge was joined by Dr Richard Vautrey, Chair of the British Medical Association's General Practitioner Committee (GPC) in England, Dr Nikita Kanani, Director of Primary Care, and Ed Waller, Director for New Business Models, to present this item. He:
- 6.1.1. reminded the Board that, in July 2018, they had agreed that work should begin on the most significant contract reform since 2004, and confirmed that NHS England had now reached agreement with the GPC on a five-year framework to implement the primary care elements of the NHS Long Term Plan; and
- 6.1.2. outlined the wide-ranging nature of the agreement, which would:
- 6.1.2.1. seek to address the workforce shortfall;
- 6.1.2.2. bring a permanent solution to indemnity costs and coverage;
- 6.1.2.3. improve the Quality and Outcomes Framework;
- 6.1.2.4. introduce an automatic entitlement for practices to a new Primary Care Network Contract as an extension of their existing GP contracts;
- 6.1.2.5. help to join up urgent care services and enable practices and patients to benefit from digital technologies;
- 6.1.2.6. deliver new services to achieve NHS Long Term Plan commitments, including through seven new national network service specifications, a review of vaccination and immunisation arrangements, and a new Network Dashboard;
- 6.1.2.7. give five-year funding clarity and certainty for practices; and
- 6.1.2.8. test future contract changes prior to introduction.
- 6.2. Dr Richard Vautrey commented that this agreement built on the existing GMS contract and would provide an opportunity, if implemented well, to make a real change that not only delivers an additional number of wider general practice staff but also an environment in general practice to encourage younger doctors to become GPs and older doctors to remain as GPs.
- 6.3. He recognised that there would still be significant work to do, but confirmed that the GPC was committed to continue to work collaboratively with NHS England to make this a success and general practice better as a result.
- 6.4. The Board thanked both the NHS England and the GPC teams for their work and approved the Contract and publication of *Investment and Evolution, A five-year framework for GP contract reform to implement the NHS Long Term Plan*.

## **7. Implementing the NHS Long Term Plan: the NHS comprehensive model of personalised care**

- 7.1. Ian Dodge was joined by James Sanderson, NHS England's Director of Personalised Care, and Robyn Chappell, a patient advocate, to present this item. He reported that the NHS has begun to shift towards a more personalised approach to health and care to allow people to have choice and control over the way their care is planned and delivered, based on what matters to them.
- 7.2. James Sanderson remarked that the Comprehensive Model for Personalised Care will increase the number of people who have choice and control over how their care is delivered, bringing a shift in focus from "what is wrong with you" to "what matters to you".
- 7.3. Robyn Chappell, a personal health budget holder for three years, shared her own story and personal reflections on why this was such an important step forward, welcoming the plans for additional support to scale this work.
- 7.4. The Board thanked Robyn for sharing her story, recognising the enormous impact access to truly personalised care had made not only to her health and well-being but on her ability to return to work, and endorsed the plans set out in *Universal Personalised Care*.

## **8. NHS performance and finance update**

- 8.1. Pauline Philip introduced this item, focussing on Urgent and Emergency Care (UEC). She reported:
- 8.1.1. that performance for December 2018 and year-to-date (YTD) demonstrated a growth in attendance numbers in non-A&E services by 10.6% in November, whilst attendances at Type 1 A&E services had risen by 1.7% over the same period – which was consistent with the UEC strategy to support patients to access the most appropriate setting for their urgent care needs, keeping patients away from A&E departments if there was a suitable alternative option;

- 8.1.2. there had been a slight increase in ambulance arrivals at A&E in December 2018, compared to the previous year, with a consistent reduction nationally in handover delays as compared to the previous year;
- 8.1.3. NHS111 activity had significantly increased, with around 800k more calls YTD than in the previous year, with 82% of calls answered by NHS111 within 60 seconds, and clinical advice provided to 53.9% of triaged calls. The national NHS111 online service was now available across England, reaching around 91.5% of areas by December 2018;
- 8.1.4. national and regional winter arrangements were fully operational, with teams working together to support local systems to prepare for winter, including intensive targeted support for organisations where there were significant challenges;
- 8.1.5. overall the prevalence of 'flu had been lower than the previous year, with the main strain being well matched virologically with the vaccine; and
- 8.1.6. on referral to treatment (RTT), again in the context of the overall reform programme, performance on the RTT waiting time standard had improved slightly in November, with the overall reported waiting list size reducing in the last month. There had been a reduction in the number of patients waiting over 52 weeks, with an elective recovery plan having been put in place to increase capacity and closely monitor issues and actions locally. At the same time CCGs were managing demand in line with the priorities set out in the reform programme, with GP referrals showing a significant drop in growth rates.
- 8.2. On wider performance and delivery against standards, Matthew Swindells reported:
  - 8.2.1. progress continued to be made in enabling patients to access services and information digitally, with visits to the NHS website site increasing by 4 million when compared to December 2017. The NHS apps Library now had 80 apps live across a range of health and social care categories, with a further 117 under review. On 31 December 2018, the NHS App had been launched, with GP practices now being connected to the app;
  - 8.2.2. there had been some improvement in cancer performance, although the 62day standard was still missed in some types of cancer. There had been a 10% increase in the number of patients treated on the 62day cancer pathway, with an appropriate increase in the number of potential cancers being referred, the number of diagnoses made, the number of patients being reassured that they do not have cancer, and in the number of patients who receive a cancer diagnosis that can receive appropriate treatment earlier. Services were working hard to meet that increase in demand, with a clear recognition that this would help to meet the LTP commitment to identify more cancers earlier. As a result, diagnostic and treatment capacity had to be strongly developed in all cancer services;
  - 8.2.3. there was now 100% coverage of extended primary care access. The latest quarterly statistics from NHS Digital provisionally indicated a narrowing in the drop in numbers of FTE doctors since 2015, with an increase in the number of doctors accepted into GP specialty training over the last year. Additionally, the target to grow the wider workforce in primary care had been exceeded, with 5321 additional FTE staff recruited to date, including clinical pharmacists and paramedics; and
  - 8.2.4. delivery of the Five Year Forward View (FYFV) for Mental Health continued to progress, with latest data showing that, for the first time, 100% of 195 CCGs (covering every part of England) were on track to achieve Mental Health investment standard, with services on track to deliver the targets in improving access to psychological therapy, community perinatal mental health, children and young people's mental health, eating disorders, early intervention in psychosis and dementia – whilst recognising that there was still work to do to ensure all of these FYFV standards were met in advance of moving onto meeting the subsequent Long Term Plan commitments.
- 8.3. Mathew Style reported that, at month 8, the full year forecast was for a planned underspend of £453m. He stated that this would continue to be kept under view to ensure the commissioning system could play its appropriate part in delivering financial balance across the NHS as a whole for 2018-19.
- 8.4. Turning to the matter of EU Exit, Matthew Swindells:
  - 8.4.1. stated that there was a huge amount of work ongoing across the NHS to prepare for the potential of a "no-deal" exit at the end of March 2019;
  - 8.4.2. reported that there would be up to 200 people embedded in national and regional teams to coordinate and prepare for this eventuality working with the Department of Health and Social

- Care (DHSC), who are leading on the critical factors for the NHS in particular the continued supply of medicines, medical equipment and non-medical consumable goods;
- 8.4.3. Reported that the DHSC is working closely with the Department for Transport would had responsibility to ensure that sea routes to bring in the volumes to allow the NHS to function normally were in place; and
- 8.4.4. reported that there would be significant communication with the NHS over the next three weeks on the potential impact of those scenarios.
- 8.5. The Board noted the update on performance and the financial position for month 8, 2018/19.

**9. Reports from Board Committees**

- 9.1. The Board noted the report from the Commissioning Committee meetings held on 29 November 2018 and 12 December 2018; ratifying the Chair’s recommendation and approving the delegation of responsibilities for the commissioning of primary medical services to the following CCGs:
- NHS Surrey Downs CCG;
  - NHS Morecambe Bay CCG;
  - NHS Southport & Formby CCG;
  - NHS South Sefton CCG;
  - NHS Bedfordshire CCG;
  - NHS North Lincolnshire CCG;
  - NHS East Surrey CCG;
  - NHS Somerset CCG; and
  - NHS Devon CCG (newly merged wef 1.4.2019 – formerly NHS NE&W Devon CCG and NHS South Devon & Torbay CCG).
- 9.2. The Board noted the report from the Specialised Services Commissioning Committee Meetings held on 24 October 2018 and 11 December 2018.
- 9.3. The Board noted the report from the Audit and Risk Assurance Committee Meeting held on 12 December 2018.
- 9.4. The Board noted the update from the Investment Committee Meeting held by correspondence in November 2018.

**10. Litigation Update**

- 10.1. The Board noted the litigation update as provided.

**11. Any other Business**

- 11.1. The Board resolved to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted) and the meeting was closed.

<b>Agreed as an Accurate Record of the Meeting</b>	
<b>Date:</b>	
<b>Signature:</b>	
<b>Name:</b>	David Prior
<b>Title:</b>	NHS England Chairman

**Members:**


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David Prior	Chairman
David Roberts	Vice Chairman
Simon Stevens	Chief Executive
Wendy Becker	Non-Executive Member
Noel Gordon	Non-Executive Member
Michelle Mitchell	Non-Executive Member
Joanne Shaw	Non-Executive Member
Richard Douglas	Associate Non-Executive Member
Ian Dodge	National Director for Strategy and Innovation
Emily Lawson	National Director for Transformation and Corporate Development
Ruth May	Chief Nursing Officer
Professor Steve Powis	National Medical Director
Matthew Style	Interim Chief Financial Officer
Matthew Swindells	Deputy Chief Executive

**In attendance:**


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Dr Richard Vautrey	GP and Chair of the British Medical Association General Practitioners Committee (for Item 5)
Dr Nikita Kanani	Director of Primary Care, NHS England (for Item 5)
Ed Waller	Director of New Care Models and Primary Care Contracts, NHS England, (for Item 5)
James Sanderson	Director of Personalised Care, NHS England (for Item 6)
Robyn Chappell	Patient Advocate (for Item 6)

**Apologies:**


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Munir Pirmohamed	Non-Executive Member
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**Secretariat:**


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Lesley Tillotson	Board Secretary
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