

**NATIONAL QUALITY BOARD****03 October 2018****14:15 to 18:00**Skipton House (Room: 125A, 1st Floor), 80 London Road, London, SE1 6LH**NQB FEEDBACK ON NHS LONG-TERM PLAN**

PRESENT		
Steve Powis (Chair)		Ted Baker (Chair)
Neil Churchill (on behalf of Jane Cummings)	Andrea Sutcliffe	Kathy McLean
Ruth May	Wendy Reid	Paul Cosford
Catherine Swann (on behalf of Viv Bennett)	Gillian Leng	Martin Severs
William Vineall (on behalf of Lee McDonough)		
IN ATTENDANCE		
Matt Tagney (NHSE)	Sarah Marsh (NHSE)	Louise Corson (NHSE)
Luke O'Shea (NHSE)	Keith Willett (NHSE)	Karen Turner (NHSE)
Paul Johnston (PHE)	Richard Owen (NHSE)	Jackie Cornish (NHSE)
Jacqui Dunkley-Bent (NHSE)	Elinor McDaniell (DHSC)	Helen Grote (Clinical Fellow)
Jessica Ball (Clinical Fellow)	Sammy Fell (NHS Graduate)	Anne Booth (Secretariat)
Dominique Black (Secretariat)	Gayle Fentiman (Secretariat)	
APOLOGIES		
Jane Cummings	Steve Field	Lisa Bayliss-Pratt
Viv Bennett	Lee McDonough	
AGENDA		
1. Welcome & Minutes of Previous Meeting		
2. <u>OVERVIEW: NHS LONG-TERM PLAN</u>		
3. <u>FOCUS ON: CLINICAL PRIORITIES AND ENABLERS</u>		
4. <u>FOCUS ON: LIFE-COURSE PROGRAMMES</u>		
5. <u>NEXT STEPS</u>		
6. Any Other Business		



NQB FEEDBACK ON NHS LONG-TERM PLAN

OVERALL PLAN

- The NQB welcomed this second opportunity to contribute to the development of the *NHS Long-Term Plan* (LTP) following the initial opportunity at the meeting on 10 August 2018.
- The NQB referred to the discussion on international comparisons and high impact solutions that took place at the NQB meeting in September 2017. These discussions and related analytical work played a large part in informing development of the LTP.
- The NQB strongly supported the inclusion of 'Workforce, Training and Leadership' as a key workstream and advised that a priority should be to ensure a workforce that is able to deliver integrated and coordinated care. The wider workforce, including the unregistered workforce and social care workforce, should be considered.
- The NQB advised that a clear narrative should be provided on the interrelationship between the LTP and the forthcoming *Green Paper on Social Care for Older People and Health and Care Workforce Strategy for England to 2027*.
- The NQB emphasised that implementation would be key, with significant improvements needed in the first 2 years in order to instil confidence that the ambitions of the LTP will be realised over the 10 year period.



CARDIOVASCULAR DISEASE AND RESPIRATORY DISEASE

- The NQB broadly supported the proposed intervention areas.
- The NQB supported the focus on early detection and noted the use of NHS Health Checks (including blood pressure assessment) for detecting cardiovascular disease, and spirometry for detecting respiratory disease.
- The NQB emphasised the importance of prevention elements and noted physical activity for preventing cardiovascular disease and respiratory disease, and seasonal flu and pneumococcal vaccinations for preventing respiratory disease.
- Regarding prevention, the NQB advised that consideration should be given to reducing health inequalities through targeting the sub-set of people who do not interact regularly with primary care.
- GILL LENG (NICE) highlighted opportunities associated with BNP (B-type natriuretic peptide) testing for cardiovascular disease and pheno-testing for asthma. She offered to link the leads to clinical evidence associated with these tests and other relevant clinical evidence.
- The NQB emphasised the benefits of horizon-scanning for new technologies and noted this was cross-cutting with the 'Research and Innovation' and 'Digital and Technology' workstreams.
- The NQB suggested that the LTP could provide a clear ambition and strong steer from the centre on the use of thrombectomy for stroke.
- The importance of improved data sharing and better workforce utilisation was highlighted.



CLINICAL REVIEW OF STANDARDS

- The NQB broadly supported the approach being taken.
- The NQB advised that the workstream should include the development of standards to hold systems (rather than organisations) to account as recommended by the CQC's report *Beyond barriers: How older people move between health and social care in England* (published in July 2018).
- The omission of primary care standards was queried. The intention to tackle primary care standards within phase 2 of the work was clarified and this was supported by the NQB.
- The NQB highlighted the importance of ensuring patients and the public remain at the heart of the work so the standards are developed primarily to improve patient outcomes and experience, and so there is a public-facing element understood by all. It would be important to engage the public in what they want from the standards and to ensure clarity about the standards especially Referral to Treatment.
- There was concern about what could get buried within a composite measure.
- The NQB noted the challenges faced by the workstream including cultural issues associated with the use of standards at all levels, e.g. gaming by frontline clinicians and managers, and over-burdensome performance management by commissioners and regulators.
- Regarding gaming, the NQB recognised that it would be impossible to prevent this entirely; however standards should be designed to mitigate against their misuse as much as possible.
- Regarding cultural issues, the Behavioural Insights Team was signposted.
- Opportunities offered by digital and technology were highlighted, including the planned roll-out of a Digital NHS 111 Service.



PREVENTION, PERSONAL RESPONSIBILITY AND HEALTH INEQUALITIES

- The NQB broadly supported the proposed intervention areas.
- The difference between shifting the distribution of risk by taking a population approach and truncating the distribution of risk by targeting high-risk groups was noted. These two distinct but complementary strategies (the 'prevention paradox') could be elaborated on within the LTP.
- The NQB discussed prevention strategies targeted at secondary care versus those targeted at primary care and advised that primary care should not be neglected.
- MARTIN SEVERS (NHSD) commented that a 'two-click' digital system for referrals to prevention services (e.g. smoking cessation services) was possible and could be explored further.
- Regarding obesity, GILL LENG (NICE) flagged NICE Guidelines in this area.
- It was suggested that the benefits of physical activity to the prevention agenda could be strengthened.
- Regarding personal responsibility, the NQB suggested that the NHS and wider workforce could be targeted to improve their health literacy thus giving them the knowledge and confidence to act as advocates and enhance their practice to improve the health literacy of those they provide care to.
- Regarding health inequalities, it was pointed out that homeless people often face barriers to accessing health and social care due to their lack of address. MARTIN SEVERS (NHSD) suggested that the leads could explore the creation of a Clinical Standard for the registration of homeless people using their GP address.
- The NQB highlighted the importance of working across government departments and sectors including education, housing and the environment. It was noted that the Health and Wellbeing Boards should be utilised to support the prevention agenda, recognising the need for place-based systems of care involving Local Authorities.



HEALTHY CHILDHOOD AND MATERNAL HEALTH

- The NQB broadly supported the proposed intervention areas.
- Health inequalities and particular issues within certain ethnic groups were highlighted. The NQB supported the proposed intervention to support continuity of carer for pregnant women from deprived socio-economic and BAME groups.
- The reduction in Health Visitors following their move to Local Authorities was noted. The NQB emphasised the vital nature of this service in providing support to families.
- The NQB highlighted the importance of real-time data in this area and noted that data timeliness was key. MBRRACE-UK and ONS data were referred to.
- The NQB noted variation throughout the country in neonatal mortality and supported the planned Neonatal Transformation Programme.
- The NQB noted the importance of sharing information for the continuum of care.
- The NQB discussed the problems associated with the lack of a unique identifier for foetuses. It was noted that NHS numbers are only assigned to babies once they are born. The NQB highlighted the benefits that would be realised if NHS numbers could be assigned prior to birth. The potential for a unique identifier across health care, social care, education and other areas was noted.
- MARTIN SEVERS (NHSD) noted the potential for a National Register or Registers for children to be created and offered to explore this further with the leads.
- The NQB supported the proposed intervention around perinatal mental health and advised that children and young people's mental health should also be prioritised – it was clarified that this was covered by the 'Mental Health' workstream.
- GILL LENG (NICE) flagged the NICE Guideline on *Transition from children's to adults' services for young people using health or social care services* (published in February 2016) and the need to improve implementation of this.