Paper Title: **Clinically-led Review of NHS Access Standards**

Agenda item: 7

Report by: Steve Powis, NHS National Medical Director

Paper type: For discussion

Summary

This paper updates on the clinically led review of NHS Access Standards that is currently underway. The Review was commissioned in June 2018 to ensure that the core access standards supported the ambition for the NHS that would be set out in the NHS Long Term Plan. Key points to note are:-

- access to cancer and mental health services alongside Urgent & Emergency Care and planned care are being considered;
- field testing is underway or due to commence across all of the agreed care pathways;
- evaluation of the field testing experiences will be undertaken over the autumn and then published to inform a consultation in the new year.

Background

1. The NHS Long Term Plan set out an ambitious but practical roadmap for the future of the health service that builds on the undoubted success of the last 70 years and ensures it will continue to deliver high quality care for all over the coming decade. During the last 20 years a system of standards and targets has developed to provide assurance on quality and help to drive improvements in care and outcomes.

2. As we look to deliver further improvements to care, it is the right time to test updates to these old targets, some of which are two decades old, test new standards for mental health, and ensure they measure what matters to patients, and support NHS staff to improve care and save more lives. Therefore, the Prime Minister asked the NHS National Medical Director to review the core set of NHS Access Standards.

Context

3. The review is being undertaken in three phases:
   a) Consider what is already known about how current targets operate and influence behavior;
   b) Map the current standards against the NHS Long Term Plan to examine how performance measures can help transform the health service and deliver better care and treatment;

c) Test and evaluate proposals to ensure that they deliver the expected change in behaviour and experience for patients prior to making final recommendations for wider implementation

4. The terms of reference for the review are:-
To review the core set of NHS access standards, in the context of the model of service described in the NHS Long Term Plan, informed by the latest clinical and operational evidence; and to recommend any required updates and improvements to ensure that NHS standards:
   - promote safety and outcomes;
   - drive improvement in patient experience;
   - are clinically meaningful, accurate and practically achievable;
   - ensure the sickest and most urgent patients are given priority;
   - ensure patients get the right service in the right place;
   - are simple and easy to understand for patients and the public; and
   - do not worsen inequalities.

5. To support this work a Clinical Oversight Group was established, which includes members from the Academy of Medical Royal Colleges, the Royal College of Surgeons, the Royal College of Physicians, the Royal College of Emergency Medicine, the Royal College of Nursing, Healthwatch, and senior members of NHS England and NHS Improvement clinical teams.

6. The interim report published in March 2019 sets out the initial proposals for testing changes to and testing new access standards in mental health services, cancer care, elective care and urgent and emergency care. It signaled an intent to field test proposals in test sites across England during 2019/20, with implementation of new standards informed by field testing from April 2020.

7. Testing is either underway or due to commence by October 2019 across all of the proposals. Annex A sets out a table of the organisations undertaking Field Testing.

Current position

Urgent & Emergency Care:

8. The review presents a suite of metrics intended to improve the focus and sensitivity of the standards used across Urgent and Emergency Care. The proposals set out the introduction of an average (mean) time in department standard, the introduction of a standard for time to initial assessment and explore the feasibility of introducing ‘critical time standards’. The latter are measures based on completion of a clinically appropriate bundle of interventions that support improved outcomes for patients with defined life threatening conditions.

9. 14 NHS organisations commenced testing an average (mean) waiting time in May. At the end of first 6 weeks it was found that the measure was introduced successfully across all sites, with no reported safety concerns linked to the testing. However it is too soon to draw any conclusions beyond this.

10. Following the implementation phase, a second phase commenced on the 31st July and will continue to develop in an iterative manner through the financial year before results are provided in a final report. We are current addressing:-
    - Measuring time to initial assessment;
    - Collecting data on critical time standards (as set out above), and;
    - Test sites are continuing to monitor average (mean) total time in department and long waits from arrival, aiming for continual improvement.

11. The list of critical conditions included in testing in this phase is: stroke, major trauma, heart attacks (MI – STEMI), acute physiological derangement (including sepsis), and severe asthma. No site is currently collecting data for all conditions, instead focusing on particular conditions as shown in annex B.

12. The use of a mean for total time in an ED departments means that every minute of every patients treatment counts towards the overall performance measure. Performance can be improved by completing treatment at two hours instead of three, and more crucially at five hours instead of 11, rather than only measuring improvement either side of four hours. Equally performance is less impacted on occasions where an extra 30 minutes treatment may result in them going home the same day, where currently they may be admitted if they are close to four hours total time. So although the measured time / mean in ED may appear longer, the 'conversion rate' from ED attendance to emergency hospital admission will have fallen. So from the patient's point of view their overall treatment has been completed more quickly. The resulting reduction in the number of people admitted to hospital will result in a reduction in total time in hospital (including the time in an inpatient bed), which is better for the patient and the tax payer. Sites have welcomed the opportunity to fundamentally review their UEC processes to better support patients.

<u>Mental Health:</u>

13. The proposals within the interim report support the integration of physical and mental healthcare alongside supporting high quality patient care across settings and conditions. The timescales and approach reflect that the proposals seek to measure new services as opposed to changing the way access is measured and will sit alongside existing standards rather than replacing them.

14. For urgent MH services, sites (aligned with those testing UEC standards) will be testing the approach to urgent community mental health services and access within one hour to liaison psychiatry services and children and young people's equivalent in A&E departments. On Children and Young People's services, the pilots are part of a package of proposals that the Government committed to in 2018 on Children and Young People's Mental Health, including roll out of new NHS funded services in schools and colleges. 12 of the 25 2018/19 Mental Health Support Team trailblazer areas are piloting a four-week waiting time for access to specialist NHS children and young people's mental health services with the pilots expected to run for three years.

15. Testing of the community adult mental health waiting time standard will commence by October 2019.

Elective / Planned Care

16. Currently a significant proportion of patients 'clock stops' occur after just one outpatient appointment. The changing approach to delivering planned care set out in the NHS Long Term Plan including the redesign of outpatients and subsequent change to the pathway is expected to increase the complexity of people waiting for treatment. As such there were two proposals to be considered:-

    a. Changing the maximum waiting time standard (i.e. a revised X% of patients within Y weeks) to reflect the expected impact of wider system change on the waiting list; or
    b. Introducing a mean waiting time which would see all patients waiting time count towards the organisational performance.

17. From 1st August 12 hospital trusts began testing the use of an average (mean) wait in place of the proportion of patients waiting less than the 18-week maximum Referral to Treatment standard to help understand the operational and behavioural impact of this change. The intention is to begin to understand if this proposal keeps the focus on patients at all stages of their pathway and can help to reduce long waits. During testing, the existing patient's right to treatment within 18 weeks will continue to apply.

18. Alongside the quantitative effects on performance the field testing is also capturing the behavioural and operational changes in response to the proposed alternative standard. In addition to the field testing extensive modelling and analysis of the impact of outpatient transformation is being developed to help inform likely activity levels and patient flows where real life testing isn't practical.

Cancer

19. The NHS Long Term Plan set out key ambitions for cancer, including that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. The plan builds on the work set out in the Independent Cancer Taskforce strategy published in 2015, which recommended a Faster Diagnosis Standard to ensure people receive a confirmation or ruling out of cancer within 28 days, a significant improvement on the current 2-week wait to first appointment target and a more patient-centred performance standard.

20. 11 NHS Trusts have been identified as field test sites and commenced testing the faster diagnosis standard for cancer diagnosis from late August, meaning that patients referred to these trusts will be managed under the Faster Diagnosis Standard The target that patients can see a specialist within two weeks will continue to apply throughout the testing period.

21. At the end of Phase one an interim review of findings in each test site will be undertaken ahead of phase 2 of testing for the new standards through to the end of March 2020.

22. The faster diagnosis standard will sit alongside simplified measures of how quickly people begin treatment. Alongside the results of testing, advice from an expert clinical panel will inform final recommendations on thresholds and operational rules for the new, modernised standards.

Next steps

23. Testing across all the standards will be underway by 1st October 2019 to determine to what extent the proposals are:-
    - An improvement on what we have now
    - Measure what's most important clinically, and to patients
    - Clear and straightforward to understand

24. The review has committed to evaluating the proposals against its overarching principles but also to understand the impact within the following domains:-
    - Patient Safety
    - Waiting Times
    - Process change
    - Patient & Public experience
    - Clinical Outcomes
    - Variation in outcomes, experience & performance
    - Staff experience

25. An external evaluation will supplement the quantitative work that can be undertaken by the NHS itself. It is expected that the evaluation will consider each of the four pathways of care: cancer, mental health, urgent & emergency care, and elective care independently as well as ensuring there is triangulation of findings across the topic areas and pathways of care.

26. In addition to the evaluation, the interim report committed to conducting a consultation before any final changes are implemented.

Annex A: Field Test Sites

	Cancer	Elective	CYP	Urgent & Crisis
In the public domain				
Mid Yorkshire Hospitals	Doncaster and Bassetlaw Teaching Hospitals	Calderdale and Huddersfield	Doncaster and Rotherham	South West Yorkshire mental health Trust
North Tees and Hartlepool	East Lancashire Hospitals	East Lancashire Hospitals	Northumberland	Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust
Rotherham	Chesterfield Royal Hospital	Harrogate and District	Manchester	Tees, Esk and Wear Valley NHS FT
Nottingham University Hospitals	Warrington and Halton Hospitals	The Walton Centre	North Staffs and Stoke on Trent	Nottinghamshire Healthcare NHS FT
Cambridge University Hospitals	Northampton General Hospital	Milton Keynes University Hospital	South Warwickshire	Cambridge & Peterborough NHS FT
Kettering General Hospital	Hampshire Hospitals	Northampton General Hospital	Gloucestershire	Northamptonshire Healthcare FT
Luton and Dunstable University Hospital	The Royal Bournemouth and Christchurch Hospitals	Surrey and Sussex Healthcare	Buckinghamshire	Norfolk & Suffolk NHS FT
Plymouth Hospitals	Torbay and South Devon	Taunton and Somerset	Oxfordshire	Livewell South-West
Poole Hospital	Mid Essex Hospital Services	University Hospitals Bristol	Bromley	Southern Health NHS FT
Portsmouth Hospitals	Epsom and St Helier University Hospitals	University Hospitals Coventry and Warwickshire	Camden	Surrey and Borders Partnership NHS FT
West Suffolk.	Kingston Hospital	Barts Health	Haringey	East London Foundation Trust
Chelsea and Westminster Hospital		Great Ormond Street Hospital for Children	Tower Hamlets	Central and North West London NHS FT
Frimley Health				West London Mental Health NHS FT
Imperial College Healthcare				

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ANNEX B: Critical time standard field testing distribution.

Critical time standard proof of concept testing condition allocation						
Field testing Trusts	Asthma	Major Trauma	RAPID	STEMI*	Stroke	Phase 2 Trust Measure(s)
ChelWest	■					Asthma
North Tees	■					Asthma
Poole	■					Asthma
Rotherham District General	■					Asthma
Mid Yorks		■				Major Trauma
Nottingham		■				Major Trauma
Cambridge		■				Major Trauma
Cambridge			■			RAPID
Plymouth			■			RAPID
Kettering General Hospital			■			RAPID
Kettering				■		STEMI
Imperial RYJ				■		STEMI
Portsmouth				■		STEMI
Frimley					■	Stroke
Luton and Dunstable					■	Stroke
West Suffolk Hospital					■	Stroke

To note: Kettering and Cambridge are testing two conditions.