

## NHS England and NHS Improvement Board meetings held in common

<b>Paper Title:</b>	<b>Operational performance report</b>
<b>Agenda item:</b>	8
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<b>Paper type:</b>	For discussion

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### **Summary/recommendation:**

This paper provides a summary of the most up to date operational performance including recent activity trends, covering the period up to month 4. The Chief Financial Officer will give a verbal update on the month 4 financial position at the meeting as the final figures are not available at the time this report is being submitted.

We also publish comprehensive statistics regarding NHS performance on our website: <https://www.england.nhs.uk/statistics/statistical-work-areas/combined-performance-summary/>

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### **Urgent and Emergency Care**

1. 4-hour A&E performance for August 2019 was 86.3%. Comparing August 2019 to August 2018 shows a growth of 6.4% in total A&E attendances and 2.3% in total emergency admissions. The NHS looked after 37,000 more people within 4 hours this August, compared to last August.
2. The rise in demand can in part be explained by an increase in patients accessing a wider range of services. There are now 120 designated Urgent Treatment Centres. Of these, 94 are able to accept directly booked appointments from Integrated Urgent Care (IUC) services (NHS 111 control centres). A further 55 centres are scheduled to be designated by December 2019.
3. Non-elective “admissions” YTD for patients with a zero-day length of stay grew by 8.0% compared to the same period last year, while those with a length of stay of one day or more grew by only 2.1%. This reflects the continued drive to increase same day emergency care (SDEC) provision, helping to reduce unnecessary hospital admissions and occupied bed days.
4. The overall aim is to embed SDEC and Acute Frailty services in every acute hospital with a Type 1 A&E Department, increasing the proportion of acute admissions discharged on the day of attendance from a fifth to a third.

**NHS England and NHS Improvement**



- Nationally 75% of providers are already delivering services in line with the national ambition and this is set to rise to 89% by the end of September 2019.
5. Reducing length of stay for those patients who have been in hospital for 21 days or more remains a key priority for trusts. For August, 20.1% of the 40% national reduction ambition had been achieved, releasing over 3,000 beds.
  6. We have seen improved performance delivery in the ambulance sector during 2019 (January–August) with category C1, C2 and C4 response times shorter than in the same months of 2018, and all trusts (excluding Isle of Wight) regularly achieving the 90th centile standard for Category 1 response times for the most life-threatening cases. National performance against the Category 1 mean was 7 minutes and 5 seconds (against a 7-minute standard). C1 and C4 90<sup>th</sup> percentile were met this month, at 12 minutes 29 seconds and 2 hours 50 minutes 57 seconds respectively.
  7. In August 2019, the NHS offered 1.4 million 111 calls, and in the year to date (up to August 2019) there were almost 123,000 more calls than the same period last year. Of the calls answered by NHS 111 in August 2019 (1.3 million), 83.3% were answered within 60 seconds compared to 85.4% in the same month last year, whilst clinical advice was provided in 56.1% of triaged calls (970,000).
  8. 749,577 emergency calls were answered, which is an increase of over 37,000 calls compared to August 2018. In the year to date (up to August 2019) there were over 141,000 more calls answered than for the same period last year.
  9. As of 21 August 2019, 100% of the country's population has fully integrated NHS 111 online service thanks to service upgrades in Sussex and West Kent. More than 150,000 people used the service in August, accounting for 11.9% of all NHS Pathways triages (across both online and telephone).

### **Referral to Treatment**

10. Performance against the Referral to Treatment (RTT) waiting time standard saw 85.8% of patients waiting less than 18 weeks in July 2019, a decrease from 86.3% in June 2019 and from 87.8% compared to July 2018. The total waiting list (including non-reporters) decreased by 23,000 from June to 4.4 million in July 2019. The NHS is treating more patients than ever before with a total of 16.4m patients having started elective treatment in 2018/19. This represents a 4.5% increase on the previous year with 14.3m patients treated within the 18-week RTT national standard, surpassing the previous record set in 2016/17 by 84,952 (allowing for inclusion of estimated data for non-reporting trusts).
11. The concerted focus to reduce the number of patients waiting 52 or more weeks for treatment continues to show progress. There has been a reduction of 70.7% for patients waiting 52 weeks or more for treatment, from the peak in June 2018 (3,517), to the published July 2019 position of 1,032.

12. The focus on elective care transformation continues. We have seen significant progress with mobilisation of Musculoskeletal (MSK) First Contact Practitioner (FCP) services, which has an ambition to achieve 15% of adult population coverage by the end of March 2020. Current trajectories from regional teams support 16.1% coverage.
13. Delivery of the programme is in line with the NHS Long-Term Plan for FCP services to be rolled out across all health economies and population by 2023/24, covering an adult patient population of approximately 42,000,000. FCP services support patients with MSK conditions to be seen directly by a physiotherapist in GP practices without the need to see a GP.
14. 92% of hospital ophthalmology services across England report that they have completed actions one and two of the High Impact intervention for failsafe prioritisation as part of the EyesWise programme and 99% of local systems have undertaken a recent Eye Health Capacity Review. Four sites have launched virtual clinics for glaucoma / age-related macular degeneration (AMD), with a fifth in progress.
15. The Elective Care Community of Practice has been expanded to provide interactive guidance to support whole system transformation. Featured interventions include patient-initiated follow up, advice and guidance, alternative consultant methods (telephone/video) and clinical triage. Webinars to support outpatient transformation are also successfully underway.

## **Cancer**

16. The Targeted Lung Health Checks programme successfully launched in April 2019, setting up 10 projects in 14 CCGs across the country to check the lungs of those people most at risk of lung cancer. The first projects are scheduled to begin seeing patients in quarter 3 2019/20, and the national cancer team is working with regional offices to finalise expected delivery trajectories with each project. The evaluation framework for the four-year pilot is being developed.
17. The HPV vaccine will be offered to Year 8 boys from September 2019 and plans are in place to ensure a smooth roll out.
18. The national cancer team is supporting Cancer Alliances to develop local plans for Rapid Diagnostic Centre (RDC) implementation. NHS England and NHS Improvement published the RDC Vision and 2019/20 Implementation Specification on 25 July on its website. The specification will ensure an aligned implementation across England to deliver and evaluate RDCs, supported by a five-year framework to be published in the autumn.
19. Cancer Alliances continue to deliver against 2019/20 plans and quarter 2 funding transfers have been released following regional and national assurance. Cancer Alliances are also leading the development of five-year LTP delivery plans for cancer across their constituent STP/ICSs.

20. As of June 2019, 72% of trusts offer personalised care and support planning, end of treatment summaries and health and wellbeing information and support to all breast cancer patients. To enable implementation of personalised stratified follow-up in breast cancer, 85% of trusts have pathway protocols in place and 46% are already meeting the requirement that at least two-thirds of people who finish treatment for breast cancer are on a supported self-management follow-up pathway.
21. Record-breaking levels of urgent cancer referrals and cancer treatments continue. Referrals are up in the 12 months to July 2019, by 13.5% compared to the same period a year ago, equivalent to 275,173 more people. 77.6% of patients began first treatment within 62 days of an urgent GP referral. Two-week wait performance was slightly increased, at 90.9%, the best performance since March 2019.
22. The number of people referred through the two-week wait pathway continues to increase. In 2018/19 this figure was 2.2 million. The number of people seen within two weeks has increased by 11.5% in the 12 months to July 2019 on the same period a year ago. In absolute terms 218,135 more patients were seen within two weeks.
23. On the 62-day cancer pathway, 162,763 patients received treatment in the 12 months to July 2019, 8,603 (5.6%) more than the previous year.

## **Primary Care and System Transformation**

### **Primary Care Networks Establishment**

24. In the NHS Long Term Plan (LTP), Primary Care Networks (PCNs) were identified as an essential building block of every Integrated Care System (ICS). As of September 2019, more than 99% of general practices have come together to form more than 1,200 PCNs nationwide. This has been supported by a comprehensive programme of national and regional engagement with local healthcare systems.
25. The national NHS England and NHS Improvement programme team has been working collaboratively with the seven regions and with other national and local colleagues to understand what development support would be most effective and to co-design a development offer. The PCN Development Guidance and Prospectus was launched in August.

### **Integrating Care Locally**

26. NHS England and NHS Improvement continue to support systems to meet the LTP ambition that Integrated Care Systems will cover the whole of England by 2021. The System Diagnostic is a self-assessment against the attributes described in the ICS Maturity Matrix.
27. NHS England and NHS Improvement have begun to intensify and broaden the support to all local systems as they grow their functions' capacity. For example, five systems (Hertfordshire & West Essex; Humber Coast & Vale;

North West London; Birmingham & Solihull; Sussex Health & Care) are taking part in wave one of the 2019/20 ICS Accelerator Programme, aimed to support systems to boost their readiness towards becoming an ICS. Programme delivery commences in September.

28. NHS England, NHS Improvement and Public Health England are also supporting five systems (South East London; Surrey Heartlands; Suffolk and North East Essex; North East and North Cumbria; and Gloucestershire) as part of a 20-week development programme for population health management (PHM). To support the development of system leadership, NHS England and Improvement have also designed a system leadership support offer which is available to all 42 systems.

### **National Review on Improving Access to General Practice Services**

29. The National Access Review was established in July 2019 with its core objective to improve patient access both in hours and at evenings and weekend and to reduce unwarranted variation in experience.
30. A key output will be the development of a coherent access offer that practices (in hours) and PCNs (outside core general practice hours) will make for both physical and digital services.
31. Work is currently underway on data gathering and fact finding through themed and regional workshops and visits. This first part of the Review will report its initial findings by the end of October 2019.

### **International General Practice Recruitment (IGPR) & Workforce**

32. IGPR have now recruited over 140 doctors from overseas through the extended national programme and the pilots. These are part of the pipeline of over 350 doctors who are currently working through an Induction and Refresher (I&R) scheme.
33. The latest quarterly statistics published by NHS Digital indicate that at 30 June 2019 there were 34,114 doctors working in general practice in England. This represents an overall increase of 264 (0.8%) over the past year.
34. Other general practice roles continue to increase, with 96,680 wider workforce (non-GP) staff working in general practice. This represents an increase of 1,781 (1.9%) since June 2018. There has been overall growth of 7,487 (8.4%) since September 2015. Following this same baseline, figures for both Clinical Pharmacists and Physician Associates working in general practice have shown a continual growth each quarter.

### **Mental Health**

35. Delivery of the Mental Health programme continues to progress. Latest data from the mental health dashboard shows all of the 195 CCGs have met the Mental Health Investment Standard in 2018/19, an increase from 186 (90%) out of 207 CCGs that achieved it in 2017/18. The consistent increases in mental health spend means it now makes up 13.9% of local health spend in

2018/19, compared with 13.7% in 2017/18 and 13.1% in 2015/16.

36. The quarter 4 2018/19 rolling quarterly access rate was achieved. The latest Improving Access to Psychological Therapy (IAPT) data in June 2019 shows the rolling quarter access rate to be 4.68%, with ongoing work required to ensure sufficient workforce expansion to meet the 25% access rate in 2020/21. The 50% recovery rate has continuously been exceeded, reaching 51.4% in June 2019. 86.8% of people entered treatment having waited less than six weeks (against a standard of 75%) and 98.6% of people entered treatment having waited less than 18 weeks (against a standard of 95%) the same month. The national team have strengthened the IAPT Long Term Condition 2019/20 national support offer. The aim is to replicate best practice models and make it consistent across all regions.

## **Learning Disability and/or Autism**

### **Inpatient**

37. Latest data (as at 31 July 2019) shows a 21% reduction in the inpatient count since March 2015 from 2,890 to 2,270 (the existing standard is a 35% reduction by March 2020). The new target is to achieve a 50% reduction by March 2024.
38. Fewer adults are being admitted to hospital, with a 19% decrease in admissions from the community between 2015/16 and 2018/19.
39. Latest data shows there are 255 children and young people (CYP) aged under 18 in inpatient beds, which is 11% of total inpatients. Of those 76% have a diagnosis of autism and no learning disability. Post-admission late diagnosis of autism remains an issue.
40. To further improve delivery of inpatient targets:
  - Over £20m is being invested to support local areas to improve the capacity and skills of community services;
  - National programme continues to offer targeted support to TCPs and regions with greatest challenge.

### **Care (Education) Treatment Reviews (C(E)TR)**

41. The number of CTRs and CETRAs continues to grow, year on year and of those undertaken, 80% led to a decision not to admit. Over 11,580 inpatient C(E)TRs have been carried out since April 2016 (of which around 1,790 were for under 18s). The proportion of inpatients reported as never having had a CTR in July 2019 was 7% (150 patients) which shows significantly better than the 47% recorded in January 2016.

### **LeDeR – Learning from Deaths Review**

42. The LeDeR reviews as notified to 31 July 2019 shows that since the programme inception 6,035 have been notified of which 37% have been completed compared to 119 (8%) in December 2017. The number of completed reviews now exceeds the number of allocated reviews for the first time since the programme inception.

43. The LeDeR programme has commissioned a number of Commissioning Support Units (CSUs) to undertake 2,000 reviews on behalf of CCGs focusing on reviews received on or before 31 December 2018, which will be completed by September 2020.
44. Each region has been allocated £350k (2.5m in total) to support CCGs to increase the rate of completion of reviews for notifications received since 1 January 2019.
45. Work is underway to further strengthen current arrangements for quality oversight and improvement within inpatient care. A joint working group has been established across the Learning Disability and Autism Programme, Mental Health, and Specialised Commissioning. This work will be consistent with the LTP commitment to ensure the Learning Disability Improvement Standards are in place for all commissioned services by 2023/24. Work will include:
  - a particular focus on patients placed out of area
  - developing a 'host commissioner model' to strengthen accountability for quality oversight in inpatient units, and
  - developing a policy on the use of seclusion and segregation in Tier 4 Children's services to build on existing fundamental standards from the Mental Health Act Code of Practice

### **Annual Health Checks**

46. In the last 12 months 153,113 people with a learning disability received an annual health check, approximately 53.4% of people on the Learning Disability Register. To further drive performance NHS England and NHS Improvement has now agreed with the General Practitioners Committee (GPC) to implement a wider package of measures to make faster progress.
  - improve the quality of registers for people with a learning disability;
  - concerted effort to increase the number of people receiving the flu vaccine, given the level of avoidable mortality associated with respiratory problems;
  - introduce the QOF Quality Improvement module for learning disability in 2020/21;
  - aim to achieve early delivery by 2020/2021 of the 75% target for comprehensive health checks, which already attracts a £140 item of service fee. We would like to achieve the 75% goal in every primary care network; and
  - a national communications campaign to help get the messages across.