

NHS England and NHS Improvement Board meetings held in common

Paper Title: Ongoing COVID response and NHS recovery

Agenda item: 4 (Public session)

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Paper type: For discussion

Summary/recommendation:

This paper provides a summary of:

- The work underway to restore critical services as the response to the COVID19 pandemic continues.
- The latest previously published performance data.
- The next steps for service recovery.

Board members are asked to note the content of this report.

1. The NHS has looked after over 100,000 Covid-19 positive patients during the pandemic, following action to ensure that every patient with Covid-19 who needed an inpatient bed received one, and establishing sufficient capacity for those who need mechanical ventilation.
2. The positive actions taken to ensure this capacity was available during the peak have impacted on the standard performance measures, with the restoration of services now underway.

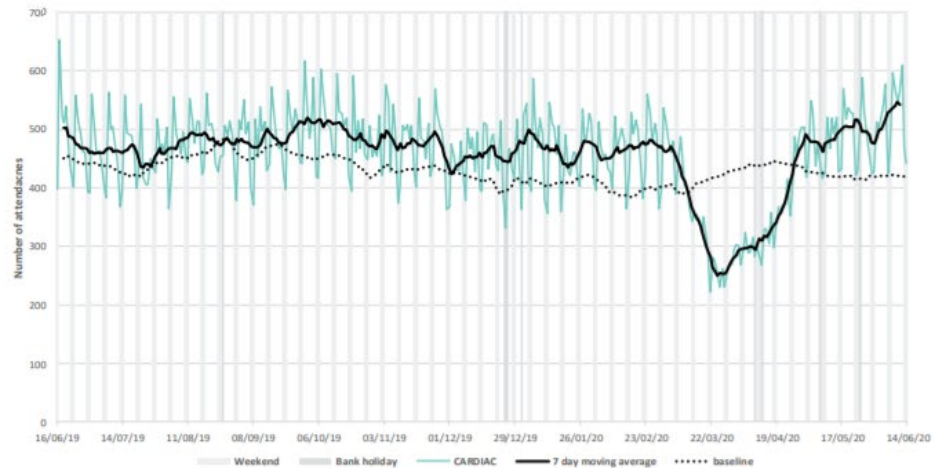
Urgent and emergency care

3. Changes in public behaviour have led to unprecedented changes in activity levels in the urgent and emergency care system over the course of the pandemic. In March 2020 attendances were 29.4% lower than the same month in 2019, and 56.6% lower in April 2020. Attendances started to rise in May, rising 38% from April, but still 41.9% lower than May 2020. Four-hour A&E performance rose to 93.5% in May 2020. Since then there is further evidence that demand is beginning to return to more expected levels – for example see

chart below.

12: Cardiac.

Daily number of attendances recorded as cardiac attendances across the EDSSS network.



4. In contrast to other parts of the NHS, 111 services (including 111 online) experienced exponential growth in activity as a result of the coronavirus outbreak. The number of 111 calls increased from around 300-350,000 per week to around 800,000 per week during March 2020. Activity levels have subsequently normalised.
5. A new COVID Response Service (CRS), accessible via 111, was established to manage calls regarding the pandemic. This meant our core 111 capacity was available to maintain 'business as usual' work. The CRS was set up as a facsimile of the National Pandemic Flu Service, utilising well-established contingency contracts and protocols. The service was established in just under a week and rapidly recruited over 5,000 call handlers to assist in processing the high volumes of calls from the public. In addition over 1,500 retired clinicians have been recruited to provide the clinical assessment element of the CRS.
6. The CRS was stood-down on the 8th June 2020 due to reduced need and volumes, and can be quickly recommissioned as required in the event of any second wave of infections. The clinical assessment service has been retained to bolster the clinical support available to our core 111 services.
7. Following improvement from March to April of 2020, all ambulance six ambulance response times were met for the first time in May 2020. 999 incidents fell in April and May 2020 compared the same months last year, by 3.9% and 6.0% respectively.
8. More incidents were resolved without conveyance to hospital, with the conveyance rate at 43.6% in April and 50.6% in May compared to 58.7% and 58.5% in the same months in 2019. We aim to maintain the May 2020 levels of conveyance through increased use of 'Hear and Treat' care in control rooms, and 'See and Treat' care, where crews support more patients to remain at home.

9. Ambulance services have worked exceptionally hard to deal with the demands placed upon them by the COVID19 incident. Nationally, the implementation of standardised Pandemic Protocols has ensured a consistent approach, and that all patients who need an ambulance have continued to receive one.

Referral to Treatment

10. To ensure sufficient capacity was available for patients with Covid-19, trusts were asked to postpone non-urgent operations, ensuring that everyone with covid-19 who needed a bed received one. The size of the total waiting list fell by 293,000 between March and April 2020 largely due to a fall in people seeking referrals.
11. Performance against the Referral to Treatment (RTT) waiting time standard saw 71.3% of patients waiting less than 18 weeks at the end of April 2020. The number of patients waiting 52 weeks or more for treatment has subsequently increased between March and April 2020 to 11,042.
12. Substantial and accelerated progress has been made in redesigning outpatient care, in particular the use of video and telephone consultations. Over 80% of trusts now have access to video consultation facilities, with more than 250,000 video consultations delivered year to date in acute, mental health and other outpatient and urgent care services. This level of coverage already exceeds the goal we had set for this year and is expected to increase further.
13. While overall outpatient activity has reduced as a result of the response to the pandemic, 46% of services were delivered virtually in March and April 2020, compared to just 6% in February/March 2020.

Cancer

14. The number of people being urgently referred on the 2 week wait pathway fell significantly at the start of the COVID19 incident, but has been steadily rising since the introduction of the *Help Us To Help You* campaign. Through the campaign we will continue to encourage the public to seek help if they experience worrying symptoms, and early signs shows that referrals have been rising in May and June.
15. We have worked with cancer alliances, regional teams and specialised commissioning teams to support and enable continuation of urgent and essential cancer services throughout the pandemic and have published guidance on the development of 'hubs' for surgery. These hubs are now operational in all 21 cancer alliance areas, and we are now building on these models to deliver diagnostic services in protected environments.
16. Essential and urgent cancer treatment has been maintained, with 10,792 people beginning treatment following an urgent referral in April 2020, equivalent to 79% of the number of people beginning treatment in April 2019. In March 2020, the highest-recorded number of patients began treatment in a single

month, as clinical teams sought to see as many patients as possible before lockdown. Taken together, the number of people starting treatment in March and April 2020 was only 3% lower than in March and April 2019.

17. In line with guidance, clinical teams are taking individual decisions on the balance of risk, and where necessary changing treatments or deferring them until they are safe. The use of surgery and chemotherapy has reduced comparing April 2020 with April 2019, while hormone therapy and radiotherapy treatments as a proportion of all activity undertaken have increased.
18. As part of the preparations for the restoration and recovery of services, local systems and cancer alliances have been asked to identify dedicated diagnostic and surgical capacity for cancer, so that referrals, diagnostics and treatment can be brought back to pre-pandemic levels at the earliest opportunity.

Diagnositics

19. Diagnostic activity was scaled back while providers had to focus on treatment for acutely-ill COVID19 patients.
20. This reduction in activity has resulted in an increase in the number of patients waiting for a test. In April 2020 55.7% of patients (468,000) were waiting over 6 weeks for their test.
21. Local systems are taking steps to re-introduce capacity across the spectrum of diagnostic testing in the light of the new infection prevention and control measures required.

Primary Care

22. Interim arrangements have been put in place as part of the response to Covid-19 across general practice, community pharmacy, dental services and optometry.
23. A remote triage model has been implemented in general practice to ensure services are delivered in a safe way for both patients and staff. This includes consultations being delivered by a blend of telephone, video and online channels, with a range of new technology being procured, installed and operationalised over the last twelve weeks at significant pace. Work is underway to ensure that all routine services are resumed with pre-COVID19 activity and services levels being delivered, including vaccinations and immunisations, screening and referrals to secondary care. The new COVID Clinical Assessment Service has recruited over 1,600 GPs, including many returning to the workforce and spoken to over 100,000 patients.
24. A Pharmacy Clinical Assessment Service has been set up to support the demand on NHS 111 for clinical assessment and advice. This system will inform how a future model for remote pharmacist clinical assessment can be developed to support urgent primary care. A funded medicines home delivery service has been commissioned to ensure shielded patients can receive their

medicines. This has accelerated use of the Electronic Prescribing Service (EPS) including extending EPS to other care settings including Urgent Treatment Centres, out of hours services, community services, walk-in centres and GP access/virtual hubs.

25. All dental practices were requested to remain open during normal working hours as an initial point of care for their patients, providing advice via teleconsultations, and where necessary prescriptions for analgesics and antimicrobials. Over 800,000 remote triages have taken place from 25th March to 5th June 2020. Urgent dental care hubs in 628 community, primary, and secondary care settings provided face to face urgent care where necessary. Where the necessary IPC and PPE requirements are in place, routine face to face dental services has now resumed, with sequencing and scheduling of patients for treatment taking into consideration the severity of cases, the unmet needs of vulnerable groups and available capacity.
26. All non-urgent eye care services were temporarily suspended during the pandemic to protect both patients and staff. A remote triage model for essential eye health has been provided by around 3,000 high street practices with onward management to face-to-face appointments as required. Resumption of routine optical services has been enabled, providing practices assess that they have the necessary IPC and PPE requirements in place.

Mental Health

27. Delivery of mental health priorities and spending commitments has continued to progress throughout the pandemic. There is consensus that there will likely be some increase in demand for mental health services in the coming months and work is underway to model likely requirements with partner organisations.
28. Throughout the pandemic, mental health services have remained, and will remain, open for business. Some of our mental health ambitions have been rolled out ahead of schedule to help support the response to the pandemic. For example, we have asked all parts of the country to establish 24/7, all-age, open access mental health crisis lines immediately to support people with urgent mental health needs. This, and rapid enhancements in the use of digital and remote support technology, have allowed us to fast-track some of the ambitions we had originally planned to come into effect in 2023/24 to support people during the pandemic.
29. Every STP/ICS in England has an operational community perinatal mental health service. An additional 13,000 women were seen in 2018/19, exceeding the annual target of 9,000 additional women. The national programme's trajectory progress is tracked through the Mental Health Services Data Set on a 12-month rolling basis.
30. Mental health services have responded quickly to take advantage of technology to ensure continuity of care for children and young people using mental health services during the pandemic, and the most recent in-year provisional data provides high confidence that the 2019/20 ambitions for access to services will

be met. This builds on our achievements in 2018/19 when services not only exceeded the access trajectory for 2018/19, but also the trajectory for 2019/20.

31. March 2020 data shows a total 391,940 children and young people had accessed care over the previous 12 months, equivalent to a 12 month rolling access target of 36.8% exceeding both an expected trajectory of 34% for 2019/20 and a 2020/21 target of 35%.
32. All areas have been asked to prioritise CYP Eating Disorder expansion in response to Covid-19, with more work required to achieve the 2020/21 targets of 95%. March 2020 data shows 84.4% of patients accessing treatment within four weeks (routine referrals) and 80.5% within one week (urgent referrals). The performance picture is however impacted by data flows from a number of CCGs, or data being suppressed due to low numbers.
33. During March 2020 waiting time standards continued to be met, with 87.1% of people entering treatment having waited less than six weeks (against a standard of 75%) and 97.7% of people entering treatment having waited less than 18 weeks (against a standard of 95%). Work is ongoing to ensure sufficient workforce expansion to meet the 25% IAPT access rate by March 2021. March 2020 data shows the number of adults and older adults accessing IAPT treatment was 13.0% lower than January 2020 and 1.6% lower than March 2019.
34. The IAPT recovery rate was 47.7% in March against a target of 50%, likely attributed to various factors relating to Covid-19. NHS England and NHS Improvement have rolled-out a series of support offers to IAPT services since the pandemic began to enable continued care using digital and telephone alternatives to face-to-face contact where possible, and the IAPT recovery rate will continue to be closely monitored.
35. The national standard for 56% of people to start treatment for Early Intervention in Psychosis (EIP) within two weeks was exceeded in March 2020, with performance of 71.9%. Ongoing improvement work is underway to enhance patients' access to the full range of NICE-recommended treatments in line with our commitments outlined in the Mental Health Implementation Plan.
36. The ambition that a minimum of two-thirds of people aged 65 and over living with dementia should receive a formal diagnosis continues to be met, with performance of 67.4% at the end of March 2020.

People with a learning disability, autism or both

37. During the pandemic, there has been an increase in discharges from specialist inpatient care and the number of people in an inpatient setting has decreased from 2,170 at the end of February 2020 to 2,045 at the end of April 2020. The number of children and young people in an inpatient setting decreased from 235 at the end of February to 190 at the end of April 2020. Work is underway to ensure that admissions do not significantly increase, given the expected increase in demand for mental health services due to Covid-19.

38. The number of Care (Education) Treatment Reviews (C(E)TRs) undertaken continues to grow year-on-year. Since April 2016, more than 5,300 community reviews have taken place, including more than 2,020 for children and young people (cumulative figures to end of March 2020). Over 14,700 inpatient reviews have been undertaken since April 2016, of which over 2,575 were for children and young people (cumulative figures to end March 2020). During the pandemic, equipment and guidance have been provided to enable C(E)TRs to continue virtually, however COVID19 is likely to have had an impact on the number of reviews completed.
39. The programme of independent C(E)TRs of people in inpatient settings who are in long-term segregation or prolonged seclusion is continuing. As at the end of April 2020, 57 out of 68 reviews had been completed.
40. For 2020/21 we have allocated a further £22 million to support the delivery of community services, to strengthen C(E)TRs and to develop a new keyworker role for children and young people with the most complex needs. The regional 'care room' approach has continued during the pandemic to support admission avoidance and timely discharge.
41. There were 3,685 LeDeR notifications received in the twelve months to May 2020. £1.65million has been allocated to undertake a review of 200 deaths of people with a learning disability during the COVID19 period. Learning from these reviews will inform our response to any further wave of the pandemic.
42. The work of the quality taskforce that was established to focus on Children and Adolescent Mental Health Services Tier 4 inpatient care for children and young people has continued during the pandemic, albeit with reduced resources. Recent developments include the recruitment of family carers to support the programme.

Next steps for service recovery

43. Systems have developed restoration plans and are delivering whilst tracking performance and reporting through regions on progress. This is being managed through regular regional focus meetings.
44. We are supporting this work at a national level by facilitating improvement and spreading best practice in how services are being re-established:
 - Service pathways for mental health, cancer and other areas with central guidance being made available.
 - Progressing priority areas in structured workstreams with a number of enabling pieces of work which are aimed at removing constraints to creating capacity (for example PPE, and Infection Prevention and Control).
 - Productivity best practice (e.g. endoscopy, theatres, use of the independent sector).

- Development of a number of national-scale initiatives to respond to the clinical prioritisation exercise.
45. We are managing all of this through continuing rigorous incident management techniques with properly resourced cells to manage each of these important pieces of work.
 46. Through our regional teams we are working closely with all parts of the NHS to understand the pace of recovery and the support that is required to deal with the ongoing Covid-19 demand, an increase in non-elective activity and the restoration of pre- Covid-19 levels of service.
 47. Later in the year we expect to issue planning guidance to the NHS that clarifies our expectations for the remainder of 2020/21 and asks local health systems to set out how they will continue to restore services and deal with health inequalities that have been highlighted by the pandemic.
 48. An important focus for this guidance will be ensuring that any beneficial changes resulting from Covid-19 are 'locked in' and not lost as we seek to restore services. Our conversations with local leaders show that the pandemic has fostered new ways of working include faster decision-making, wider partnerships, greater use of digital technologies to enable care and a refreshed clinical focus on prevention. We are working with systems to learn from the rich experiences and progress made in parts of the country during Covid-19, so that new initiatives can be shared and escalated. National and regional teams are focussing resources on supporting all systems to move to Integrated Care System status by April 2021, building on the learning and advances made in recent months.