

NHS England and NHS Improvement Board meetings held in common

Paper Title: Operational performance update

Agenda item: 3 (Public session)

Report by: Amanda Pritchard, Chief Operating Officer
Pauline Philip, National Director for Emergency and Elective Care

Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Action required:

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

Executive summary:

This paper provides a summary of:

- 1) Arrangements in place to respond to a second wave of Covid-19
- 2) Winter operations
- 3) Work to restore services in 2020/21

1) Covid-19 planning

1. Planning for a possible second wave of Covid-19 has been considered in the context of restoring services, winter planning and EU Exit. Our key aim is to enable the NHS to manage Covid-19 demand in the event of a second peak, whilst also safely maintaining as many as possible of our elective activity and critical services. The extent to which we are able to do so will partly be a function of the effectiveness of the Test and Trace system in moderating further increases in acute Covid demand over the coming months.
2. A lessons learned exercise has been undertaken with national and regional teams to identify key points from the response to the first wave of Covid-19. Initial exercises have taken place to test key areas of the NHS's operational response to Covid-19 over the winter and this will be supplemented by further exercises in the coming weeks to test national, regional and system-level readiness.
3. A review of the plans is in progress. We will be carrying out further analysis and assurance of surge plans at regional and system-level. We will update the Board verbally at the board meeting on the current position on a Covid second wave and the NHS response.

NHS England and NHS Improvement



2) Winter operations

4. The winter plan for 2020/21 encompasses of a number of workstreams, including:
 - a. Delivery of an expanded flu vaccination programme and universal uptake of the vaccine among healthcare workers.
 - b. Expansion of Covid-19 testing under the Test and Trace programme and further developments including the roll-out of rapid turnaround and point-of care testing.
 - c. The use of a well-established operating model through the winter period, aligned with Covid-19 incident structures, to support urgent and emergency care and elective operational delivery.
 - d. The introduction and further dissemination of service transformations, including NHS 111 First, the Urgent Treatment Centre programme and elective referral hubs to manage waiting lists at a system-level.
 - e. £350m capital investment to upgrade emergency departments across all NHS trusts in England.

3) Work to restore services in 2020/21

Urgent and Emergency Care

5. We are continuing to see increases in A&E attendances. There were 1,719,003 A&E attendances in August 2020, which is 8.2% higher than July 2020 but 19.1% lower than August 2019. ED attendances are now back to around 85% of their usual levels (with more of the reductions in low acuity/minor presentations).
6. There were 473,903 emergency admissions in August 2020. Emergency admissions have re-bounded to near normal levels, at circa 90-95% of the volumes seen this time last year. Performance against the 4-hour standard continues to be better than last year, with performance at 89.3% in August 2020 compared to 86.3% in August 2019.
7. NHS 111 core service demand remains higher than expected at this time of the year. Calls offered in August 2020 were 18.3% above last year's volume at 1,670,416. September to date has seen further demand increases.
8. The transformation of our services also continues. The NHS 111 First initiative, which encourages the public to call NHS 111 before attending A&E in order to provide access to a wide range of urgent care services to meet their needs, including bookable slots at their local Emergency Department, is now live in nine 'First mover' areas – Portsmouth & South East Hampshire, Cornwall, Medway, Warrington, Blackpool, the North ICP of the North East and North

Cumbria ICS, Hereford & Worcester, Leicester, Leicestershire and Rutland, and London.

9. For the year to date, all ambulance response time standards continue to be met nationally. In August 2020, performance has improved in three of the six standards from the same time last year. Overall incident demand increased from 718,054 in July 2020 to 737,182 in August 2020.

Elective Care

10. Good progress is being made to restore non-urgent services and elective activity continues to rise with total completed pathways up to 870,000 for July 2020. The 'Phase 3' service restoration goals for elective admissions are on track to have been met in August and September.
11. The waiting list fell between February and May 2020 as fewer patients were being referred to hospital for treatment but is now increasing as more patients are being referred. In July 2020 the total list stood at 4.05m, an increase of 187,000 on June 2020, but a decrease on 4.37m in July 2019.

Cancer and diagnostics

12. In July 2020, the number of referrals received on the urgent cancer '2 week wait pathway' increased to 81% of the referrals seen in the same month last year. The number of people starting cancer treatment in July 2020 (44,018) reached 83% of the number treated in July 2019, and between March and July 2020 cancer treatments have successfully been maintained at around 85% of usual levels. Radiotherapy is back at approaching 100% of usual levels.
13. We are also supporting the use of alternative drug treatments in response to infection risk from Covid-19 (with a £160m initiative announced in August 2020), improving radiotherapy regimes, and expanding the surgical hub model. The hub model is now operational in all Cancer Alliance areas, and between May and July 2020, over 12,000 operations were performed or booked through the hubs. The 'Adopt and Adapt' blueprint for cancer also outlines further actions to maximise efficiency and productivity through system-wide management of treatment services. On workforce, at least 200 cancer specialists have returned following their engagement with the 'Bringing Back Staff' programme.
14. To encourage people to come forward for needed care, we launched a social media phase of the 'Help Us Help You' campaign in August 2020 and further targeted public health messaging on national media is scheduled for October and November 2020. Analysis of referrals data will focus local action and further target public health messages on tackling health inequalities.
15. Local systems are continuing to make good progress in re-introducing capacity across the spectrum of diagnostic tests. In July 2020, a total of 1,531,081 diagnostic tests were carried out, representing 74% of the activity carried out in July 2019 and a 20% increase on June 2020. Thirty-one Rapid Diagnostic

Centres (RDCs) were live in June 2020 and have been asked to focus on two-week wait pathways and. systems are also implementing 'Adopt and Adapt' blueprints on endoscopy and imaging, including using CT colonoscopy and innovations such as Colon Capsule Endoscopy and separating upper and lower GI (non-aerosol generating) investigations.

16. Targeted Lung Health Check projects are now working to resume services and at the end of August 2020, 7 out of 17 projects were operational and conducting CT scans. Four projects are currently working through their backlog CT invites with the other three projects already fully operational and inviting new patients.

Screening and Immunisations

17. All 64 bowel screening centres are now undertaking diagnostic colonoscopies and are working to clear FIT-positive screened patients in the pathway, as well as resuming routine invitations. Screening mammography capacity is running at levels sufficient to reduce the previously invited backlog and also target new invites. Cervical screening letters issued for women on the early recall pathway were returned to normal levels by the end of June 2020. Letters to women on the normal call/recall pathway are forecast to return to normal by the end of September 2020.
18. A major expansion of the flu vaccination programme is underway, with additional vaccines to be made available from November 2020. Eligible cohorts will be expanded to include households of 'shielding' patients and Year 7 children and may be expanded to include 50-64-year olds if circumstances permit. Alternative delivery models are being designed and will be utilised according to ICS/STP winter plans. For clinically 'at risk' patients and pregnant women, acute providers are being encouraged to vaccinate at outpatient or inpatient visits.

Primary Care

19. Work is continuing to recover and restore primary care services to appropriate levels of activity including getting the balance right between phone/online and face to face appointments (which are running at around one third to one half of the total). A toolkit to support appropriate public messaging that general practice is indeed "open for business" (including face to face appointments where needed) was shared with practices in September 2020. A national campaign to encourage the public to seek help when necessary begins in October 2020 in partnership with Public Health England.
20. Guidance on managing local outbreaks has been provided to commissioners. This included details on income protection and funding contractual management flexibility, and detailed measures available to support those who may need to shield (e.g. medicines home delivery service). Regular central reporting via regional ICC teams continues to enable monitoring of local outbreaks in primary care settings.

21. The GP standard operating model remains in place, being regularly refreshed to reflect current situation. It includes guidance on managing Covid-symptomatic patients and associated arrangements. For those Covid patients who remain in the community, general practice will have a role in home remote monitoring of their patients.

Mental Health

22. Mental health services remained open throughout the peak of the pandemic, however lockdown did impact on referral routes and access rates. Referrals rates have subsequently started to rise again, and in some cases have reached pre-pandemic levels.
23. To mitigate against the impact of the pandemic, we have continued to push to expand core mental health services and have provided support to local areas to ensure a rapid roll out of digital solutions to facilitate remote delivery. We have continued to communicate priorities to the system during the pandemic and have formally outlined priorities for the remainder of the year to system leaders, including opportunities to advance mental health equalities against Long Term Plan (LTP) ambitions.
24. The pandemic has necessitated changes to the planning and finance allocation and related processes and 2020/21 service trajectories.
25. Delivery of the LTP is a solid foundation to address the impact of the pandemic and the expectation is that local areas should strive to meet the 2020/21 LTP ambitions to the extent that they are able to do so, to continue to expand capacity and quality of mental health services and to reduce the treatment gap. It will also be critical to lock-in the beneficial changes made in mental health services in the last few months, such as enhanced use of digital solutions and increased access to crisis helplines, while pivoting the delivery plan towards additional Covid-driven mental health need going forward.

Learning Disabilities and Autism

26. The number of people in an inpatient setting has reduced by 27% from 2,895 in March 2015 to 2,100 (1,875 adults and 225 people aged under 18) as at the end of July 2020. This reduction represents unprecedented progress, but further work is required to reduce the number of adults in an inpatient setting to 30 adults per million adults and 12-15 children and young people in an inpatient setting per million children by March 2024.
27. Whilst the number of patients with the longest stays has significantly reduced, there remains a proportion of people who have been in hospital for a long time, some on Ministry of Justice legal restrictions. Half of inpatients (50%) now have a date planned for them to leave hospital (1,060).