

NHS England Board meeting

Paper Title: Operational performance update

Agenda item: 4.1 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	<input checked="" 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 operational performance based on published data and work to restore services.

Executive summary

1. The NHS has managed four waves of Covid-19 this calendar year with the number of Covid-19 inpatients varying between 3,800 and 17,000. Around a third of these were admitted primarily for COVID-19 which is an overall reduction thanks to the success of the vaccine campaign. However, it still remains a significant co-morbidity in terms of pathway management and length of hospital stay.
2. Between August to September, 244,000 elective patient pathways were completed (meaning patients have been treated) who would have breached waiting over 78 weeks by the end of March.
3. We are now working towards the next step of the plan for tackling the COVID-19 backlog of elective care. Two-thirds of acute trusts recently took part in 'Super September'. Its objective was to support locally driven change in acute providers to accelerate new and current outpatient initiatives. Impact included a reduction in the 78ww position for trusts who took part. In addition, locally agreed tiering of challenged providers is helping ensure that resources are prioritised effectively, and engagement has commenced on the next 'Action on Outpatients' focussing on Advice and Guidance.
4. Occupancy in acute beds remains very high which is impacting on patient flow through the Urgent and Emergency Care pathway. Challenges around timely

discharge remain substantial due to the complexity of the issue compounded with individual regional challenges, for example geography and infrastructure. Data published for October shows that over three in five people in inpatient beds who no longer meet the criteria to reside had not been discharged. In most cases this is directly or indirectly linked to the availability of social care. Most recently, the 100 Day Discharge Challenge used 10 best practice initiatives identified by the Discharge Taskforce to improve in-hospital discharge processes, alongside wider business as usual and performance activities. Compared to mid-February 2022, by early October, we have seen a reduction of around 20% in delays of 7 days or more. The same trend was observed for 14+ days delays. Most often, this improvement was driven by fewer delays in awaiting a medical decision or post-discharge plan. The most dramatic improvement was seen in the East of England and the Midlands.

5. To ensure care is delivered in the optimal setting, safely avoid admissions and facilitate earlier discharge in the community, all 42 integrated care boards (ICBs) now have full geographic coverage of 2-hour urgent care response at least 8am-8pm, 7 days a week. All ICSs continue to deliver against trajectories agreed with the national programme towards the ambition of 40-50 virtual wards per 100,000 population.
6. The NHS had more general and acute beds open over summer (Q2 2022/23) than any year since 2014. But the high occupancy rate is having direct impacts on all parts of the Urgent and Emergency Care pathway, with long stays in emergency departments, increasing times for ambulances to handover to emergency departments, longer ambulance response times and call answering times. All systems are implementing their plans to open additional winter beds, with 980 more physical G&A beds open in trusts with a type 1 A&E department in October than in June, in addition to over 6,800 virtual ward beds. All systems have been asked to implement an ICB level System Control Centre (SCC), to coordinate and manage activity across all acute, community, mental health, primary care, and social care services.
7. The Winter Improvement Collaborative was launched on 1 November 2022 to improve ambulance handover times using learning from the work that is taking place with the most challenged systems and providers. The launch event was attended by more than 175 hospital, ambulance, regional and system leaders from across the country, and representatives from regulators and royal colleges. Work has now begun at pace to support trusts to implement six new interventions across ten weeks.
8. Demand for cancer treatment continued at record levels in September with the number of urgent suspected cancer referrals at 129% of pre-pandemic levels. To address high demand, treatment for people waiting over 62 days is also at record levels so we are starting to see a stabilisation in the 62-day cancer backlog as a result.
9. For diagnostics, while we have seen focused work aimed at increasing community access and overall activity, and reducing waiting lists, there were challenges affecting performance. Since mid-July 2021 when Community Diagnostic Centres became active, they have been steadily increasing their capacity and activity. The number of key diagnostic tests (those covered by the

Monthly Diagnostic Waiting Times and Activity dataset) delivered in September hit a record for the month at almost 2 million. However, the 6 week wait standard and the total waiting list continues to be challenged due to high numbers of referrals.

10. Mental Health services are also under pressure. Rates of probable mental disorders among children and young people aged 6 – 16 years old increased from 12% in 2017 to 17% in 2021, and the proportion of adults experiencing some form of depression almost doubled during the pandemic. However, delivery and transformation continues at pace with many Long Term Plan (LTP) commitments remaining on track, while pressures on services remain high. Workforce remains the biggest challenge; however, a number of new roles have been introduced including training Children Wellbeing Practitioners and Educational MH Practitioners to support the Mental Health Schools Team's expansion. Winter planning is well underway with £10m of programme funding being repurposed to ease seasonal pressures.
11. There were 345.4m total appointments delivered by general practice in the year October 2021 - September 2022, including 20.2m for COVID-19 vaccinations, even not including COVID vaccinations, overall activity is 5.8% above pre-pandemic baseline. There were 37,026 FTE doctors working in general practice in September 2022, over 7.2% more above the March 2019 baseline. Retention of the qualified GP workforce, particularly GP partners remains a priority to achieve further expansion.

COVID-19 response

12. Following the Omicron peak of just over 17,100 inpatients in early January 2022, there have been a number of subsequent waves. The latest wave, driven by Omicron variants, saw a peak of just under 10,700 patients with COVID-19 in hospital in October. Pressure on critical care has been lower in recent waves and there has been no evidence of more severe disease resulting from infection. There are currently around 4,700 COVID-19 patients in NHS beds with approximately 470 admissions or new diagnoses per day.
13. The current operational focus of the NHS is on recovery, preparation for winter, and planning for a return of winter respiratory infections in higher numbers now non-pharmaceutical interventions are no longer in place.

Elective Care

14. Good progress is being made on the next Elective Recovery Plan milestone to virtually eliminate waits of longer than 78 weeks, although the context continues to be very challenging. Between August to September, 244,000 patient pathways were completed (meaning they have been treated) who would have breached 78 weeks by the end of March.
15. Our approach of 'tiers' of support for providers, based on their level of challenge, is seeing reductions in the numbers of long waiters in those trusts for both Elective care and Cancer. We have completed our first round of visits from the Elective Intensive Support team (IST) to Tier 1 trusts and we are in the process of reviewing provider allocation of tiers to reflect current progress.

16. The Department of Health and Social Care has confirmed interim operational guidance on Management of patients choosing to decline offered treatment dates at their current provider or an alternative provider. The guidance, which has been reflected in the RTT rules, sets out: the circumstances when it is appropriate to offer patients the choice to travel elsewhere; how it should be recorded and managed on Referral to Treatment (RTT) waiting list; that there should be clinical oversight when a patient makes a decision to delay their treatment, to confirm it is clinically appropriate. The guidance also states that a patient will be consulted to ensure they fully understand any clinical implications of the delay; and, for a patients who wish to continue to delay their treatment it may be appropriate for them to not remain on the waiting list until such time as they are available to have their treatment. The NHS is continuing to engage with the service and stakeholders to ensure that the implementation of this continues to focus on the needs of patients.
17. As part of the 'Super September' outpatients initiative which commenced on 26 September, we have supported the system to make changes in acute providers to accelerate current and new outpatient initiatives. For example, adapting routine follow up appointments to free up clinical time to ultimately focus on prioritisation, long waiting patients and protected time for clinical validation. This also included testing other innovative ideas to reduce long waits. We are now capturing the local impact of these initiatives and moving to the next "action on outpatients" focusing on Advice and guidance.
18. The elective waiting list for September 2022 stood at 7 million, an increase of just over 68,500 since the previous month. There were 401,537 patients waiting 52 weeks or over and 50,539 patients waiting 78 weeks or over for treatment. With total patients waiting 78 weeks or over showing a reduction since the same time last year.
19. For patients waiting to start treatment at the end of September 2022, the median waiting time was 14.0 weeks, an increase from 13.8 weeks in August 2022.

Urgent and Emergency Care

20. In October 2022 there were 2,172,615 patients seen across accident and emergency (A&E) departments (ED) in England – the highest volume on record for October.
21. Emergency admissions (90.0%) remain below pre-pandemic levels as of October 2022. Ambulances also responded to 83,986 Category 1 incidents – 2.3% higher than October 2021.
22. Occupancy levels have been consistently higher than pre-pandemic levels, at around 93.2% for the financial year to date (10 November 2022). Occupancy at trusts with adult type 1 emergency department is around 95.4% adjusted for void beds (7-day average to 31 October 2022) - this is the metric that most impacts on the flow of patients across the urgent and emergency care pathway in hospitals with a type 1 emergency department.
23. The next steps on increasing urgent and emergency care capacity and operational resilience ahead of winter were shared with systems on 12 August

2022 and our 'Going further on our winter resilience plans' letter was published on 18 October 2022. This guidance detailed the steps to be taken to maximise bed capacity and support ambulance services.

24. In addition, the Winter Improvement Collaborative launched on 1 November 2022; this is aimed at improving ambulance handover time, drawing on learning from our work with the most challenged systems and providers. The launch event was attended by more than 175 hospital, ambulance, regional and system leaders from across the country, and representatives from regulators and royal colleges. The three themes being taken forward by collaborative members are:

- Risk based flow management models: such as standardised escalation models which optimise flow
- Streaming and direct access: such as direct access to the most appropriate care pathway
- Ways of working and standardisation: such as standardisation of pathways and capacity management.

25. In October 2022, 999 responded to 991,682 calls, which is an increase of over 200,000 since September 2022. The mean call answer time for October 2022 was 48 seconds, which is 12 seconds longer than in September 2022.

26. In England, for October 2022, the mean response time for category 1 calls, the most urgent incidents, was 9 minutes 56 seconds. One service met the 90th percentile for category 1 calls. For category 2 calls, the England mean average response time in October 2022 was 61 minutes 19 seconds, an increase from September 2022 and higher than the national standard. London Ambulance Service NHS Trust data is not currently available and is excluded from these numbers.

27. The number of 111 calls received in October 2022 was 1,737,000 - this is down from 2,098,795 in October 2021.

28. The year to date proportion of calls abandoned is at 13.9% - this is 2.7% lower than in 2021. Published statistics for August and September 2022 continue to suggest improvements compared to the previous year.

29. After the initial surge in demand at the start of the Covid-19 pandemic, NHS 111 has seen a fundamental change to its demand profile. Call volumes have increased overall compared to pre-pandemic levels, with additional demand seen on weekdays.

30. Recruitment continues for 111 and 999 call handlers:

- a) 999 call handler numbers are at 2,309 WTE in post (number includes trained and bank staff/overtime) as of the week commencing 17 October 2022. This is an increase of 13.5% since September 2021.
- b) 111 call handler numbers for October 2022 were 4,120 WTE call handlers available (including overtime and use of bank and agency staff). This is an increase of 205 (5%) since September 2021. Call handler numbers are projected to rise to 4,500 by the end of December 2022.

Diagnostics

31. Almost 2 million of the 15 key diagnostic tests were performed in September 2022, the most for any September on record. However, demand pressures remain and 29.8% of patients waited over 6 weeks for a diagnostic test in September 2022 - though this is a decrease of 0.7% from August. The elective recovery plan aims to see this reduced to 5% by March 2025.
32. As of 30 October 2022, Community Diagnostic Centres, aimed at increasing access and diagnostic capacity, have delivered over 2.29 million diagnostic tests since the first centres became operational in July 2021, of which 1.4 million were delivered this financial year. The location of CDCs is aimed specifically to reduce regional inequalities.

Cancer

33. NHS-led activity has contributed to urgent suspected cancer referrals continuing to be at record levels in September 2022 at 129% of the levels seen before the pandemic. As the separate paper on cancer diagnosis sets out, we have now surpassed the number of referrals we would have expected to see since the beginning of the pandemic, eradicating the 'diagnosis gap'.
34. This record level of referrals appears to be having a positive impact on cancer outcomes with the most recent cancer staging information indicating over 100,000 patients were diagnosed with cancer at stages one or two, when it is easier to treat – the highest proportion on record.
35. First treatment levels were also at the highest level we have seen since the pandemic, at 107% in September 2022.
36. Over 1,200 cancers have been found by the Targeted Lung Health Check (TLHC) programme, with 76% at stage 1 and 2. Diagnosing cancer earlier enables patients to receive treatment when there is a better chance of success. A total of 550,000 TLHC invitations have been sent, with 210,726 checks completed and 112,292 CT scans carried out since April 2019.
37. We continue to look at ways to support our campaign activity through partnerships, including community outreach work with the Roy Castle Lung Cancer Foundation to support our lung cancer programme.
38. We have also been working in close partnership with Cancer Alliances to establish a number of pilots that are testing direct referrals from community pharmacy to secondary care for people with red flag cancer symptoms. Projects in four Cancer Alliances have been approved with a target of piloting in 80-100 pharmacies.
39. We continue to run a rolling programme of public awareness campaigns to highlight a range of cancer symptoms and encourage people to come forward. These are targeted towards people at increased risk of developing cancer; people aged 50 and over and people from more deprived communities. A campaign to address fears about cancer as a barrier to coming forward has

recently finished, and a campaign focusing on abdominal and urological symptoms runs until early December 2022.

40. Results from the latest Under 16 Cancer Patient Experience Survey have been published, with 77% of children aged 8-15 reporting that they were looked after very well for their cancer or tumour by healthcare staff. Parents/carers gave a mean rating of 9.01 (out of 10) for the overall experience of their child's care. Parents/carers of children living in the most deprived areas rated care more highly than those living in the least deprived areas.

Primary care

41. General practice continues to demonstrate increased activity, with 345.4m total appointments, including 20.2m for COVID-19-19 vaccinations, delivered by general practice between October 2021 and September 2022. This is 12.5% above the 2019 baseline, including non-vaccination data.
42. Latest primary care workforce data show that as at 30 September 2022, there were 37,026 full time equivalent doctors working in general practice (46,283 headcount) in England. This is an additional 2,500 FTE doctors in general practice compared to the manifesto commitment baseline of 31 March 2019. In addition, as at 30 June 2022, there were 30,626 FTE direct patient care roles (clinical staff who are not GPs or nurses) working in General Practice in England. This is 19,305 more direct patient care roles in primary care than the March 2019 baseline, with performance on track to meet the manifesto commitment of 26,000 additional roles by March 2024.
43. Hypertension is a major driver for health inequalities and is responsible for a quarter of the life expectancy gap between the most deprived and least deprived areas. The [NHS Community Pharmacy Blood Pressure Check Service](#) aligned to the Index of Multiple Deprivation profiles, is now available on the [Shape Atlas tool](#). This provides the opportunity for community pharmacies and PCNs to identify areas with high hypertension prevalence, especially targeting those within the top 20% most deprived areas, to identify the gaps in hypertension case finding or blood pressure optimisation.
44. Primary Care now has a dedicated Health Inequalities programme, with a workplan focussing on refining programme activities and processes, education and awareness building, engagement and programme/policy-specific assistance. This will ensure we both educate our teams and guarantee that tackling the health inequalities faced by many patients and NHS workers is embedded as a core element of all our programmes.
45. We are working with DHSC on dental reform and the first set of regulatory changes will be in place by the end of November, with further to follow early in 2023. Changes such as a minimum indicative Units of Dental Activity (UDA) value of £23 and support for skill mix, which are not dependent upon regulatory changes, have already been implemented. We will monitor the effect of this change over time at affected practices, to gather data to inform any further future action in this area. Monthly activity by dental contractors continues to run below pre-pandemic levels and we are engaging with sector representatives to discuss further actions we can take to make more services available for patients.

Communities & Discharges

46. All 42 integrated care boards (ICBs) have reported full geographic coverage of 2-hour Urgent Care Response 8am-8pm, 7 days a week at a minimum. In 2022/23, systems are working towards a standard UCR offer that meets the national guidance with all 9 clinical conditions, such as level-2 falls, included in their provision. The national expectation is for at least 70% of patients to be seen within 2 hours of referral to UCR, by the end of December 2022. The latest data shows that nationally 81% of patients were seen within the 2-hour standard in July, subject to some data variability.
47. The Going Further on Winter Resilience letter set out an expectation that all integrated care boards (ICBs) should have full geographic coverage of community-based falls response services for people who have fallen at home, including care homes. ICBs are expected to have falls response services in place by 31 December 2022 and be available as a minimum 8am-8pm 7 days per week for levels 1 and 2 (i.e. non-injurious and minor injury falls).
48. All ICBs continue to deliver against Virtual Ward (VW) “bed” trajectories agreed with the national programme towards ambition of 40-50 VW per 100,000 population, with an increase in capacity nationally over the last reporting period to over 6,800 VW beds.
49. The most significant challenges to achieving this ambition relate to recruiting staff to run the VWs; building clinical leadership; and developing financially sustainable models to maintain service delivery locally.
50. Discharge delays remain a key issue driven largely by capacity challenges in adult social care. The NHS Discharge Board oversees all NHS discharge activity and feeds into to the National Health and Social Care Discharge Taskforce. Key areas of focus are:
- The 100 Day Challenge: launched in June to drive improvement in discharge, using the 10 best practice initiatives identified by the Discharge Taskforce, to improve in-hospital discharge processes, alongside wider BAU and performance activities. These 10 initiatives were informed following intensive work with 16 of the most challenged trusts. The 100-day challenge will be rolled out to community and mental health Trusts during Q3.
 - Winter: working in collaboration with UEC to ensure that beds are freed to support ED flow and Ambulance performance
 - Intensive support: given to challenged Trusts and systems, in conjunction with DHSC's SRO for Social Care discharge, to cover all aspects of flow across all stakeholder organisations.
 - Discharge Integration Frontrunners: proposed ICS led integrated programmes to test discharge innovations across systems.

- £500m Adult Social Care Discharge Fund: working through ICBs with local authority colleagues to ensure the fund is spent to best effect.

Mental Health

51. Pressures on mental health services remain high due to record demand. Despite this, improved access and transformation continues at pace - there is significant progress in some areas whilst other areas are experiencing challenges in meeting the original Long-Term Plan (LTP) trajectories. This highlights the operational pressures services are experiencing, due to continued increased prevalence, acuity and pressures on all parts of the NHS which interface with mental health services.
52. Winter planning is underway, with £10m of funding being repurposed to ease seasonal pressures. Systems are being asked to undertake demand and capacity planning to support this work. Earlier this year, £36m was identified over three years to target the most impactful areas for transformation to improve the quality and safety of mental health and learning disability & autism inpatient services through a new Quality Transformation programme, and recent events have expedited this programme of work. Local scrutiny of the safety and quality of services remains the most vital action to identify and prevent closed cultures, which is why NHS England has asked each Trust board to review their safety and quality measures with increased focus on patient voice.
53. As of Q2 2022/23, 56% of Primary Care Networks (PCNs) have reported having a Mental Health Practitioner in place compared to 38% in Q4 2021/22. The NHS continues to meet the Early Intervention in Psychosis two-week waiting time standard, with latest data showing 68.8% of referrals to treatment were successfully completed within two weeks in July 2022, against a 60% standard.
54. In the twelve months to July 2022 689,379 Children and Young People (CYP) (0-17s) have accessed support. CYP Eating Disorder (ED) services continue to experience high demand, which is in turn affecting waiting time standards. 68.9% of routine CYP ED referrals are seen within 4 weeks and 68.1% of urgent referrals are seen within 1 week compared to a standard of 95%.
55. Improving Access to Psychological Therapies (IAPT) referral to treatment time and recovery standards continue to be met. IAPT access improved from 66% of the target for the month of for July 2022 to 70% in August 2022. The programme has seen a drop in the number of referrals, but also increased complexity of patient need post-pandemic and slower than expected workforce growth.
56. The Urgent and Emergency Mental Health pathway continues to be under pressure, experiencing high bed occupancy. This is caused in part by challenges securing social care and housing support for patients and is resulting in patients being sent out of area to access hospital care. After an initial decrease in the number of inappropriate Out of Area Placement (OAP) days in the last quarter, we have seen this plateau in latest data showing 51,390 inappropriate OAPs days in Q1 2022/2023.
57. In the 12 months to June 2022 the NHS provided physical health checks (PHSMI) to 227,000 people with severe mental illness. This is equivalent to 73% of the

LTP target for June 2022 and is the highest performance ever against the PHSMI standard.

58. Workforce remains the biggest risk to service delivery and to responding to current operational pressures, as well as delivering the LTP and expanding mental health services to meet the growing need. Total NHS vacancy rates have increased from 7.9% in Q4 2021/22 to 9.7% in Q1 2022/23, and mental health vacancy rates have increased in line with this trend. Focused discussions are underway to determine how best to address this. In addition, a Workforce Development Network has been established to provide a space for joint problem solving and sharing of good practice to support systems to deliver their mental health system workforce plans.
59. A cyber incident affecting patient records, note-keeping and financial management software has impacted a number of mental health trusts this quarter, and has caused disruption. This is likely to have an ongoing impact on data over the next quarter as services restore routine practices and backload historic data.

Personalisation

60. The Personalised Care programme remains on track to achieve LTP commitments and has significantly exceeded total number of interventions.
61. The number of individuals benefitting from personalised care now stands at 4.7 million (Sep 2022 data), against the LTP target of 2.5 million by 23/24. Additionally, 1.3 million (Aug 2022 data) social prescribing referrals have now been made, exceeding the LTP commitment of 900,000 by Apr 2024; as well as a high of 125,000 (Apr 2022 data) individuals with Personal Health Budgets (PHBs) which are also on track to meet the LTP commitment of 200,000. There has been increased uptake of one-off or time limited PHBs which contributed to an increase up to 112,000 in the most recent data (Sep 2022) – despite lower numbers at the start of 22/23 (89,000 from Jun 2022 data) due to the PHBs that naturally lapsed at the end of the 21/22 financial year.
62. We continue to embed Core20PLUS5 approaches into personalised care support offers, with the support of the Health Inequalities Improvement Team. This is streamlining population health interventions for systems and is delivering improvements in population health outcomes.

Learning Disabilities and Autism

63. Work to address the health inequalities experienced by people with a learning disability and autistic people remains a priority area for NHS England, working co-productively with people with lived experience.
64. The NHS LTP commitment is that 75% of people aged 14 and over on a GP learning disability register will have an annual health check by March 2024 and we remain confident that we will deliver this. In the 6-month period between April and September 2022, 28% of people aged 14 and over on a GP learning disability register had received an annual health, compared to 21% for the equivalent period in the previous year. The programme is maintaining a

continued focus on supporting expansion of GP learning disability registers and quality and consistency of delivery, including the numbers of people receiving health action plans, COVID-19 autumn booster vaccination and flu vaccinations. Our confidence in delivering the annual health check commitment is therefore very high.

65. We continue to support Integrated Care Boards (ICBs) in local areas to deliver the Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) programme.
66. It remains a priority to reduce reliance on mental health inpatient care for people with a learning disability and autistic people. At the end of September 2022, the number of people in a mental health inpatient setting was around 1,965 (1,780 adults and 185 under 18s). This represents a decrease of 32% in all inpatients since March 2015. Key pieces of work - such as Safe and Wellbeing reviews, senior intervenors who oversee discharge plans from hospital and long-term segregation, Care Education and Treatment Reviews (CETR) and Independent CETR - are supporting delivery through focus on reduction in lengths of stay, reviewing out of area placements and supporting timely discharge. We continue to focus on investment, guidance and support to local ICBs to deliver community alternatives to inpatient care; working with social care, education and other strategic partners to jointly deliver Building the Right Support commitments.
67. The Programme continues to produce positive outcomes for children, young people, and families through pilot, early adopter and Wave 3 'keyworker' sites across all regions. We have operational services in 26 ICS areas and are on track for all 42 ICS areas to have these services by end of March 2023.

Diabetes

68. Over 1.2 million referrals have been made into the NHS Diabetes Prevention Programme to date. A recent independent evaluation found that completers of the programme reduce their risk of developing T2D by 37%, and the programme resulted in a 7% reduction in population level incidence in areas where the programme was delivered between 2016 - 2018.
69. The NHS Low Calorie Diet Programme is currently available in 50% of the country (21 ICBs). To date over 6,000 eligible referrals have been made to the programme. Data up to July 2022 showed a mean weight change in line with outcomes seen in trials upon which this programme is based, which demonstrated improved diabetes control, reduced need for medication and in around 50% of cases, remission.
70. Between January 2021 and March 2022, 32.8% of people with type 1 diabetes and 47.8% of people with type 2/other diabetes received all eight routine diabetes care processes in England; 19.8% and 29.6% higher respectively compared to January 2020 to March 2021 (which included the first waves of the COVID-19 pandemic), but 22.5% and 18.2% lower respectively compared to January 2019 to March 2020 (pre-COVID-19).
71. People from the most deprived quintile were less likely to receive all eight care processes compared to people from the least deprived quintile, with the gap

standing at -17.9% for type 1 diabetes and -12.5% for type 2 diabetes during January 2021 and March 2022.

Screening and Immunisations

72. Most of the NHS breast screening services have now recovered.
73. The NHS bowel cancer screening programme continues to exceed the 65% uptake target with extension to 58-year-olds having commenced from April 2022 in addition to the extension to 56-year-olds that was rolled out in 2021/22.
74. Work continues to encourage uptake of the NHS cervical screening programme across eligible age groups.
75. The NHS diabetic eye screening programme reported full recovery from the disruption caused by the pandemic in September 2022 and Abdominal Aortic Aneurysm screening programmes continue to make good progress in recovery.
76. The three NHS ante natal and three NHS newborn screening programmes continue to achieve high levels of coverage and uptake.
77. The NHS is working to increase uptake across all vaccination programmes with a specific focus on MMR and school-aged immunisations catch up. Ahead of the start of the new school year in September 2022, a "Starting school" routine vaccination communications pack was shared with general practices and wider stakeholders to remind parents and carers to check whether their children are up to date with their routine vaccinations and come forward to book their appointments. The MMR call and recall initiative rolled out as planned at the end of September 2022 for 1-6 year olds, with a digital first approach using text messaging to call around 790,000 children eligible across England, followed up with an invitation letter a week later.
78. In our NHS seasonal flu programme 2022/23, 13.3m people were vaccinated by the end of October 2022. The programme is delivering at pace and on target to at least equal last season's uptake levels. This is being facilitated by increased levels of co-promotion and co-administration of flu with COVID-19 vaccinations. In our NHS seasonal flu programme 2022/23, 50-64 year olds (not clinically at risk) and some secondary school aged children were included as eligible cohorts for vaccination later this season; this was a change announced by DHSC in July 2022 as additional to those cohorts announced in the Annual Tripartite Flu letter (24th April 2022).
79. Following the detection of polio virus in sewage samples in some London boroughs, NHS London has responded to this outbreak by delivering an immunisation catch up for the under 5s and a booster campaign inviting 1–9-year-olds who are not fully vaccinated for a booster.
80. The NHS continues to deliver an outbreak immunisation service to those at highest risk of contracting monkeypox offering targeted and opportunistic appointments across the country.

COVID-19 vaccination programme

81. We continue to see a strong performance of the Autumn booster campaign with over 15 million autumn booster COVID-19 vaccinations recorded in England since the 5th of September go live.
82. We have successfully launched Comirnaty Bivalent and Nuvaxovid vaccines on 27th and 28th September respectively.
83. Priority remains on maximising uptake in those groups who are most at risk with a particular emphasis on completing Care Homes visits. Operational focus is on maintaining equitable access to booking slots in National Booking System for all eligible cohorts, managing wastage and continuing work to increase confidence in under-served communities.
84. Over 80% of people over 70 have received an Autumn Booster, and all eligible people were invited to book a vaccination by the end of October. With the Government information campaign taking place in December the programme will have a further focus on those with other health conditions and health and care workers to remind them of the importance of vaccination ahead of January. In addition to this the programme continues to run community based health and wellbeing events which include the offer of a vaccination to increase confidence in underserved communities.

COVID-19 testing

85. Over 52.6m PCR tests have been reported by NHS and UKHSA pillar 1 laboratories, as of 31/10/2022, of which 4.7m are staff (including index cases) PCR tests. Around 97% of pillar 1 NHS laboratories are reporting their turnaround times within 24 hours.
86. The NHS has been implementing the changes in its commission from the UKHSA in light of the government's Living with COVID-19 strategy. This has resulted in a reduction in PCR testing from the NHS over the coming year, as several testing use cases have converted from PCR to LFD.
87. Lateral Flow: Over 27.8m results of NHS trusts have been reported via PHE POCT/SDCS and over 8m tests reported by healthcare workers in primary care (via gov.uk)
88. Following the pause to asymptomatic testing UKHSA is working on the plan to restart this testing if circumstances dictate. We are working with UKHSA to ensure that this plan is completed as soon as possible.

Long COVID

89. There are currently 90 post COVID-19 services and 14 specialist paediatric post COVID-19 hubs in operation. These services provide an integrated multidisciplinary service including physical, cognitive and psychological

assessments, diagnostic tests, and management or appropriate onward referral to post COVID-19 rehabilitation, treatment and other support.

90. Latest ONS estimates, published on 3 November 2022, suggest that around 1.8m people in England report experiencing ongoing symptoms following COVID-19 of any duration. 905,000 of these report that their symptoms have lasted over 12 months. An estimated 260,000 people living in England report that long COVID-19 significantly impacts on their day-to-day activities.
91. Fatigue continued to be the most common symptom reported by individuals experiencing long COVID-19 (70% of those with self-reported long COVID-19), followed by difficulty concentrating (45%), shortness of breath (42%) and muscle ache (42%).
92. As a proportion of the UK population, the prevalence of self-reported long COVID-19 was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those aged 16 years or over who were not working and not looking for work, and those with another activity-limiting health condition or disability.
93. The ONS has recently changed methodology and now utilises a new remote survey method. Headline figures are not comparable month on month from September 2022. They note that the odds of self-reporting long COVID-19 are around 30% higher for those who responded remotely than for those who responded through face-to-face interviews.

Children and Young People (CYP)

94. The Children and Young People's Transformation Programme is on track to achieve its Long Term Plan commitments to treat 1,000 children a year for severe complications related to their obesity by the end of 2022/23, develop new ways of working to integrate care, and improve care and outcomes for CYP with asthma, epilepsy and diabetes. Expected impacts include reduction in non-elective admissions, outpatient appointments and Emergency Department attendance.
95. A national paediatric NHS111 pilot has been established to evaluate the feasibility and impact of a paediatric NHS111 Clinical Assessment Service. Emerging data has shown reductions in Primary Care, Emergency Department and Ambulance dispositions, with more than double the rate of self-care dispositions, compared to calls responded to by non-paediatric clinicians in the wider NHS111 Clinical Assessment Service (CAS). Work underway on a national UEC strategy will include further measures to improve access and quality in CYP urgent and emergency care.
96. A national CYP Elective Recovery Delivery Group has been established as part of Elective Recovery Programme governance to strengthen accountability and oversight of CYP elective recovery. A CYP elective recovery toolkit is being developed to share positive practice and support elective recovery of paediatric services, with national webinars currently being planned.

97. Core20PLUS5 for Children and Young People, a national framework to support the reduction of health inequalities at both national and system level, has now been published.

CVD

98. Thrombectomy activity has increased from 1.5% in April 2019 to 3.1% in August 2022. The LTP target is that by 2029 10% of stroke patients will receive thrombectomy. NHS England has reformed the thrombectomy tariff to better incentivise increases in activity, and capital funding has been secured to establish the first standalone thrombectomy service in England.

99. Thrombolysis rates have almost returned to pre-pandemic levels, reaching 10.9% in September 2022. The LTP target is to increase thrombolysis rates to 20% by 2029. Digital tools have been implemented in the stroke pathway to improve the speed with which brain scans are reviewed and decisions are made by stroke clinicians to ensure timely access to treatments. These artificial intelligence decision support tools are now implemented in 81% of stroke pathways.

100. Survival at 30 days following an out-of-hospital cardiac arrest for Utstein patients (an internationally recognised patient subgroup, where timely and effective emergency care can particularly improve survival) has been increasing from 20.1% in December 2021 to 26.7% in May 2022. NHS England have partnered with St John Ambulance to increase CPR training and the use of defibrillators, targeting areas with high levels of inequalities. 133 voluntary community advocates have been recruited to date for this programme of work.

Genomics

101. The NHS has focused targeted investment in areas of innovation that will be transformative, particularly genomics. The NHS Genomic Medicine Service (GMS) continues to support standardised, high quality and equitable access to genomics across the NHS in England. The NHS GMS carries out over 680,000 genomic tests in England every year for common and rare and inherited disease, cancer, and pharmacogenomics, enabling more patients to receive a diagnosis, access precision medicines, and avoid potentially harmful side effects from treatments.

102. Genomic testing offered through the NHS GMS continues to keep at pace with the latest clinical and scientific evidence through regular updates to the National Genomic Test Directory, which covers the full repertoire of testing technologies, from single gene testing to whole genome sequencing (WGS), and currently includes over 357 rare disease clinical indications and over 203 cancer clinical indications. The NHS Genomics Programme is set up to deliver a number of benefits, including sequencing the genomes of seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers.

103. In 2020, the NHS became the first national health care system to offer WGS as part of routine care. Recent updates to the National Genomic Test Directory, have included new clinical indications for WGS in rare disease and cancer meaning that more eligible patients are able to access WGS. The NHS

Genomics Programme is also delivering against the NHS Long Term Plan commitment to extend the use of molecular diagnostics, over the next 10 years, to routinely offer genomic testing to all people with cancer for whom it would be of clinical benefit, and expand participation in research. New clinical indications for cancer have been included in updates to the National Genomic Test Directory and the NHS Genomic Laboratory Hubs are continuing to implement large next generation sequencing to improve efficiencies and provide more patients with access to a precise diagnosis and precision medicines.

104. NHS Chief Executive Amanda Pritchard launched the first NHS Genomics Strategy, Accelerating Genomic Medicine in the NHS, at the inaugural NHS Genomics Healthcare Summit on 12 October 2022. The strategy outlines the vision for embedding genomics in the NHS over the next 5 years through four priorities areas to; embed genomics in the NHS through a world leading innovative service model; deliver equitable genomic testing for improved outcomes in cancer, rare, inherited and common diseases; enable genomics to be at the forefront of the data and digital revolution; and evolve the service through cutting-edge science, research and innovation.