

Summary of NHS England and NHS Improvement board meeting – 24 March 2022

Full papers can be found [here](#).

Chief executive's update

- NHSE/I will continue to work with government to provide medical supplies and support to the Ukraine region
- A few NHS organisations utilise Russian affiliated services that are not on the government sanction list. The use of these services will continue to be monitored to fit the latest guidance. Any threat of a cyber-attack will continue to be investigated
- Keeping an eye on inflationary pressures due to rising energy costs and the potential implications for the annual budget. NHSE/I is also hugely aware of the effect this could have on staff and patients
- The last two weeks have seen an increase in hospitalised COVID-19 patients, with some trusts seeing their highest numbers since last winter
- In February, NHSE/I published the delivery plan on how to tackle the NHS backlog in the wake of the pandemic
- A med-tech funding mandate was recently published which mentions seven new medical devices
- Mental health and urgent and emergency care services are facing significant demand and pressure
- Interim Ockendon report received in December. All services continue to report progress on the report's recommendations
- NHSE/I is working with the Department of Health and Social Care and HM Treasury on the reform agenda and what this means for the NHS and the NHS budget in 2022/23.

Operational performance update

COVID -19 response

- Following a peak of around 17,000 inpatients in early January 2022, the number of patients in hospital with COVID-19 declined to around 8,500 at the end of February 2022. Numbers have since increased, with around 9,200 patients in hospital with COVID-19 as 10 March 2022

- In February 2022, the government announced its plan for 'Living with COVID19' which removes most remaining restrictions, including the requirement to self-isolate. Following this announcement, NHSE/I communicated to the NHS, confirming that there would be no immediate changes to NHS testing and IPC protocols.

Long covid

- 90 specialist post-COVID services around England have been put in place to focus on assessment, diagnosis and treatment or rehabilitation. In addition, 14 paediatric hubs provide specialist expertise and advice to local paediatric services treating children and young people with long COVID. Latest data (for the two-week period ending 16 January 2022) shows that on average 1,100 people are being referred to post-COVID services each week

Elective care

- The elective waiting list for January 2022 stood at just over 6.1 million with 311,528 patients waiting 52 weeks or longer for treatment. There are now 23,778 patients who have been waiting 104 weeks or longer for treatment. At the same time, median waits in January 2022 were 13.0 weeks, up from 12.5 weeks in December 2021. Total elective activity for January 2022 was at 91.1% of 2019 activity levels, up from 82.2% in December 2021, which is the highest since October 2021
- The 'Delivery plan for tackling the COVID-19 backlog of elective care' was published in February 2022 setting out delivery mechanisms and measures
- Independent sector utilisation has reached 120% of usual levels and further community diagnostic centres have launched
- In relation to long waits, focus remains on the delivery plan ambition that, by July 2022, no one will wait longer than two years for elective care.

Urgent and emergency care

- In February 2022 there were just over 1.8 million patients seen across A&E departments in England, representing a 43% year-on-year increase. Performance against the four-hour standard was 73.3% in February 2022, compared to 84.4% in February 2019
- Just under 1.8 million 111 calls were received in January 2022. Volumes were around 22% higher in January 2022 compared to those in January 2020
- 999 call volumes were 6% higher in February 2022 than in 2020, whilst incidents have decreased by 7%. Performance on call response times has significantly improved since December 2021
- Ambulance services are still experiencing significant pressures, responding to just under 800,000 999 calls in February 2022. This includes 68,000 category 1 calls

- Hospital handover delays remain a big challenge for ambulance services. As part of the wider UEC recovery plan, work is taking place with the 35 trusts responsible for most handover delays.

Diagnostics

- 1.89 million of the 15 key diagnostic tests were performed in January 2022, significantly above January 2021 levels. The total waiting list has remained stable for the last two months, however continued high volumes of pre-existing and new demand have led to a rise in the proportion of patients waiting over six weeks for a diagnostic test to 30%. The elective recovery plan aims to see this reduced to 5% by March 2025
- Following the Treasury's approval of the £248 million business case to support the digitisation of diagnostic care, 390 memoranda of understanding have been issued to enable systems to access funding.

Cancer

- Referrals have now been at record levels for eleven months, at 116% of pre-pandemic levels in January 2022, with over 2.4 million people with suspected cancer referred for checks and over 290,000 people starting cancer treatment between March 2021 and January 2022.

Primary care

- In January 2022 GPs delivered 26.9 million appointments, 6.4% more activity than January 2020, including 1.3 million COVID-19 vaccination appointments delivered by primary care networks (PCNs) (around 63,000 per working day)
- A letter was published on 1 March 2022 setting out the GP contract arrangements for 2022/23, including changes to the core GP contract and the network contract directed enhanced service (DES)
- Latest general practice workforce statistics show that as of 31 January 2022, there were 36,009 FTE doctors working in general practice (45,295 headcount) in England. This represents a decrease of 182 FTE over the previous month. There has been an increase of 1,483 FTE compared to the additional 6,000 FTE doctors working in general practice.

Discharge and community services

- There is a renewed focus on the discharge arrangements in place to ensure systems can maintain flow and bed capacity during periods of pressure. Work is ongoing with DHSC and other national partners to finalise revised discharge guidance, aligned to the Health and Care Bill
- A national discharge taskforce, supported by the government, has been initiated to provide strategic oversight of hospital discharge initiatives

- Community support services are continuing the rollout of the two-hour crisis response standard for support at home. Rollout is ahead of schedule with 31 ICSs having full geographic coverage 7 days a week from 8am to 8pm. Rollout of this standard to the rest of England is on track to be complete by April 2022.

Mental health

- Delivery continues at pace but pressures on mental health services remain high
- The number of children and young people (CYP) able to access mental health services continues to increase (630,673 in November 2021).
- The urgent and emergency mental health pathway continues to be under pressure. Bed occupancy remains over the maximum safe levels of 85% and similarly crisis referrals are at a 30% increase compared to 2019.

Learning disabilities and autism

- At the end of January 2022, the number of people with a learning disability, autism or both in a mental health inpatient setting was 2,030 (1,855 adults and 175 children and young people). Further work is required to meet the NHS Long Term Plan commitments to reduce reliance on inpatient care, particularly for adults
- By the end of December 2021, 40.5% of annual health checks had been completed for eligible patients aged 14 and above within the year; this compared with 39.2% by the end of Q3 in 2020.

Maternity

- Last month, ONS published the latest data on child and infant mortality. The 2020 ambitions to reduce stillbirth and neonatal mortality rates have been met. The stillbirth rate has reduced by 25.2% from 5.1 per 1000 births in 2010 to 3.8 per 1000 births. The neonatal mortality rate has reduced by 36.0% from 2.0 per 1000 live births in 2010 to 1.3 per 1000 live births.
- Trusts reported earlier this month on compliance with actions from the first Ockenden report in December 2020. All trusts reported being either fully compliant or partially compliant with each one of the twelve clinical priorities across the seven immediate and essential actions (IEAs) from the report.

Screening and immunisations

- The NHS breast screening backlog continues to fall, despite a small seasonal rise in January 2022
- The NHS bowel cancer screening programme continues to meet its target of at least 65% uptake
- Additional colposcopy capacity is being put in place for the NHS cervical screening programme

- NHS school-aged immunisations providers continue to catch up with all adolescent immunisations from the 2019/20 and 2020/21 cohorts alongside vaccinating the 2021/22 cohorts now that operational delivery of the seasonal flu vaccination programme has concluded.

Covid-19 vaccination programme

- As of 11 March 2022, over 117.6 million COVID-19 vaccinations were administered in England. UKHSA analysis estimates that over 100,000 hospitalisations have been avoided because of these efforts
- The programme continues to focus on priority deployment areas including (but not limited to); fourth doses (boosters) for those identified as severely immunosuppressed; the 2nd dose in school and out of school offer for 12-15s
- Following JCVI guidance published on 21 Feb 2022, a spring booster will be offered to adults aged 75 years and over, residents in a care home for older adults, and individuals aged 12 years and over who are immunosuppressed, as defined by the Green Book.

COVID -19 testing

- Over 43.3m PCR tests have been reported by NHS and PHE pillar one laboratories, of which over 4.3m are staff (including index cases) PCR tests. Turnaround times have improved with 98% of pillar 1 NHS laboratory tests being reported within 24 hours.

Headline financial position

- The NHS revenue budget of £50.9 billion is forecasted to be underspent by £640 million. However, this may rise to about £1 billion
- The NHS has been asked to cut spending by £500 million. Options to help include slowing down transformation programmes and reviewing some of the long-term plan changes
- Spring statement – inflation running much higher than spending which will have a knock-on effect for the NHS. Working on the implications of this still but materially it could be an additional £billion pressure on the NHS
- Government decided to discontinue funding for hospital discharge programme going into 2019/20. The NHS is expected to see significant impacts on hospital discharge performance entering April
- Providers have spent £3,645 million on capital schemes to month 10, which is 54% of the 2021/22 budget, and in line with previous years' year-to-date spend at month 10. The DHSC provider capital budget for 2021/22 is set at £6,763 million against which providers are currently forecasting an underspend of £55 million

- The NHS budget for 2022/23 will primarily be determined by the spending review settlement published in October 2021. NHSE/I is currently finalising its financial strategy.

Elective recovery programme update

Longer waits

- NHSE/I is maintaining a consistent national focus on the first milestone in the delivery plan
- In the last 6 weeks, management information has shown week on week reductions in the longest waiting cohort of patients including in systems with the highest number of long waiting patients

Choice

- Increasing patient choice is at the core of the delivery plan. The 'my planned care' platform has already been launched, which makes waiting time by specialty by provider accessible to patients
- Greatest limitation in being able to offer greater patient choice is capacity. It's important to ensure patients are aware of their ability to choose
- They will therefore work with NHS Digital to improve choice on e-RS (the electronic referral system) and work with primary care to strengthen the offer of informed choice at the point of referral. Work to address health inequalities will be woven into approaches.

Personalised outpatient model

- A key programme included in the delivery plan is a personalised outpatient model. The planning guidance requires each provider and system to focus on seeing new patients by reducing outpatient follow-up appointments by a minimum of 25% by March 2023
- A critical component of this plan will be giving patients more control of their care, the ability to book and change appointments, interact with clinical teams, order tests and, potentially, change their provider. Over time, this will be enabled via the NHS app.

Delivery confidence and key risks

- The planning guidance sets out key delivery areas for elective recovery but also mentions the requirements for accessing the targeted investment fund for systems, £1.5 billion of capital support for elective recovery over the next three years. Regions are asked to work with their systems to determine how the funding will be targeted

Health and Care Bill – update

- NHSE/I and local systems are reassured by the Secretary of State's (SoS) confirmation that the government is fully committed to achieving the establishment of integrated care boards by 1 July
- All of NHSE/I's 2019 recommendations, and the detail of the provisions giving effect to these, have been agreed by both houses, albeit with a few specifics under ongoing consideration
- The Lords improved the Bill in several areas: strengthening obligations on net zero, transparency of the mental health investment guarantee, and tackling inequalities
- While NHS stakeholder concerns remain, the government gave commitments in the Lords about aspects of the new power of direction over NHS England. Lord Kamall made clear it was not a power government would seek to use regularly. Lord Kamall said it is inappropriate for the SoS to be involved in individual procurement decisions and that the government has no ambition to use the power to interfere with individual allocations of money to the system
- Two amendments which remain under debate relate to workforce assessment and SoS reconfigurations power.

Update on life sciences: future of life sciences in the NHS

- The NHS faces major challenges in meeting the future health and care needs of an ageing population
- Adoption of innovations in biotechnology, digital technology and data advances, with trends strongly converging in healthcare, bring the potential for transformation from treatment to targeted, precision prevention. They also enhance the opportunity to focus more on population health
- Strong alignment between this programme of work and the Core20PLUS5 approach
- Innovation will require capitalisation on:
 - New diagnostics to catch disease earlier to prevent illness
 - New therapeutics to relieve suffering and decrease the need for high-cost services
 - Using an individual's health data to personalise their care plan
- To be successful the NHS must be fully engaged to leverage this opportunity through embedding research and innovation.