

# Summary of NHS England and NHS Improvement board meeting – 7 July 2022

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

## Chief executive's update

- The board will formally write to system leaders on next steps in the merger of NHS England and NHS Digital. The merger is seen as an opportunity to drive change and the keep the workforce at the heart of the NHS
- NHSE/I are planning to reduce the current workforce by 30-40% by the end of 2023/24 driven by desire to delegate functions to ICSs and the need to ensure that resources are used effectively and efficiently
- Reflections of the NHS Confederation conference concluded that that the event helped develop a deeper understanding of the needs of NHS colleagues and the momentum behind the community.

## Operational performance update

### COVID-19 response

- Following a peak of just over 17,100 inpatients in early January 2022, the number of patients in hospital with COVID-19 declined to 3,800 by 1 June 2022. There has since been an upturn, with numbers rising to just over 5,720 on 20 June 2022.

### Elective care

- Latest figures show there are 12,735 patients who have been waiting two years or longer for treatment, a decrease of 24% from March 2022. Since April 2021, the NHS has treated half a million patients who, if not treated, would have been waiting over two years by the end of June 2022
- The elective waiting list for April 2022 stood at 6.5 million with 5% of patients waiting 52 weeks or over and 1% of patients waiting 78 weeks or over for treatment. For patients waiting to start treatment at the end of April 2022, the median waiting time was 12.6 weeks

- The next target in the elective recovery delivery plan is to return the number of people waiting more than 62 days from an urgent cancer referral back to pre-pandemic levels by March 2023 and to eliminate waits of over 18 months by April 2023
- Chief executives of trusts performing well on addressing inequalities in the waiting lists are working on ways to share good practice. Ideas being considered include the development of a set of case studies and a webinar series to facilitate learning and good practice.

## Urgent and emergency care and winter planning

- Nationally, there was a slight improvement in performance against the 4-hour standard for May 2022 at 73.0%
- Daily call volumes were up 6.1% on March 2022
- For May 2022, none of the six ambulance response time standards were met. The mean response time for category 1 calls, the most urgent incidents, was 8 minutes 36 seconds, and for category 2 calls the England mean average response time in May 2022 was 39 minutes 58 seconds
- Hospital handover delays remain a challenge across the system
- Initial exploratory analysis suggests that A&E attendances have been slightly higher for the more deprived groups in the last quarter of 2021/22

## Diagnostics

- Continued high volumes of pre-existing and new demand meant 28.4% of patients waited over 6 weeks for a diagnostic test in April 2022. The elective recovery plan aims to see this reduced to 5% by March 2025
- As of May 2022, community diagnostic centres have reached the target milestone on delivering over one million diagnostic tests since the first centre became operational in July 2021

## Cancer

- Urgent suspected cancer referrals continued at very high levels in April 2022 (113% of pre-pandemic levels), and they now make up almost one in every four GP referrals
- The positive high referral volumes continue to put pressure on diagnostic and treatment capacity. In April 2022, 70.8% of patients were told they had cancer or cancer was definitively excluded within 28 days and 65.2% of patients were treated within 62 days of an urgent referral. Both are below standards.

## Primary care

- As of 30 April 2022, there were 35,855 FTE doctors working in general practice (45,113 headcount) in England
- The Fuller Stocktake published in May 2022 set out next steps for integrating primary care.

## Discharge and community services

- The national discharge taskforce has produced practical toolkits to enable system processes to be reviewed
- Rollout of the two-hour crisis response standard for support is ahead of schedule with 41 ICSs having full geographic coverage 7 days a week from 8am to 8pm
- Urgent community response performance nationally is at 78%, ahead of the goal of 70% set in planning guidance.

## Mental health

- Pressures on services remain high and continue to impact urgent and emergency mental health pathways, and inpatient capacity. Acute mental health bed occupancy is still consistently above 85%
- The number of children and young people accessing mental health services continues to increase.
- There will be a focus on providing more accessible and culturally appropriate 'upstream' care to close the race gap in acute admissions.

## Learning disabilities and autism

- By the end of March 2022, 71.3% of annual health checks had been completed for autistic people and people with a learning disability within the year, compared with 74% by the end of March 2020, and a March 2024 target of 75%.

## Screening and immunisations

- The NHS breast screening backlog has fallen since December 2021. The focus is now on helping those providers making slower progress
- The bowel cancer screening programme continues to exceed the 65% uptake target. In April 2022, the extension to 58-year-olds commenced
- The NHS is working to increase uptake across all vaccination programmes with specific focus on MMR and school aged immunisations.

## COVID-19 vaccination programme

- They are continuing the spring booster programme for adults 75+, older adult care home residents and the immunosuppressed.

## COVID-19 testing

- Over 6.6m PCR tests have been reported by NHS and PHE pillar 1 laboratories since March, of which over 300 thousand are staff (including index cases). Turnaround times figures show that 98% of pillar 1 NHS laboratory tests being reported within 24 hours

## Financial update

- Providers forecast an underspend of £504 million of the Department of Health and Social Care (DHSC) capital budget. Providers have spent £494 million on capital schemes to month 2, representing 8% of their full year forecast which is in line with spending at the same stage of prior year
- The DHSC provider capital budget for 2022/23 is set at £8,061 million against which providers are currently forecasting an overspend of £220 million.

## 2022/23 NHS operational planning guidance

- The final plans were received from systems on 20 June.
- Final returns show 37 out of 42 systems with plans to deliver a balanced budget as the NHS recovers services across all care settings. The final plan position shows an aggregate deficit of £100m in 5 systems
- Overall total NHS funding is, with higher inflation, reducing by 1.8% in real terms (£2.7bn) and systems are targeting savings of over £5.5bn (around 5% of total system allocations. New pressures will require cuts in planned services or new investments
- The key risks to the plan position includes rising COVID levels, pay and staff retainment levels and rising emergency demand.

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## New commercial strategy for the NHS

- Research has identified the requirement for a central commercial function (CCF) to provide greater oversight and guidance, and more clearly defined services to support NHS commercial activities through a unified commercial community
- The initial operating capability of the CCF will be in place by the end of 2022. The full operating capability will be achieved by December 2024.

## NHS race and health observatory

- The NHS Race and Health Observatory (RHO) has been in operation since April 2021
- In addition to existing work programmes RHO's focus for the next 2 years will include:
  - Increasing support to NHS leaders in taking action to tackle ethnic health inequalities. A key focus will be on working directly with ICSs to implement novel and innovative ways to tackle identified inequalities
  - Working with NHS England on the Long-Term Plan update
  - Working with HEE and NHS England to address racial biases in the education and training of clinicians and other healthcare professions
  - Supporting the research sector to address ethnic health inequality bias through explore how medical research is funded and who is participating in that research
  - Expanding the role of diverse voices in the organisation by establishing a formal community engagement framework
  - Increasing the international focus, learning and profile of the RHO and its work to address inequalities.