New Planning Guidance April - September 2021

Introduction

The NHS is accelerating the delivery of operations and other non-urgent services as part of a £8.1 billion plan to help the health service recover all patient services following the intense winter wave of COVID. NHS England has set out planning guidance for the next six months (April – September), with six priority areas:

1. Supporting the health and wellbeing of staff, and taking action on recruitment and retention.
2. Delivering the NHS Covid vaccination programme and continuing to meet the needs of patients with Covid-19.
3. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
4. Expanding primary care capacity to improve access and local health outcomes and address health inequalities.
5. Transforming community and urgent and emergency care to prevent inappropriate admissions to hospital, improve flow and reduce length of stay.
6. Working collaboratively across systems to deliver on these priorities.

The guidance is limited to six months as a further financial settlement, for October 2021 – March 2022, will be agreed once there is greater certainty around the circumstances facing the NHS going into the second half of the year.

Elective Care

Focusing particularly on elective care, the guidance requires Integrated Care Systems (ICSs) to maximise capacity across hospitals and reduce the elective care backlog that built up during the pandemic. A £1bn Elective Recovery Fund (ERF) will be made available to systems that surpass activity levels funded from core system envelopes. The activity levels, as a percentage of their pre-covid elective activity, to trigger access to the ERF are:

- April >70%
- May >75%
- June >80%
- July – September >85%

Activity above these threshold limits will be paid at tariff prices, in addition to their core funding with any additional activity above 85% paid at 120% of tariff rates. The core funding, paid regardless of activity levels, is under the block contract arrangements, which will remain in place until October 2021.

It should be noted that to access the additional payments, systems will also have to meet several "gateway criteria" tests, such as checking the impact of their recovery work on health inequalities.

The threshold levels seem to have been pitched at a realistic level for achievement and NHS Providers have welcomed the additional funding, as well as the focus on clinical prioritisation and cautiously agreed that the activity thresholds, to some extent, reflect the difficulties involved in scaling up this work.

The guidance does, however, give an indication of a ramp-up, stating that "in order to tackle the backlog, systems will when feasible need to return to, and in time and with support, move above 2019-20 baseline of activity."

To deliver the activity, systems are directed to maximise capacity across each system, including via the Independent Sector (IS), for which local commissioning will be restored from 31st March. Over the next two months NHS England will explore, with health leaders and IS providers, evolved mechanisms to establish how the IS capacity can be utilised to support recovery over the coming two to three years.

In more than a passing nod to GIRFT and the work being done within the London system, the guidance also highlights the need to operate "dedicated fast track hubs for high volume, low complexity care with standardised clinical pathways; dedicated elective service pathways within acute sites; elective activity coordination hubs for booking and scheduling across sites to tackle backlogs at system level".

It should be noted that there is no indication of any penalties for not meeting the target thresholds.

Clinical Priorities

At a clinical level plans will still be driven by clinical prioritisation and ICSs are asked to rapidly draw up plans across elective inpatient, outpatient and diagnostic services that prioritise the clinically most urgent patients such as cancer and Priority level 1 and 2 surgical treatments. On cancer specifically the target is focused on long waiters and the need to "return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022."

In addition to cancer three specialities have been highlighted: cardiac, musculoskeletal and eye care, with support via the National Pathway Improvement Programme. The Programme, in conjunction with GIRFT, will support pathway transformations with an aim to achieve what was top quartile performance.

Workforce

HSJ has noted that the continuation of the block contracts suggests calls for the workforce to be given a break in early 2021-22 have been heard, and local systems could be given a brief hiatus before being handed more ambitious restoration targets later in the year. This is reinforced by the guidance outlining that "all staff should be encouraged to take time off to recover…".

In a sign of the significant mental impact on the workforce, the NHS is rolling out 40 mental health hubs to help staff recover and hospitals are being encouraged to recruit more healthcare and medical support workers to ease the burden on existing staff.

Diagnostics

Recovery of the highest possible diagnostic activity volumes will be particularly critical to support elective recovery. Capital and revenue funding have been made available to deliver additional capacity and efficiencies through new Community Diagnostic Hubs and pathology and imaging networks. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. To support delivery, FDS data will begin to be published from spring 2021.

Digital and Data

The continued use of remote consultation tools is encouraged with GPs being asked to maintain patient access to remote GP consultations as they have throughout the pandemic, with a further £10m of funding going towards video consultations.

The guidance also states that where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation (equivalent to c.40% of outpatient appointments that do not involve a procedure).

ICSs are also tasked with developing their digital and data capabilities and will be guided in the forthcoming NHSX "What Good Looks Like" framework, to benchmark and develop appropriate connected health and care services, with joined-up person-level data across health and care partners. To underpin this, systems should commence procurement of a shared care record so that a minimum viable product is live in September with a development roadmap for wider use by April 2022.

Resources

Planning guidance can be found here.

Guidance on finance and contracting can be found here.