Briefing Paper: NHS England & NHS Improvement Priorities and Operational Planning Guidance 2022/23

Key documents

NHS Priorities and Operational Planning Guidance 2022/23 - full document

Related documents

NHS Priorities and Operations Planning Guidance 2021/22 - full document

Neurological Alliance Briefing Paper: NHS England Priorities and Operational Planning Guidance: October 2021 – March 2022 - link

Introduction

The latest iteration of this guidance proceeds the most challenging two years in NHS history. Looking ahead, the health service remains under intense pressure from the Omicron variant with the health system operating in the context of a Level 4 National Incident.

The objectives set out in the guidance are based on a situation where the current pressures of COVID-19 subside, and cases return to a manageable level. Staff are not expected to engage with the specific planning asks included in this guidance in the immediate term and as such, the planning timetable has been extended to April 2022 and remains under review.

The previous 1 April 2022 target date for Integrated Care Systems (ICSs) to be put on a statutory footing and for Integrated Care Boards (ICBs) to be legally and operationally established has also been pushed back to 1 July 2022.

Briefing

The pandemic, including the significant and ongoing impact on care, as well as the reforms to the health system underpinned by the Health and Care Bill provide the context for the 2022/23 guidance. Systems are asked to focus on the following priorities in this period:

A. Invest in the workforce
B. Respond to COVID-19
C. Deliver more elective care to tackle the backlog, reduce long waits and improve performance against cancer waiting times standards.
D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
E. Improve timely access to primary care
F. Improve mental health services and services for people with a learning disability and/or autistic people
G. Continue to develop approaches to population health management, prevent ill-health and address health inequalities
H. Use digital technologies to transform the delivery of care and patient outcomes
I. Make the most effective use of resources
J. Establish ICBs and collaborative system working

The guidance restates an overarching commitment to tackling health inequalities with a focus on the five priority areas set out in the 2021/22 guidance, the Core20PLUS5 approach and improved data collection to support planning including at Trust and ICB level.

In terms of financial arrangements, a one-year revenue allocation for 2022/23 and three-year capital allocations up to 2024/25 will be issued "shortly". The remaining revenue allocation up to 2024/25 is expected later this year.

A. **Invest in the workforce** – The guidance focusses on growing the workforce and making the NHS a better place to work. Asks of systems include to improve staff experience including support for health and wellbeing and addressing inequalities in recruitment and promotion. Embedding new ways of working including more care delivered virtually and closer to home, optimising existing capacity. Big focus on growing the workforce including support from Health Education England (HEE) and NHSE&I regional teams to develop and deliver workforce plans.

B. **Respond to COVID-19** – Systems are asked to maintain vaccine programme capacity and to ensure highest-risk patients are prioritised for new antiviral treatments. Efforts should also be made to address local variation in referral rates and waiting times for specialist long COVID clinics with £90 million made available to support this in 2022/23.

C. **Deliver more elective care to tackle the backlog, reduce long waits and improve performance against cancer waiting times standards** – The guidance sets a goal to deliver 30% more elective activity by 2024/24 compared to pre-pandemic – asking systems to deliver over 10% more elective activity in 2022/23. Specific asks to:
    - Eliminate waits of over 104 weeks and maintain throughout 2022/23 except by patient choice
    - Reduce waits of over 78 weeks with three-monthly reviews for this cohort, extending to those waiting over 52 weeks from 1 July 2022
    - Develop plans to reduce 52 week waits where possible
    - Personalised approach to follow-up care - reducing outpatient follow-ups by at least 25% compared to 2019/20 by March 2023 with further specific targets for systems to be agreed in planning process.

    The guidance emphasises the role of a more "personalised approach" to outpatient follow-ups as a means of ensuring timely access to appointments and prioritising clinical time for key activities. Systems should use a combination of the following as locally appropriate:
    - Moving or discharging 5% of outpatient attendances to patient-initiated follow-up (PIFU) pathways by March 2023
    - Effective discharge
    - Streamlined diagnostic pathways
    - Optimising referrals including delivery of 16 specialist advice requests per 100 outpatient first attendances by March 2023

    The guidance also asks systems to produce delivery plans across elective, inpatient, outpatient, and diagnostic services (including specialised services) for April 2022 to March 2023 setting out how systems and services will:

- Utilise additional revenue (£2.3 billion elective recovery funding for 2022/23) and capital funding (£1.5 billion above core envelope) to increase elective activity
- Organise and deliver to maximise productivity and provide best outcomes for patients
- Incorporate local independent sector capacity to improve outcomes and reduce waiting times
- Implement updated UK Health Security Agency (UKHSA) guidance
- Reduce health inequalities as part of system recovery
- Manage elective care, UEC, social care and mental health to minimise disruptions to elective recovery

In relation to diagnostics, alongside the implementation of new community diagnostic centres (CDCs) systems are asked to:

- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels in 2022/23
- Develop investment plans for further expansion of CDCs in 2023/25

D. **Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity** – The guidance notes the need for increasing NHS capacity by the equivalent of at least 5,000 general and acute (G&A) beds and a return to pre-pandemic levels of bed availability. This is to be delivered through the further development of virtual wards, increasing physical bed capacity as part of elective recovery plans and re-establishing bed capacity in line with latest UKHSA IPA guidance.

In urgent and emergency care (UEC) systems are asked to work towards zero 12-hour waits in emergency departments with no more than 2%, improve against all Ambulance Response Standards, minimise handover delays, contingency plan before next winter and build on UEC Action Recovery Plan – including increasing NHS 111 capacity.

Expanding and developing community services is seen as key to addressing waiting list and improving timely hospital discharge:

- Virtual wards – systems are expected to work towards establishing 40-50 virtual wards per 100,000 population. Up to £200 million will be made available in 2022/23 and up to £250 million in 2023/24 to support virtual ward plans. This includes patients with lower intensity and higher intensity needs (e.g., “Hospital at Home” services). Further guidance on the model, support and funding criteria to follow.
- Urgent community response – England to be covered by 2-hour emergency community response service by April 2022. Providers required to meet minimum threshold of reaching 70% of 2-hour crisis response demand from end of Q3.
- Anticipatory care – as per Long-Term plan commitment
- Enhanced Health in Care Homes - in line with national framework
- Hospital discharge – ask of systems to work with local authorities and hospice/ care home providers to release the maximum number of beds and sustain improvements in 2022/23
- Digital – digital tools and access to up-to-date information is key to delivering on the above. Systems asked to develop robust digital strategies and

E. Improve timely access to primary care – The guidance notes that systems are expected to use the investment in primary care as set out in the Long-Term Plan to support integration at neighbourhood and place level including between community services and primary care networks (PCNs).

Expanding the workforce in primary care is also reaffirmed as a top priority. The guidance puts a heavy emphasis on the increased role for community pharmacy (through the Community Pharmacist Consultation Service) and the offer of "digital-first primary care" to all patients in primary care by 2023/24.

F. Grow and improve mental health services and services for people with a learning disability and/or autistic people – Mental health services are facing further additional pressures due to the pandemic. Systems are asked to:

- Expand and improve mental health crisis care provision, increase provision of alternatives to A&E and improve ambulance mental health response. £150 million targeted national capital funding being made available over next three years to support mental health UEC improvements
- Utilise the expansion of mental health provider collaboratives to ensure admissions are intervention-focussed, therapeutic and supported by an MDT
- Continue expansion and transformation of mental health services as set out in the NHS Mental Health Implementation Plan 2019/20 – 2023/24
- Expand access to children and young people's (CYP) mental health services including specialist care and treatment
- Participate in first phase of national Quality Improvement programme supporting implementation of Mental Health Act reforms where possible

Systems are tasked with supporting the expansion and transformation of the mental health workforce by:

- Developing mental health workforce plans up to 2023/24 in collaboration with providers, HEE and VCSE/ education sector partners
- Primary Care Networks and mental health trusts continuing to use the mental health practitioner ARRS roles in line with NHS Long Term Plan ambitions

Plans for CYP mental health services to provide a local whole pathway for those with mental health, learning disability and/or autism needs to be completed by end of Q1 2022/23. Further guidance to be issued before the start of 2022/23.

Reasonable adjustments and tailored responses are put forward to address significant health inequalities experienced by people with a learning disability and/or autism that have been further exacerbated by the pandemic. £75 million funding is being made available in 2022/23 and systems are asked to:

- Consider the ongoing need for face-to-face appointments
- Increase annual health checks and associated health action plans for those aged 14+ on GP LD register towards 75% ambition of 2023/24
- Improve accuracy of GP LD register, particularly for CYP and people from ethnic minority backgrounds
- Reduce reliance on inpatient care and develop community services to avoid admissions and improve discharge as per Long Term Plan ambitions

- Develop range of MDT led care and diagnostic services for autistic people and improve local diagnostic pathways
- Implement recommendations of Learning Disability Mortality Reviews (LeDeRs)

G. Continue to develop approaches to population health management, prevent ill-health and address health inequalities – ICSs will prioritise populate health approaches and take a leading role in addressing health inequalities, building on the Core20PLUS5 approach.

Data is presented as critical to this agenda and systems are asked to develop plans by June 2022 around data systems, skills and safeguards. By April 2023 all systems are expected to have the technical capabilities for population health management and are encouraged to work together to share data and analytic capabilities.

NHSE&I will continue to operate national data platforms for national programmes including vaccine registries. They will also provide clear technical requirements and standards. Systems, led by a nominated senior responsible officer (SRO) are asked to develop prevention plans.

H. Use digital technologies to transform the delivery of care and patient outcomes – Learnings from the use of digital technologies in the pandemic response are to be applied to the immediate challenges of pandemic recovery and the long term. The guidance sets an ambition for NHS e-Referral Service (e-RS) to become "an any-to-any health sector triage, referral and booking system" by 2025.

First year priorities for core digitisation in acute, community, mental health and ambulance are requested by March 2022. Systems are asked to provide three-year digital investment plans with costings by June 2022 including:

- Robust cyber security across the system
- Consolidating purchasing and deployment of electronic patient records and workforce management systems
- Steps taken to support digital inclusion
- How services can support the NHS Net Zero Agenda

£250 million will be available to systems to support development of plans in 2022/23 with funding directed towards the least digitally mature services. Systems are also asked to ensure:

- Improve exchange and scope of Share Care Records including making them system wide and including local authorities and social care providers by March 2023
- NHS App and NHS.UK reach 60% adult registration by March 2023, promoted through general practice
- Plans in place for workforce maximisation of digital solution opportunities

I. Make the most effective use of resources – The guidance notes that £2.3 billion is available in 2022/23 to support elective recovery as part of the additional £8 billion over three years made available to tackle the elective backlog in the 2021 Spending Review (SR21).

As per SR21, over the next three-years the NHS will also receive £23.8 billion of total capital resources including £4.2 billion to build 40 new hospitals and upgrade 70, £2.3 billion for diagnostic service transformation, £2.1 billion for digital technology and £1.5 billion to support elective recovery. Revenue and capital allocations to follow.

Legislation permitting, ICBs will take responsibility for financial management and governance arrangements from 1 July 2022. Advice is available to support this. The guidance summarises financial and contracting arrangements for 2022/23:

- Transition from current system revenue envelopes to fair share allocations with ICB revenue allocations based on current system funding.
- Multi-year operational capital allocations set at ICB level
- Collective local accountability and responsibility for delivering system and ICB financial balance
- Return to signed contracts and local ownership for payment flows with simplified rules. Additional guidance including updated NHS Standard Contract to follow
- Support for tackling elective care backlog and delivery of NHS Long Term Plan with additional guidance to follow
- Focus on integration of services including future delegation and strengthening joint working between NHS England and ICBs

J. Establish ICBs and collaborative system working – Setting up ICBs and ICSs with their respective powers and remits by the new target date of 1 July 2022 will depend on the safe passage of the Health and Care Bill through Parliament. Preparations will continue working towards the new target date including some boundary changes to CCGs to align footprints the new ICS boundaries coming into effect from 1 April 2022.

The guidance notes that ICBs will be required to publish five-year system plans - reflecting ICP strategies, joint strategic needs assessments and health and wellbeing strategies - before April each year. Draft plans are due in mid-March 2022 and should also reflect:

- The four ICS purposes:
    - Improve outcomes in population health and healthcare
    - Tackle inequalities in outcomes, experience and access
    - Enhance productivity and value for money
    - Support broader social and economic development
- National NHS priorities and ambitions
- New responsibilities for commissioning primary care and some specialised services, currently commissioned by NHS England

Alliance thoughts

A year on from the 2021/22 Operational Planning Guidance, many of the challenges identified then are echoed in the 2022/23 guidance. The ongoing impact of the COVID-19 pandemic, further exacerbated by the recent Omicron variant, continues to limit efforts to recover and restore elective care. Waiting lists and waiting times for neurology and neurosurgery remain on an upwards trajectory with staff wellbeing, recruitment and retention an ongoing concern.

NHS waiting times data for November 2021 shows 169,288 people waiting for a neurology appointment with 3,301 waiting more than 52 weeks. In neurosurgery, 49,371 people are currently awaiting an appointment with 3,300 waiting more than 52 weeks.

The extension to the target date for ICSs to be put on a statutory footing and for ICBs to be legally and operationally established from 1 April to 1 July 2022 is welcome and necessary. Despite this, the operational shift from CCGs to ICSs and ICBs is putting additional strain on an already overstretched system. This is briefly acknowledged in the guidance with a recognition that systems do not have the capacity to engage with the numerous detailed planning asks made in the guidance at this time.

The focus on eliminating the longest waits and reducing waiting times across the board is positive however many were included in previous iterations of this guidance with little progress made. Targets for reducing outpatient follow-ups and to increase the use of "virtual wards" need to also be considered in relation to patient experience and optimal health outcomes.

As noted in response to previous NHS Priorities and Operational Planning Guidance, despite additional funding announced in SR21 and a focus on driving elective recovery with a specific focus on apparent key specialties including neurology and neurosurgery we are yet to see the material benefits in terms of reductions in numbers of people or waiting times to start treatment.

What next?

We will continue to engage with NHSE&I, Department of Health and Social Care (DHSC) and other parts of the system at all levels on issues including elective recovery, specialised commissioning, neuroscience transformation and outpatient transformation. Going forward we will continue to make the case for the necessary prioritisation of neurology and neurosurgery and hold the system and system leaders to account.

More specifically:

- We support amendments to the Health and Care Bill including on workforce, access to treatments and care for people with rare conditions and the social care cap
- We will publish My Neuro Survey results in Spring, outlining variation in experience of care and calling for improvements to care
- We will continue to work with NHSE&I to develop guidance related to outpatient transformation, including the use of triage, advice and guidance and remote consultations and patient-initiated follow up (PIFU)
- We remain on the NHSE&I elective care recovery taskforce, ensuring neuroscience has representation at the highest levels of NHSE&I strategy formulation
- We will continue to work with the National Neuroscience Advisory Group (NNAG) to design optimum pathways of care
- We will input into the development of the neuroscience transformation programme, which will set out the future funding model for specialised neuroscience services in the coming months.
- We will engage with ICSs and ICBs to make the case for neurology and neurosurgery to be prioritised including in ICB five-year system plans.

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