Department of Health & Social Care

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Sir Robert Francis QC
Chair – Healthwatch England
By email to: Josephine.buckle@healthwatch.co.uk

24th March 2021

Dear Robert,

Thank you for your letter of 4 December setting out Healthwatch England's views on issues that you believe patients and the public would like to see addressed through the Government's 2021-22 mandate to NHS England and NHS Improvement, based on the insights gathered by the Healthwatch network. I and my colleagues very much appreciate the work that Healthwatch has done, and continues to do, throughout the pandemic, to ensure that our Department and NHS leadership are informed of the views of the public and patients.

You supported our decision to make Covid-19 the top priority in the 2020-21 mandate, and we value your support for doing so again in 2021-22 given that it remains the single greatest challenge facing the NHS at the current time. NHS staff have worked tirelessly to provide both Covid and non-Covid services throughout the pandemic and are now also playing a lead role in delivering our Covid-19 vaccination programme. This will ensure that every adult in England is offered a first vaccination by July, in line with expert advice on prioritisation, and we will be closely monitoring take up according to ethnicity.

You have highlighted the importance of addressing the impact that the focus on Covid has had on non-Covid services and have commented on the huge efforts made by staff to accelerate the return to near-normal levels of care. We and NHS England and NHS Improvement fully agree that the process of recovery should begin as soon as possible and will be working together during 2021-22 to set reasonable trajectories for this, taking account of the ongoing pressures created by the pandemic and their impact on NHS staff capacity and resilience. As well as an objective on Covid-19, the mandate therefore sets further objectives that encompass wider needs. This includes one that further reinforces the importance of transparency and information sharing, both within health and care and between the NHS and Government. This would support more efficient and integrated delivery of services and a shared understanding of the continuing challenges, so that we can work together to tackle them.

In the annex enclosed with this letter, I have set out further comments on what we are doing in respect of some of the five principles you suggested should underpin the 2021-22 mandate. The Department looks forward to continuing to work with you on these important issues during 2021-22.

Yours ever,

EDWARD ARGAR MP

Annex: Further comments on Healthwatch England's letter to inform development of the 2021-22 mandate to NHS England and NHS Improvement

You asked us to ensure the NHS is sufficiently focused and resourced to manage the short and medium-term pandemic response, including a strong emphasis on the Covid-19 vaccination programme, which you said should focus on those most in need.

The Government has made the NHS response to Covid-19, including roll out of the vaccination programme, the continuing top priority for 2021-22 and we are underpinning this by providing further funding to support the operationally necessary costs of managing the pandemic. Additional funding has already been agreed for 2021-22, and we are continuing to work with NHS England and NHS Improvement to identify and address any further costs that may arise in 2021-22.

The vaccination programme will continue to be rolled out in line with the Joint Committee on Vaccination and Immunisation's recommendations on prioritisation which reflect their expert views on vulnerability to serious illness. All adults in England will be offered a first vaccination by the end of July and the NHS is working hard to ensure that any elderly or clinically vulnerable people who were not able to receive their vaccine when it was first offered will still be able to have it. We have included metrics on both the number of people receiving Covid-19 vaccination and the uptake of Covid-19 vaccination by Black, Asian and Minority Ethnic groups compared to the national average under the priority commitments (outlined in Annex A of the mandate) that we will primarily use to monitor progress against the mandate.

You asked us to ensure that NHS England and NHS Improvement develop and publish plans for returning to pre-pandemic levels of care for non-Covid related conditions, which include how backlogs will be addressed in a way that does not allow health inequalities to widen further. Linked to this, you highlighted the importance of effective and accessible information about the changes to non-Covid services during the pandemic.

The NHS has worked hard during the pandemic to deliver the maximum amount of elective hospital treatment possible – and the Government was very pleased to see that in December 2020, hospitals carried out more than 1.2 million routine appointments and operations per week, with around three times the levels of non-Covid elective patients admitted to hospital than at the height of the first wave in April 2020. NHS England and NHS Improvement issued guidance to the NHS in July 2020 that clinically urgent patients should be treated first, with priority then given to the longest waiting patients who will have waited 52 weeks or more by the end of March 2021.

During 2021-22, they will continue to focus on minimising any further declines in performance against important waiting time standards, addressing backlogs and starting the process of recovery as soon as possible. The Government is providing financial support for this, which includes a further £3 billion to support NHS recovery from Covid-19, £1 billion of which will be used to support hospitals to begin tackling backlogs in elective care in line with the guidance and around £500 million to improve waiting times for mental health services and invest in the NHS workforce.

The pandemic has further highlighted the need to make a concerted effort to address the health inequalities. Levelling up and tackling health inequalities is therefore the focus of one

of the priority commitments in Annex A. This focus needs to be underpinned by transparency and information sharing to ensure that integrated services can be built around peoples' needs and that there is shared understanding of the challenges that face different populations. This is taken into account in the objective that we have set on information sharing.

You asked us to provide the NHS with a performance management framework that enables it to handle care flexibly so that those with urgent need always receive timely treatment, and delays in non-urgent care leading to adverse outcomes are not tolerated. You also highlighted the need for good communication with people waiting for treatment so that they can be reassured about how their needs are being managed, and signposted you supported the NHS's new NHS 111 First programme, recommending that evaluation considers its impact on inequalities.

To support improvements and reduce waiting times in A&E, the NHS 111 First programme was launched across England from December 2020 with a £24 million investment to increase call handling capacity and increase the number of clinicians available to give expert advice and guidance. The programme is successfully directing people to the most clinically appropriate services to meet their needs - which could include pre-booked appointments at A&E or another local service – and NHS England and NHS Improvement are aiming to complete a full evaluation of its impact later this year.

You asked us to set clear expectations on how the NHS should communicate with people seeking care, highlighting an important point about the need for communication to be accessible by people with disabilities and sensory impairments. You also pointed out the importance of ensuring that people on waiting lists for treatment are kept informed about how their cases are being managed, which could include encouraging the NHS to work more closely with social care and the voluntary sector.

Several measures have been put in place by NHS England and NHS Improvement throughout the pandemic to ensure that the communication needs of people who are disabled or have sensory impairment has not prevented them from receiving the care and treatment they need. This includes providing a British Sign Language interpreter for NHS 111, access to other interpreters, and provision of Clear Mask Personal Protection Equipment. The 2021-22 mandate builds on this, reinforcing the continued importance of NHS organisations meeting the Accessible Information Standard.

Trusts and working GP practices have also been asked to ensure that every patient whose planned care has been disrupted by Covid-19 receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. Partnership working between the voluntary sector, local government and the NHS is crucial to improving care for people and communities.

You highlighted a number of recent reports published by Healthwatch England, including one on hospital discharge produced jointly with the British Red Cross. You particularly asked that we use the findings of this to update relevant guidance and ensure that no-one is discharged home unless they have the care and support they need to recover effectively.

Ensuring that people ready to leave hospital are discharged safely to the most appropriate place, and that they receive the care and support they need is one of my priorities. I can confirm that we will be working with the NHS and others to ensure that people who are

clinically ready are being supported to return wherever possible to their usual place of residence, and that they then receive assessment of longer-term needs that is based on the Discharge to Assess, Home First model.