Health and Social Care Committee

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From Rt Hon. Jeremy Hunt MP

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

Letter by email

10 September 2020

Dear Matt,

Subject: GIRFT and NCIP Business Cases (Financial Year 2021-22 onwards)

Thank you for sparing the time to meet Professor Tim Briggs on the 7th of September. I am extremely grateful to you for engaging with GIRFT so enthusiastically given its potential to eradicate much unsafe care. Under Tim's leadership, the programme has already resulted in improved care and is now looking to expand its successful programme into more cancer and paediatric specialties as well as Community Trusts and continuing their work in a number of significant areas such as litigation.

As Tim explained at our meeting GIRFT is also now working with NHS Regions to help to restart Elective surgery and is providing significant support for other Covid related projects and he is delighted you agreed to launch his Covid treatment best practice initiative.
You also discussed the National Clinical Improvement Programme (NCIP) at our meeting (although it was after I had left). I wanted to elaborate a few details about NCIP because I believe it will play a very significant role in preventing a repeat of the issues around rogue surgeons raised in the Paterson Inquiry.

GIRFT commenced the National Clinical Improvement Programme (NCIP) in April 2017 and is now chaired by Professor Sir Norman Williams. NCIP was developed as a quality improvement tool to provide individual clinicians with their outcome data. Whereas GIRFT concentrates on unit performance, NCIP drills down to individual performance. This is the first time the NHS has used these data, across a number of specialties, allowing clinicians to track their practice and outcome using a digital portal.

NCIP has been piloted in 5 Trusts and 8 specialties in the past two years. A further seven ''Fast-follower'' Trusts have been recently recruited for roll-out this Autumn. These Trusts are likely to be provided with access to participating specialties from late October 2020. The intention is then to roll out the programme nationally across 20 surgical and 4 interventional specialties as well as anaesthetics to all trusts by 2023. The NCIP Team would also like to explore NCIP in non-interventional medicine and will pilot the programme across 3 or so medical specialties before the end of March 2024.

NCIP is improving data quality, attribution and clinical coding practice and surfacing previously unknown information e.g. re-admissions. As such it is providing trusts with the visibility of patients after they have been discharged.

Working together with the Private Healthcare Information Network (PHIN) via the Adapt initiative, GIRFT and NCIP can address a number of recommendations in the Paterson Report, particularly Recommendation #1, Page 218 – under Information for Patients:

> "We recommend that there should be a single repository of the whole practice of consultants across England, setting out their practising privileges and other critical consultant performance data, for example, how many times a consultant has performed a particular procedure and how recently. This should be accessible and understandable to the public. It should be mandated for use by managers and healthcare professionals in both the NHS and independent sector."

As a result taken together GIRFT and NCIP can deliver this single repository which in due course can be mandated for appraisal and revalidation. Sir Norman Williams not only chairs NCIP, but also sits on the GIRFT and PHIN Boards so is in a position to make this happen.

In order to achieve this, and in particular to deliver the vision set out in the Paterson inquiry, the focus now needs to be on supporting the national roll-out of NCIP and in future developing a simplified version of NCIP data which are accessible to the public.

For that reason I strongly support the request for recurrent annual funding for the programmes of £22m of funding for GIRFT and £3.3m per year for NCIP. As agreed with Tim at our meeting, both Business Cases for future funding will be shared with you on or before Friday, 18 September 2020.
Thank you again for taking the time to engage in these issues which are so vital for patient safety.

Yours sincerely,

Rt Hon Jeremy Hunt MP
Chair, Health and Social Care Committee

Department of Health & Social Care

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The Rt Hon Jeremy Hunt MP
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06 October 2020

Dear Jeremy,

Thank you for your letter of 10 September and for the interesting discussion that we had with Professor Briggs a few weeks ago.

As you say, under Tim's leadership, Getting It Right First Time has made significant contributions to reducing unwarranted variation in clinical practice and improving patient care.

I am grateful for his work on this important programme and I am always interested to hear what the programme has planned next, particularly on unwarranted variation in COVID mortality and the work that he is doing with the London region to improve elective surgery performance.

As we discussed, the funding provided to Getting It Right First Time by the Department in 2016 is now coming to an end and that the programme is seeking annualised funding. Professor Briggs is also seeking further funding for the individual surgeon quality improvement tool.

This funding will come from the budget for NHS England and Improvement's Improvement Directorate. I would like to ensure that we have a single view of funding requirements over the next Spending Review period and would like Getting It Right First Time's business cases to be agreed by the Improvement Directorate as part of broader spending plans. However, I would like to be clear that I expect Getting It Right First Time to continue as a programme.

I have written to Hugh McCaughey, National Director of Improvement, asking him to keep me informed on the progress of the business cases.

Yours ever,

MATT HANCOCK