Department of Health & Social Care

NHS

Rt Hon Jeremy Hunt MP

By email to: hsccom@parliament.uk

16th November 2020

Dear Jeremy,

Thank you for report on the delivery of health and care services in the face of the ongoing Covid-19 pandemic, and your letter of 12th November.

The NHS has taken huge strides to restore the services that were necessarily suspended whilst we dealt with the initial wave of the pandemic. For example, the latest statistics show that hospitals are carrying out more than a million routine appointments and operations per week, with around three times more elective patients admitted to hospital than in April, and GP appointments are running ahead of this time last year. We continue to carefully monitor progress, mindful of the additional challenges winter demand pressures that are just around the corner and the effects of a second wave of the pandemic that we are already observing. This letter addresses the recommendations of your report and we will provide further updates in due course. However, some of our responses are caveated by the fact that work is ongoing to address an evolving situation and to develop long-term solutions. Again, where we cannot provide full answers now, we will endeavor to do as soon as we are able.

Communication with patients

Notwithstanding the actions taken to date, we recommend that NHS England & Improvement review, as a matter of priority, the directions given to NHS Trusts about how to communicate with patients about the progress of their treatment and important medical guidance in any future spike or second wave. As part of this review, NHSE/I must ensure that patients are always treated with dignity and compassion. We ask that as part of that review, NHSE/I makes an assessment of its and hospitals' communication with patients—and provide us with an update by the end of October 2020. We also ask, as part of this review, that NHSE/I address how they will communicate to the general population to ensure that the public gets the message that the NHS is open, and that those who have fears of catching COVID-19 in medical settings are not discouraged from accessing medical treatment.

The advice to clinicians on all aspects of Covid-19, including the need for communication with patients is updated when required and is publicly available on the NHS website at https://www.england.nhs.uk/coronavirus/.

In addition, NHS England & NHS Improvement in partnership with Public Health England, are running a 'Help Us, Help You' campaign, aimed at encouraging the public to access NHS services. On 5 October, we launched a phase focusing on increasing uptake of the Flu vaccine and on Friday 9 October 2020 we launched a further phase aimed to encourage the public to speak to their GP if they are worried about a symptom that could be cancer. Further phases will aim to encourage pregnant women to attend their regular check-ups and seek advice if they are worried about their baby and direct people with mental health issues to access National Health Service support. This campaign will utilise a wide range of channels

to reach the public throughout the autumn and winter including TV, radio, out of home posters, print, digital and social, alongside tailored content delivered through a range of influencers, community ambassadors and partnerships.

Waiting times and managing the backlog of appointments

We recommend that the Department of Health & Social Care and NHSE/I provide an update on what steps they have, individually and collectively, taken and are planning to take to quantify and address the overall impact of the pandemic on waiting times, the backlog of appointments and pent-up, and as yet unknown and unmet patient demand for all health services, specifically across cancer treatments, mental health services, dentistry services, GP services and elective surgery. We also ask the Department and NHSE/I to provide a comprehensive update on what steps are being taken and what steps will be taken in the future to manage the overall level of demand across health services. We request this information by the end of October 2020. (Paragraph 65)

In September, the NHS met stretch target of carrying out 80 per cent of the planned overnight hospital inpatient procedures which it delivered last year. In addition, by August, hospitals were carrying out more than a million routine appointments and operations per week, with around three times more elective patients admitted to hospital than in April 2020. This activity is supported by an unprecedented deal with the private sector for them to provide capacity to help address demand for non-Covid activity. To further support activity through winter, we have also announced £3bn of extra NHS funding to ensure the retention of the Nightingale hospital surge capacity continue access to independent hospitals capacity to help meet patient demand.

Nearly 200,000 people were referred for cancer checks in September - 102% of last September's levels – and over 45,000 people received treatment for cancer in September – almost matching last year's levels. A newly formed Cancer Recovery Taskforce, bringing together experts from across the cancer community, is overseeing the development of the cancer recovery plan, including taking into account any impact of a 'second wave' and review progress against objectives. The Taskforce is chaired by Professor Peter Johnson, the National Clinical Director for Cancer. It forms part of the NHS Cancer Programme governance structure and reports directly to the National Cancer Board. Membership is drawn from across the cancer community (including charities, Royal Colleges, public and patient voice, and other national partners, e.g. HEE, PHE) to coordinate and share expertise and ultimately enable progress towards the successful recovery of cancer services during 2020/21. The Taskforce will focus on:

- Providing expert input into the further development, publication and delivery of a national recovery plan;
- Reviewing progress against objectives monthly, using the key metrics outlined in the recovery plan, and reporting to the National Cancer Board;
- Identifying where there are requirements that are the responsibility of other stakeholders outside of the cancer programme that are needed for the successful recovery of cancer services, providing a dialogue with the wider cancer community on the national delivery plan and the progress on recovery, and;
- Sharing practical suggestions about what the wider cancer community can do to support recovery.

Routine testing of all NHS and care staff

We accept the advice we have received from many eminent scientists that there is a significant risk that not testing NHS staff routinely could lead to higher levels of nosocomial

infections in any second spike. We therefore urge the Government to set out clearly why it is yet to implement weekly testing of all NHS staff. (Paragraph 121)
We recommend that, by the end of October 2020, the Government and NHSE/I set out: i) what current capacity there is for testing all NHS staff, ii) what further capacity (if any) will be required and iii) how long it is likely to take to secure sufficient capacity to offer routine tests to all NHS staff.

As set out in the letter from Professor Stephen Powis on 9th November 2020, following further scientific validation of the lateral flow testing modality last week, and confirmation from Test and Trace that they can now supply the NHS with sufficient test kits, asymptomatic testing of all patient-facing NHS staff is now possible. The first 34 trusts are now deploying this technology, benefiting over 250,000 staff, and full roll out should be in place by the end of next week.

Staff will be asked to test themselves at home twice a week with results available before coming into work. Lateral flow devices have a lower specificity and sensitivity than rt qPCR tests. Testing twice weekly helps mitigate the sensitivity considerations, and to mitigate the lower specificity, all positive results will be retested via PCR.

As you know, this builds on the extensive asymptomatic staff testing already occurring in parts of the country with outbreaks – over 70,000 NHS staff have been tested asymptomatically in those areas in recent days.

In addition, as previously notified, NHS trusts will continue to use their own PCR lab capacity for appropriate staff testing, and LAMP saliva testing is being made available to hospitals by Test and Trace in November and December.

NHS and care workforce wellbeing during the pandemic

We recommend that NHSE/I set out in detail what further specific steps it would like to take over the coming years to support the mental and physical wellbeing of all staff and a plan to deal with the specific issue of sustained workplace pressure due to the current pandemic and backlog associated with the coronavirus. This information should be made available to us in advance of any forthcoming Government spending announcements or by the end of October 2020 (whichever is earlier) in order for us to clarify what NHSE/I's priorities for NHS staff are, and to judge how far the Government's eventual spending commitments enable their implementation. (Paragraph 139)

We further recommend that NHSE/I should develop a full and comprehensive definition of "workforce burnout", and set out how the wellbeing of all NHS staff is being monitored and assessed. This information should be made available to us by the middle of October 2020, to enable us to scrutinise it in the course of our inquiry into Workforce Burnout and Resilience in the NHS and social care. (Paragraph 140)

The Chief People Officer will provide a separate answer on these recommendations.

The independent sector

We recommend, in addition to our recommendations in Chapter 2, that the Government and NHSE/I clarify what plans there are to continue to use independent bed capacity and other independent resources as the winter period approaches. We further recommend that the Government and NHSE/I set out i) what the current level of capacity is across all NHS services, ii) what assessment it has made of what additional capacity will be required, in the medium and long term, to ensure the restoration of non-COVID NHS

services and iii) what level of capacity it is expecting and planning to retain from the independent sector in the medium and long term. We expect this information by the end of October 2020. (Paragraph 194)

The Department and NHS England and NHS Improvement have worked with the independent sector to secure all appropriate inpatient capacity and other resource across England. A national agreement is in place between NHS England and NHS Improvement (NHSE/I) in collaboration with the Independent Healthcare Providers Network (IHPN) and Independent Sector providers to ensure National Health Service patients benefit from an unprecedented partnership with private hospitals as we battle the COVID-19 outbreak. An unprecedented deal with the independent sector put their 8,000 beds and 20,000 staff at the NHS' disposal.

To maximise total elective activity, NHSEI worked with Independent providers to identify best use of capacity, based on local need. From end of March to June 2020 both equipment and staffing from independent sector providers were deployed by NHS trusts in order to ensure delivery of services for NHS patients. Since June, the use of independent sector sites has been focused on assisting the NHS to restore services and increase elective capacity. Under the agreement, latest figures show that from 30 March until 30 August 2020 over 967,000 NHS patient appointments have taken place within independent facilities.

Regarding future provision of NHS treatment, an Invitation to Tender was issued by NHS England and NHS Improvement to the healthcare market on 16 October 2020.
The Framework will operate for up to four years for additional operations and other inpatient and outpatient services, over and above those which can be delivered within current NHS capacity. Services within the scope of the framework will include:

- Inpatient and day services (including full supporting pathology and imaging) and urgent elective care and cancer treatment, and;
- Diagnostic services like MRI and CT scans.

As outlined previously, £3bn of extra NHS funding has also been announced to support the NHS this winter. This funding includes ensuring the retention of the Nightingale hospital surge capacity as well as continued access to independent hospitals capacity to help meet patient demand.

Further decisions on investment in NHS elective services will be taken through the spending review process in the usual way. We are currently working through the implications of the move to a 1-year SR and the Chancellor will announce the outcome in due course.

Your sincerely,

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

Sir Simon Stevens
NHS Chief Executive