BMA

England

Member Note: NHS England 2021/22 priorities and operational planning guidance

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This note provides an overview of NHS England's newly published planning guidance and priorities for 2021/22 and highlights the key points for doctors. The planning guidance, which is published annually, sets out expectations for NHS commissioners and providers in England over the coming year.

Annex 1 also includes a brief summary of the 2021/22 NHS Mandate, which sets out Government's headline instructions to NHS England as well as an overview of their annual funding allocation.

Core Priorities:

NHS England have set out six core priorities which are intended to underpin the direction and work of the health service over the next year:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID vaccination programme and meeting the needs of patients with COVID-19
- Transforming the delivery of services, accelerating the restoration of elective and cancer care and managing the increasing demand on mental health services
- Expanding primary care capacity
- Transforming community and urgent and emergency care
- Working collaboratively across systems

The BMA has responded to the publication of the planning guidance here. We have welcomed the focus on staff wellbeing, recruitment and retention in the guidance, which echoes some of the priorities the BMA set out in its recent paper *Rest, recover, restore: Getting UK health services back on track*. This must now translate into practical action on the ground so that doctors and other healthcare workers get time to rest and recover.

The BMA has also called for a realistic approach to tackling the growing backlog of care given the scale of the challenge facing the NHS. Although it is positive that the planning guidance sets out relatively cautious timescales for increasing non-COVID care in the NHS over the coming six months, we've warned that offering financial incentives to raise activity levels could be counterproductive if this leads to healthcare workers being put under pressure to ramp up services too quickly. Above all, we need a longer term increase in funding for the NHS to support it to build back better.

Supporting staff health and wellbeing and acting on recruitment and retention

The guidance sets out a commitment to place staff at the heart of local plans for recovery and transformation as well as an expectation that those plans include provision for the support, rest, and recuperation those staff need. The guidance also sets out more specific expectations and requirements regarding supporting staff, under the following categories:

Looking after staff and helping them to recover

- Trusts are encouraged to allow staff to carry over all unused annual leave and to offer flexibility so that staff can either take or buyback unused leave
- Individual health and wellbeing plans are expected to be agreed at least annually for all staff
- Occupational health and wellbeing support should be available to all staff, with rapid access to psychological support
- National investment will be provided to roll out mental health hubs in each ICS (Integrated Care System).

Belonging in the NHS and addressing inequalities

- Systems/ICSs are expected to develop improvement plans which take account of the latest Workforce Race Equality Standard and include steps to improve diversity via recruitment and promotion
- Systems should also accelerate the delivery of the 'model employer goals'

Embed new ways of working and delivering care

- Providers are expected to maximise the use of e-rostering – with the aim of improving staff control of their working patterns and ensuring the most effective deployment of staff
- Systems (ICSs) are encouraged to facilitate staff flexibility and movement across systems – including remote working plans, technology-enhanced learning, and digital passports

Grow for the future

- Systems are being asked to develop and deliver local workforce supply plans, focusing on both recruitment and retention as well as collaboration between employers
- Systems should ensure that their plans draw on national interventions to introduce MSWs (medical support workers), and use national funding to increase numbers of HCSWs (health care support workers) and international recruitment
- To support the recovery of education and training plans, systems are expected to ensure there is sufficient clinical placement capacity to allow students to qualify and register as close as possible to their initial expected date
- Systems are also required to implement robust postgraduate training recovery plans
- System workforce plans should support the major expansion of integrated teams in the community – with PCNs serving as the foundation for this

Delivering the NHS Covid-19 Vaccination programme and meeting the needs of patients with Covid-19

This section focuses on the ongoing delivery of the Covid-19 vaccination programme and how the NHS aims to address the needs of patients with Covid-19. Specifically, it sets out that:

- Offering a first Covid-19 vaccination dose to all adults by the end of July remains a key goal and will continue to be delivered via the existing mixed model
- General practice will retain its important role in the vaccination programme, with PCN groupings having the option to vaccinate cohorts 10-12 (18-49 year olds) providing they can do so while also fulfilling the requirements of the GMS contract

- Systems are expected to be prepared for further and potentially unexpected developments in the pandemic, including new evidence on the duration of vaccine protection and the emergence of new variants, and may need to consider the:
  - potential need to run a Covid-19 re-vaccination programme from autumn
  - possibility of vaccination programmes for children – pending JCVI approval
- PCNs will continue to have an important role in the pandemic response, particularly via home oximetry, 'virtual wards', proactive virtual and home-based care pathways, and in enabling safe and timely discharge of patients from hospital
- Post-Covid-19 assessment clinics will continue to receive national funding and all systems are required to ensure timely and equitable access to 'Long Covid' assessment services
- NHS England will be conducted a 'stocktake' of both physical care capacity and the NHS workforce, to inform future steps in creating a resilient and sustainable service.

Transforming the delivery of services, accelerating the restoration of elective and cancer care and managing the increasing demand on mental health services

This section focuses primarily on how the NHS is expected to address the impact of Covid-19 on service provision – notably in respect of elective and cancer care – and the role collaboration and system transformation is set to play in it. To deliver this, NHS England has set out a range of expectations and asks, under the following headings:

Maximise elective activity, taking full advantage of opportunities to transform service delivery

- As previously announced in the Government's Comprehensive Spending Review, an additional £1bn has been made available to the NHS in England in 21/22 to support the recovery of elective activity and the recovery of cancer services
- Systems have been asked to rapidly produce delivery plans across elective inpatient, outpatient and diagnostic services for adults and children for April-September 2021 that:
  - maximise available physical and workforce capacity across each system (including via the Independent Sector)
  - prioritise the clinically most urgent patients, for example those awaiting cancer and Priority 1 or Priority 2 surgical treatments
  - incorporate clinically led, patient focused reviews of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk
  - maintain effective communication with patients, including proactively reaching out to those who are clinically vulnerable
  - address the longest waiters and ensure health inequalities are tackled, with an onus on analysis of waiting times by ethnicity and deprivation
  - safeguard the health and wellbeing of staff, taking account of the need for people to recover from what they have been through
- Systems are also expected to plan for the highest level of activity achievable within current restrictions
- New national targets have been set for the recovery of elective care, with systems told to aim to deliver:
  - **70%** of 19/20 activity for **April** 2021
  - **75%** of 19/20 activity for **May** 2021
  - **80%** of 19/20 activity for **June** 2021
  - **85%** of 19/20 activity for **July – September** 2021
- Systems that achieve these activity levels are eligible to receive a portion of a £1bn ERF (Elective Recovery Fund) for 21/22
- Capital and revenue funding is also available to support the use of CDHs (Community Diagnostic Hubs) and pathology and imaging networks to increase diagnostic capacity
- Systems will, when feasible, need to return to pre-pandemic activity levels and support will be available for those that do, as well as mechanisms to share their learning with others.

The role of the **private sector** in the recovery of elective services is also addressed:
- The remaining national contracts between NHS England and acute ISPs (independent sector providers) will end on 31st March, but some targeted arrangements with ISPs will remain in order to supplement NHS capacity and support elective care recovery
- NHS England are working with system leaders to develop a longer-term (2-3 year) approach to the use of ISPs and their capacity to support wider NHS recovery.

ICSs/systems are again set to play a leading role in elective care recovery and are expected to:
- Establish clear lines of accountability for service recovery, supported by system-level tracking of waiting lists and tools for clinical prioritisation, sharing capacity, and use of demand and monitoring data
- Deploy 'high impact' service models, such as fast track hubs for high volume, low complexity care, dedicated elective service pathways in acute sites, and hubs to co-ordinate elective activity across multiple sites (essentially pooling backlogs at the system level/footprint)
- Embed transformation of outpatient services - with a continued focus on avoiding outpatient attendances of low clinical value and, wherever possible, holding them remotely (with a new target for at least 25% of outpatient appointments to be held via telephone or video)
- Utilise national/regional support to make best use of the local workforce throughout the entire system/ICS footprint, including system-wide workforce planning and passporting to allow staff to work across multiple sites.

Restore full operation of all cancer services

- Working with Cancer Alliances systems are expected to ensure there is sufficient diagnostic and treatment capacity in place in order to:
  - Return the number of patients waiting 62+ days for treatment to February 2020 levels
  - Meet the increased demand for referrals and treatment in order to tackle the shortfall in the number of first treatments by March 2022
- NHS England's national cancer team will support Cancer Alliances to information share and to develop their planning by providing estimates of the activity needed to meet the shortfall
- Cancer Alliances are also being asked to develop a single delivery plan for their systems/ICSs (some Cancer Alliances cover multiple ICS footprints) for April-September 2021, to:
  - **Get patients to come forward** by working with GPs and the local population to encourage patients to seek diagnosis and with public health commissioning teams to restore all cancer screening programmes;
  - **Investigate and diagnose** by extending the centralised clinical prioritisation and hub model used during the pandemic to patients on cancer diagnostic pathways, increase the take up of innovations like colon capsule endoscopy and Cystosponge, accelerate the development of RDC (Rapid Diagnostic Centre) pathways, and restore first phase Targeted Lung Health Check projects as soon as possible; and
  - **Treat** by embedding the system-first approach used during the pandemic – including the use of centralised clinical triage and surgical hubs, by expanding the use of PSFU (personalised stratified follow up) pathways.

Expand and improve mental health services and services for people with a learning disability and/or autism

This section revolves around a recognition that, while staff have continued to provide patients with **mental health** support throughout it, demand on mental health services is likely to increase due to the pandemic.

On this basis and alongside the existing Mental Health Implementation Plan 2019/21-2023/24, NHS England have set out that for 2021/22 all systems/ICSs should:

- Deliver the mental health ambitions from the Long Term Plan and prepare to implement the recommendations of the Clinical Review of Standards for mental health[1]
- Have a workforce strategy that delivers the growth needed to meet those ambitions
- Maintain any beneficial changes made in response to Covid-19, including 24/7 open access, freephone crisis lines, and staff wellbeing hubs
- Maintain a focus on improving equalities in all programmes
- Enable all NHS-Led Provider Collaboratives to go live 1st July 2021[2]
- Ensure all providers (including ISPs and third sector) submit comprehensive data to the Mental Health Services Data Set and IAPT Data Set
- Have digital mental health strategy and roll out digitally-enabled models of therapy
- All CCGs must also – as a minimum – meet the Mental Health Investment Standard

With respect of **people with a learning disability and/or autism**, ICSs should:

- Progress the delivery of annual health checks for people with a learning disability
- Improve the accuracy of GP Learning Disability Registers, particularly for under-represented groups, including children, young people, and people from BAME backgrounds
- Maintain a strong commitment to reducing the reliance on inpatient care for adults and children – supported by increases in community capacity

Deliver improvements in maternity care, including responding to the Ockenden Review

In light of the Ockenden Review, NHS England are investing £80 million to meet the immediate and essential actions set out in the report. Alongside this, NHS England has also established a number of requirements for maternity services and local systems:

- LMSs (Local Maternity Systems)[3] should take on greater responsibility for the safety of maternity services, including by overseeing trusts' implementation of the Ockenden report's essential actions, and should be accountable to ICSs for doing so
- Systems are expected to continue delivery of the Long Term Plan's maternity Transformation measures – including offering every woman a personalised care and support plan, implementing the Saving Babies' Lives care bundle[4], and progressing the continuity of carer midwifery model.

1 These ambitions include:
  - continuing to increase children and young people's access to NHS-funded community mental health services
  - delivery of physical health checks for people with Serious Mental Illness (SMI) (GPs will be incentivised to deliver the checks in 2021/22 via a significant strengthening of relevant QOF indicators)
  - investing fully in community mental health, including funding for new integrated models for Serious Mental Illness (adult and older adult) and SDF funding to expand and transform services. To support integration with general practice, the NHS contract and GP contract have introduced new co-funding requirements for embedded additional PCN posts.

2 NHS-led Provider Collaboratives are intended to bring various mental health service providers together across local areas to manage the overall budget and patient pathways for various services - including specialised mental health, learning disability, adult low and medium secure, CAMHS tier 4, adult eating disorder services, and autism care for people who need it in their local area.

3 Following the publication of Better Birth report from the National Maternity Review in February2016,at and in the framework of the Maternity Transformation Programme, providers and commissioners of maternity services have formed Local Maternity Systems, which will plan the design and delivery of services of populations of 500,000 – 1,500,000 people

4 NHSE's Saving Babies' Lives Care Bundles aims to provide detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. brings together five elements of care that are widely recognised as evidence-based and/or best practice: reducing smoking in pregnancy, risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR), raising awareness of reduced fetal movement (RFM), effective fetal monitoring during labour, Reducing preterm birth.

Expanding primary Care capacity

In line with the Long Term Plan, NHS England has reiterated its commitment to increase real terms expenditure on primary medical and community health services – in order to improve prevention and keep patients out of hospital. For 2021/22, this will include:

Restoring and increasing access to primary care services
NHS England state that the success of the Covid-19 vaccination programme has proven 'beyond doubt' the value and potential of **PCNs (Primary Care Networks)**. Consequently, systems are being asked to continue to prioritise support and investment for PCN development, including supporting them to:

- Achieve their share of the 15,500 FTE (full time equivalent) PNC staff to be in place by the end of financial year (April 2022), in line with the target of 26,000 by 2023/24
- Expand the number of GPs towards 6,000, with consistent delivery locally of the national GP recruitment and retention initiatives
- Make progress towards delivering 50 million more appointments in general practice by 2024

More broadly, the planning guidance also establishes that:

- £120m of additional national funding will be dedicated to funding general practice capacity in the first half of 2021/22
- Systems have been asked to support practices where access to appointments remains a challenge, so that all practices can offer pre-pandemic appointment levels
- Systems are also told to support all practices to offer face-to-face consultations where appropriate, as well as to significantly increase the use of online consultations
- To support tackling the backlog of long-term condition management reviews, medication reviews, and routine vaccinations, QOF indicators will be reintroduced from April 2021
- The CPCS (Community Pharmacy Consultation Service) has been extended, to include the ability to receive referrals from GPs and help manage low acuity patients in pharmacies

Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities

NHS England notes the correlation between poorer health outcomes, ethnicity, and deprivation, as highlighted by Covid-19. A number of actions and asks are set out on this issue, including:

- Encouraging systems/ICSs to adopt population health management techniques within their recovery strategies – aiming for equitable access and optimal outcomes for all
- NHS England will also continue to work with systems/ICSs to develop real-time data tools and techniques (as used in the Covid-19 vaccination programme) at a granular level
- Systems should provide proactive and multi-disciplinary support to those patients with the greatest health inequalities and most complex needs
- Systems are expected to develop robust plans for the prevention of ill-health, setting out how ICS allocations will be used in support of expanding smoking cessation services, increasing uptake of that NHS diabetes prevention programme, and cardiovascular disease prevention
- Systems should continue and (where possible) increase the use of personal health budgets, social prescribing, and personalised care and support plans.

Transforming community and urgent and emergency care

In line with its aims of increasing community care capacity and reducing pressure on urgent and emergency care services, NHS England have set out a number of steps aimed at further transformation of community care, discharge, and access to urgent and emergency care:

- All systems should set out plans to accelerate the roll out of 2-hour crisis community health responses at patient's homes, to provide consistent national cover by April 2022
- Providers are expected to continue progress towards reducing long stays and the delivery of timely and appropriate discharge of inpatients
- Systems are asked to promote the use of NHS 111 as a primary route into all urgent care
- The use of booked A&E timeslots should be maximised, with an expectation that at least 70% of all patients referred to an A&E department by NHS 111 receive an appointment
- Maximise the use of direct referral from NHS 11 to other (non-A&E) hospital services and implement referral pathways from NHS 111 to urgent community and mental health services
- Expand the collection of data via roll out of the ECDS (Emergency Care Data Set), including:
  - The time to initial assessment for all patients presenting to A&E
  - Proportion of patients spending 12+ hours in A&E from time of arrival
  - Proportion of patients spending 1+ hour in A&E after being declared Clinically Ready to Proceed.

Working collaboratively across systems

In order to deliver the priorities set out above, NHS England are clear that the NHS will need to work collaboratively across systems, including effective provider collaboration and place-based working with local government, and, in particular, the development of ICSs over the course of 2021/22. The key points set out here include:

- By the end of Q1, all ICSs should set out (in a memorandum of understanding) the delivery and governance arrangements they will use to meet the above priorities
- Reflecting their differing circumstances (as exacerbated by Covid-19), each ICS will also need to develop their own local health and care priorities – tied to the needs of their population
- NHSX will soon publish a 'What Good Looks Like' framework, to support ICSs in the development of their use of digital care, joined-up data collection, and analytical capacity
- ICSs have been told to commence the procurement of a shared care record to ensure that a minimum viable version is live in September 2021, with a view to having a more robust version, with wider data sources and population health uses, by April 2022
- The financial framework for 2021/22 will continue to support a system-based approach to funding and planning, with ICSs expected to strengthen their financial governance to match
- For March – September 2021, NHS England are issuing system envelopes again (an overall funding allocation for the ICS)
- Those envelopes will come with an efficiency requirement which will increase through the second quarter of 2021/22 and will be applied more strictly to those systems that ended 2019/20 in deficit compared to their financial trajectory for the year – however it is unclear what this will mean in practice
- Other, broader requirements will also be in place service transformation, and reduction in unwarranted variation
- The current block contract payment approach will continue for NHS providers
- All ICSs are to return a draft summary plan by 6th May covering the key actions set out in the guidance, with final plans due by 3rd June

Annex 1: The Government's revised 2020-2021 mandate to NHS England and NHS Improvement

Background

Given the exceptional circumstances the country is in, the SoS is setting NHSE&I a very brief mandate for 2020-21 to provide important clarity for the system about the headline objectives that need NHS support to achieve at this difficult time.

The intention is then to replace this revised mandate with a further mandate that takes account of the NHS's capacity to achieve its wider goals in light of developments with Covid-19, once the virus has been effectively managed.

The mandate

There are five key objectives in the mandate set for NHSE&I:

- Support the Government to delay and mitigate the spread of Covid-19 and to contribute to research and innovation in prevention and treatment, whilst ensuring that everyone affected by it receives the very best possible NHS treatment.
- Ensure progress towards the effective implementation of the NHS Long Term Plan, including the commitments and trajectories set out in the National Implementation Plan and People Plan to be published later in the year and maintain and enhance public confidence in the NHS.
- With support from Government, help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund, and contributing to planning for life outside the EU once the current transition period ends
- Deliver the public health functions that the Secretary of State for Health and Social Care has delegated to NHS England to exercise under section 7A of the NHS Act 2006
- Share all information with Government that is necessary to enable progress against this mandate to be effectively monitored, and to support the Secretary of State in fulfilling wider statutory functions, including in respect of Covid-19.

Funding

- This year has been an exceptional year for NHS England and as such they have been given significant additional funding required to respond to the Covid-19 pandemic. The sum total of this additional funding in 20-21 is **£19.99bn**. Of this **£18bn** has been provided by HM Treasury and the remainder has been provided by DHSC.
- Transfer of capital funding between trusts and NHS England were facilitated to support the progress of jointly agreed capital projects, which in parts contributed to the Covid-19 response.
- The Department has also supported NHS England on capital projects needed to respond to the pandemic. The total impact of these changes is an increase in NHS England's available mandate for 20- 21 of £60m.

NHS Revenue funding until 2023-24

£m	2019-20	2020-21	2021-22	2022-23	2023-24
NHS Funding Settlement	120,807	127,007	133,283	139,990	148,467
Pensions Adjustment	2,851	2,851	2,851	2,851	2,851
Additional Covid-19 funding	0	19,988	8,123	0	0
Other transfers of funding	-281	-373	108	0	0
Funding totals for inclusion in the Mandate	123,377	149,473	144,365	142,841	151,318

NHS Capital Funding until 2023-24

£m	2019-20	2020-21	2021-22	2022-23	2023-24
Total	260	365	301	Capital profile beyond 2022-23 is subject to the government's upcoming CSR in 2021	

British Medical Association, BMA House,
Tavistock Square, London WC1H 9JP
bma.org.uk

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