1. **Purpose of this report**

The aim of this report is to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England. This report outlines the national and regional activities August 2018 to October 2018 together with specific updates on priorities that the Local NHS England Teams are responsible for progressing.

2. **NHS England Chair**

Lord David Prior has been named as the next chair of NHS England and will take up the role on 1st November 2018.

Lord Prior has previous experience in high-level leadership roles within health. He is currently chairman at University College London Hospital NHS Trust and has previously held roles as chairman of the Care Quality Commission (CQC) and Norfolk, Norwich University NHS Foundation Trust.

Lord Prior will take over from Sir Malcom Grant, who has served for seven years during his 2 terms as the chairman of NHS England. He joins at a crucial time for the NHS as it develops the long-term plan for the health service, backed by an extra £20.5 billion a year by 2023/24.

3. **Strategy and planning**

3.1 **NHS England and NHS Improvement: working closer together**

Further to the July Health and Wellbeing Board briefing, NHS England and NHS Improvement continue to align functions and management structures. The two Boards have met simultaneously since May 2018 as Board meetings in common.

The joint Regional Director role for NHS England and NHS Improvement North West is currently being recruited to; announcements regarding the new director roles are anticipated in early November 2018.

4. **Delivery and Assurance**

4.1 **Urgent and emergency care**

4.1.1 **Major Trauma System Study**

The NHS in England has saved an additional 1,600 patients with severe injuries since major trauma centres were established in 2012. The creation of major trauma centres has led to the survival of patients who have suffered some of the most
severe and complicated injuries. Patients also spent fewer days in hospital and had improved quality of life after receiving critical care.

Research into the outcomes of more than 110,000 patients admitted to 35 hospitals between 2008 and 2017 represents an increase of nearly a fifth in the odds of survival from severe injury in the five years from 2012.

For those under the age of 40 in England, trauma remains the commonest cause of death, with survivors often suffering long-term disability. The National Audit Office estimates there are 20,000 major trauma cases a year, with 5,400 deaths.

The NHS reorganisation created 27 designated Major Trauma Centres, with the London network launched in April 2010 and networks across the rest of the country operating since April 2012.

Cheshire and Merseyside Major Trauma Network is served by the Major Trauma Centre at Aintree University Hospitals in partnership with the Royal Liverpool and Broadgreen University Hospitals and the Walton Centre and a network of Trauma Centres.

4.1.2 Urgent Care Treatment Centres

NHS England completed assurance of NHS Wirral CCGs proposals to consult on the development of the urgent care system. The Greater Manchester, Lancashire & South Cumbria Clinical Senate at the invitation of NHS Wirral CCG will undertake an independent clinical review of the proposed plans for urgent and emergency care services delivered in Wirral, on Monday 26th November 2018, focussing on the clinical quality, workforce and engagement aspects of the proposals.

The panel will consist of a multi-disciplinary team including experienced representatives from medicine, nursing, adult social services, third sector and patients and public. A final report, detailing the panel’s findings and recommendations in response to the agreed objectives will be made available to commissioners in December 2018.

4.1.3 NHS Winter Resilience Plan 2018/19

The NHS in England has a 10-point plan to enhance health service resilience over this winter some specific areas that are additional to previous winter plans are:

   a. Extension of NHS seasonal influenza vaccination

In 2017 NHS England provided additional funding to support the delivery of flu immunisation for social care workers that offer direct patient/client care. This will continue in 2018/19 and has been extended to include health and care staff in the voluntary managed hospice sector that offer direct patient/client care.

The extension to the seasonal influenza vaccine will be available to:
• Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.

• Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable

b. Social care

Local authorities, will be receiving a share of a £240m winter fund to ensure that people have the support they need to leave hospital and return to their homes or other community care as soon as they are fit to do so. For Wirral this equates to £1,800,370 based on the Relative Needs Formula for adult social care. The expectation regarding the focus of this allocation is on:

• reducing delayed transfers of care
• helping to reduce extended lengths of stay
• improving weekend discharge arrangements so that patients are assessed and discharged earlier
• up the process of assessing and agreeing what social care is needed for patients in hospitals

4.2 Cancer

The national cancer patient survey has revealed the best results in its history with almost 70,000 patients rating their overall care nine out of 10, this is at a time when survival rates from cancer across England are the highest recorded

The National Cancer Patient Experience Survey (http://www.ncpes.co.uk/) asks people with cancer across England to rate their care on a scale of zero (very poor) to 10 (very good).

Overall ratings continue to improve, with year on year increases in reported positive experience. Patients also reported more positively on areas including involvement in decisions about care and treatment, and being treated with dignity and respect.

The survey also points to areas for further improvement including follow up community and social care after treatment. Work is underway to improve in these areas, to ensure patients receive personalised care to live with and beyond cancer.

For Wirral:

78% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
93% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment

87% of respondents said that it had been ‘quite easy’ or ‘very easy’ to contact their Clinical Nurse Specialist

88% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital

95% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital

This coincides with CCG Cancer Improvement and Assessment Framework ratings being published with NHS Wirral CCG rated as

4.3 Directions

On 20th August 2018 NHS England renewed Directions to NHS Wirral CCG. The initial Directions preceded Simon Banks appointment as Accountable Officer and were issued in response to concerns regards the financial position of the CCG and the governance arrangements regarding this. Subsequently the governance has been addressed over the last twelve months, but the ongoing financial challenge necessitates continued support.

4.4 NHS England’s National Report to Ministers on the Responsible Officer Regulations and Medical Revalidation, 2017/18

The Responsible Officer Regulations provides the framework to ensure the quality of medical staff across all NHS and independent sector providers. Responsible Officers (RO) are required to monitor and evaluate the fitness to practise of doctors with whom they have a prescribed connection.

The NHS England Cheshire & Merseyside Appraisal and Revalidation Team are responsible for ensuring the Responsible Officer (RO) and his deputies have robust systems and processes in place to deliver the statutory requirements of The Medical Profession (Responsible Officers) Regulations 2010/13 which includes systems for the medical appraisal and revalidation of medical practitioners:

- **Medical Appraisal**

  All doctors who perform general medical services (GMS), personal medical services (PMS) or alternative personal medical services (APMS) for NHS patients must be included on the medical performers list in accordance with the National Health Service (Performers Lists) (England) Regulations 2013.
• **General Medical Council (GMC) Revalidation**

GMC Revalidation was introduced in December 2012 and is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Doctors have to revalidate, every five years, by having their annual appraisal by NHS England based on the GMC Good Medical practice guidance.

The key findings from the 17/18 AOA, both from a national and regional perspective, include:

**National:**

- The number of doctors with a prescribed connection to a designated body continues to rise – an increase of 4,857 this year. The increase for 2106/17 was 4,331.
- 96% of all designated bodies report that their appraisers are being sufficiently supported in their role. This is a slight decrease from last year’s figure of 96.6%.
- The number of responsible officers with arrangements in place to access sufficient trained case investigators and case managers has decreased slightly from 93.2% last year to 92.9% this year.
- The number of bodies reporting that they are quality assuring their appraisals continues to rise from 95.2% (2014-15) to 96.9% (2015-16) to 97.6% (2016-17) and to 97.7% (2017-18).

**Local:**

- Since the merger of Cheshire & Merseyside on 1 April 2015 up to 31 March 2018, 762 doctors have been successfully revalidated, of which, 88 were revalidated during the period 1 April 2017 to 31 March 2018.
- The percentage of completed annual medical appraisals for Cheshire & Merseyside for the appraisal year 2017/18 as at 31 March 2018 was 98.23% = 2022. (We continue to pursue the outstanding appraisals and as at 15 August 2018 this figure was 99.64% = 2033).

ENDS

**Nicola Allen**

Head of Medical, NHS England (Cheshire & Merseyside) & Lead for Service Change Assurance

**29th October 2018**