

National Tracker Dec 2016 March 2017

Moving to a paperless NHS means being able to share data – not only between professionals in different settings and services, but also between professionals and patients. Patients will enjoy more joined-up care across the system – so that their hospital consultant, GP and community nurse all have access to their medical history.

There are financial savings too: [NHS England](#) estimates the annual cost of storing paper records at between £500,000 and £1 million for each trust.

(Guardian 3 Dec)

NHS England figures show the number of people awaiting hospital treatment reached 3,754,961 in October – the highest level recorded since December 2007.

NHS England said the real figure is 3.9 million, as five hospital trusts did not submit data. With England's population now standing at 54.79 million, that means about 7% of them are now on the NHS's referral to treatment (RTT) waiting list for operations such as cataract removal, hernia repair or hip or knee replacement. **(Guardian 8 December)**

A safety scheme is to be piloted at six NHS sites. Patients arriving at hospitals will be given wristbands with bar codes which will be scanned to show who administered treatment and when. Bar codes will also be assigned to medication and equipment. The Government claimed the £12million scheme could transform standards of care, free up resources by reducing waste and could save up to £1billion over seven years.**(29 December Daily Mirror)**

Patients who were not entitled to free treatment on the health service owed £29,530,378 in 2015/16, according to data obtained under the Freedom of Information Act.

Dr Mark Porter, chairman of the British Medical Association (BMA), said: "It is important that costs are recouped from patients who are not eligible for NHS treatment, but systems to charge migrants and short-term visitors need to be practical, economic and efficient and must not jeopardise access to healthcare for those who need it. A doctor's duty is to treat the patient in front of them, not to act as a border guard" **(Telegraph 31 December)**

In an emergency statement to the Commons prompted by reports of intense pressure at A&E units around the NHS in England, Jeremy Hunt said that the four-hour waiting time had to be revised to remove non-urgent cases. 30% do not need to be there. "So, if we are to protect our four-hour standard, we need

to be clear it is a promise to sort out all **urgent** health problems within four hours, but not all health problems, however minor.” **(Guardian 9 January)**

Record numbers of patients are facing long waits in A&Es as documents leaked to the BBC show the full extent of the winter crisis in the NHS in England. There were more than 18,000 "trolley waits" of four hours or more last week. **(BBC website 10 January 2017)**

The Chief inspector of Hospitals warned that more money needs to go into the NHS and social care. Theresa may insists she is injecting £10 billion more into NHS and social care. **(19 January Daily Mirror)**

Numbers released by ministers show NHS England will face a sharp reduction of 0.6 per cent in real terms of per head in the financial year 2018-19.

In a written statement to the House of Commons health minister Philip Dunne said NHS England's per capita real terms budget would increase by 3.2 per cent in 2016-17 financial year. However growth would fall sharply next year, down to just a 0.9 per cent increase in 2017. It would then go negative by 2018-19 with a 0.6 per cent fall in real spending per head in that financial year. Growth would remain very low in 2019-20 at 0.2 per cent and 0.9 per cent in the years following. **(Independent on line 28 January)**

NHS hospitals in England will have a legal duty to charge overseas patients upfront for non-urgent care if they are not eligible for free treatment. From April this year, foreign patients could be refused operations unless they cover their costs in advance. NHS Improvement, which oversees the trusts, said hospitals would no longer have to chase money they are owed. Emergency treatment will continue to be provided and invoiced later. The announcement from Health Secretary Jeremy Hunt comes amid recent headlines about the cost of tourists using the NHS. **(BBC Website 6 February)**

The numbers waiting more than 18 weeks for routine operations in hospitals has risen more than 163 per cent in four years, while nine out of 10 hospitals have had unsafe numbers of patients in their wards this winter. **(Independent 10 Feb)**

A £41m plan to give everyone in Greater Manchester seven-day GP access has been approved. The GM Health and Social Care Partnership Board said the move would make 24/7 urgent primary care provision easier for patients to access. The additional access will revolve around neighbourhood hubs and "clusters" where weekend and evening appointments will be available. The board said it hopes the plans will reduce pressure on hospital A&E units. The

investment will also provide patients access to a range of other health and social care services such as diagnostics, blood tests and X-rays as well as supporting nursing and residential homes **(BBC 24 February)**

Speaking at the Nuffield Trust Health Policy Summit, **NHS England Chief Executive Simon Stevens** is expected to say: “Hospitals are facing contradictory pressures. On the one hand, there’s a huge opportunity to take advantage of new medicines and treatments that increasingly mean you can be looked after without ever needing hospitalisation. So of course there shouldn’t be a reflex reaction opposing each and every change in local hospital services.

“But on the other hand, more older patients inevitably means more emergency admissions, and the pressures on A&E are being compounded by the sharp rise in patients stuck in beds awaiting home care and care home places. So there can no longer be an automatic assumption that it’s OK to slash many thousands of extra hospital beds – unless and until there really are better alternatives in place for patients.

“That’s why before major service changes are given the green light, they’ll now need to prove there are still going to be sufficient hospital beds to provide safe, modern and efficient care locally.” **(NHS England News 3 March)**

NHS England will be leading a review of low value prescription items from April 2017 and introducing new guidance for Clinical Commissioning Groups (CCGs), with a view to substantially saving NHS expenditure in this area. It follows extensive work by NHS Clinical Commissioners which identified significant areas where potential savings can be made, up to potentially £400m per year. NHS England will work with clinicians and clinical commissioning groups to develop guidelines initially around a set of 10 medicines which are ineffective, unnecessary, inappropriate for prescription on the NHS, or indeed unsafe, and that together cost the NHS £128m per year. In developing the guidance, the views of patient groups, clinicians, commissioners and providers across the NHS will be sought. **(NHS England news 28 March)**

With the health service under unprecedented pressures of both finance and demand, the NHS England chief, Simon Stevens, has outlined proposals to safeguard its future:

- about 150 urgent care centres
- Every A&E must put “comprehensive front-door clinical streaming” in place by October, under which nurses or doctors assess how unwell patients are and direct them to the most appropriate service. New GP services at emergency departments will be one option
- GPs to offer weekend and evening appointments by March 2019

- 111 service - increase of calls answered by doctors, nurses and mental health specialists
- Hospitals and councils to work together to cut numbers of beds occupied by patients unable to be discharged because of inadequate social care.
- Create 10 regional rapid diagnostic and assessment centres for cancer Diagnosis within 28 days by 2020
- Improvements to mental healthcare. The number of A&E units with mental health specialists on duty 24/7 should rise fivefold to 74 by 2019
- Nine frontrunner areas of England should receive better, more joined-up care when hospitals, GP surgeries, mental health and ambulance services and social care providers in each region link up to become the first wave of new “accountable care organisations”, which provide fully integrated care for all of a patient’s needs. (Guardian 31 March)
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NHS England chief, Simon Stevens, says that patients will face longer waits for operations such as knee and hip replacements in a “trade-off” for improved care in other areas. He said growing pressures meant he could no longer guarantee treatment in the 18-week target time. .GPs will also have to cut the number of patients they refer to hospital and use alternatives such as physio instead. But Mr Stevens said in return there would be quicker cancer and A&E care. **(BBC 31 March)**