



*Chief Executive's Report
to the NHS*

December 2003

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Contents

Preface from the Chief Executive	1
1. The Changing NHS – providing better services, closer to the patient	4
2. Improvements in Service and Outcomes	11
3. Capacity	21
4. Using the Money Wisely	23

Preface from the Chief Executive

This report describes activity and performance in the NHS over the last six months and in the three years since publication of the NHS Plan.

The headlines are:

- 3 years of sustained and accelerating progress in improving services;
- services delivered more quickly and more conveniently with more support in the home and the community;
- on current trends we are well placed to hit this year's targets and achieve waiting times of 6 months for admission and 13 weeks for outpatients by the end of 2005.

This year, we can expect to admit an additional 200,000 patients to hospital and carry out an additional 250,000 treatments in outpatients. Many more patients will be seen and treated in the community. The capacity to treat more patients is still growing with more staff appointed and new services and facilities coming on line.

We are making progress but we are only three years into a ten-year programme of change. We have a great deal still to do. This will require continued determination and hard work.

Three years of sustained progress

The report shows progress being made year on year with:

- continuing improvements in mortality from cancer and coronary heart disease and a reduction in deaths from suicide for the first time;
- falling waiting times in primary care and hospitals and fewer delays in discharge;
- increases in staff and beds supported by investment in buildings and facilities.

There has been an acceleration in the fall in waiting times over the last twelve months. Waiting time is now falling across the whole country with, for example, a fall in the last year of almost 30% in those waiting more than six months for hospital admission. There have been similar large falls in long waits for outpatients and the total number of people waiting. This shows the NHS is on track to hit the target of having no one waiting more than six months in December 2005.

This progress accelerates as capacity becomes available and new approaches and techniques are applied across the NHS. The results also suggest that activity and waiting lists are becoming better managed with less need to make efforts at the end of the year to meet targets.

Services delivered more locally and conveniently

We are aiming to deliver as many services as possible in the most low tech and local environment with more support in people's homes and the community.

This report shows a continuing increase in the number of people choosing to use NHS Direct – the telephone advice and information line – and using NHS Walk-in Centres.

As importantly, it shows that we're beginning to see more procedures in outpatients and community settings which used to require hospital admission. At the same time more consultations and treatments are taking place outside hospitals in the community and being delivered by different groups of staff.

GPs are starting to offer treatments and consultations, which were once only done by hospital consultants. Similarly there is an increase in the range of work undertaken by nurses.

Many of the changes in the way services are delivered have been supported by the Modernisation Agency and through collaboration and learning between different parts of the NHS. This redesign of services has allowed the NHS to treat many more patients and offer more convenient services. It has also ensured that improvement can be sustained, it is not just the result of people working harder and faster.

Creating value for money and investing in the future

Too often people try to judge value for money in the NHS by looking only at acute hospital admissions. In fact the vast majority of patient care is provided outside hospital settings and through the provision of maternity and mental health services. Some of these services will in fact help to reduce hospital admissions by supporting people in their own home or providing more local treatment.

Against this background, as we said in the NHS Plan, we are creating a new measure of productivity, which attempts to take account of the whole range of NHS activity – in the community as well as in hospital.

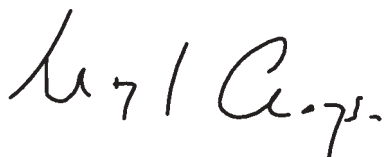
The NHS is also investing for the future with a hospital building programme of £11.2 billion and an increase of 33% in medical students and 23% in nursing and midwifery students over the last 3 years.

Summary

Overall there has been sustained progress in the last three years with an acceleration in the last six months. This has been made possible by increased funding and achieved in part by redesigning services and introducing new ways of working.

Most importantly, however, it has required the sheer hard work, determination and commitment of people throughout the NHS and its partner organisations. They have worked very hard, often under pressure, to do the very difficult task of maintaining today's services whilst working to improve them for the future.

The progress we have made is only a start. There is a huge amount more to do before we can provide the level of service we want for every patient. The implementation of the new IT systems and the investment and reform of staff contracts will help support further improvements and make sure these changes are irreversible.



Nigel Crisp

3 December 2003

This report is being published with two annexes:

- The Autumn Performance Report www.doh.gov.uk/nhsreport
- The Statistical Supplement www.doh.gov.uk/nhsreport

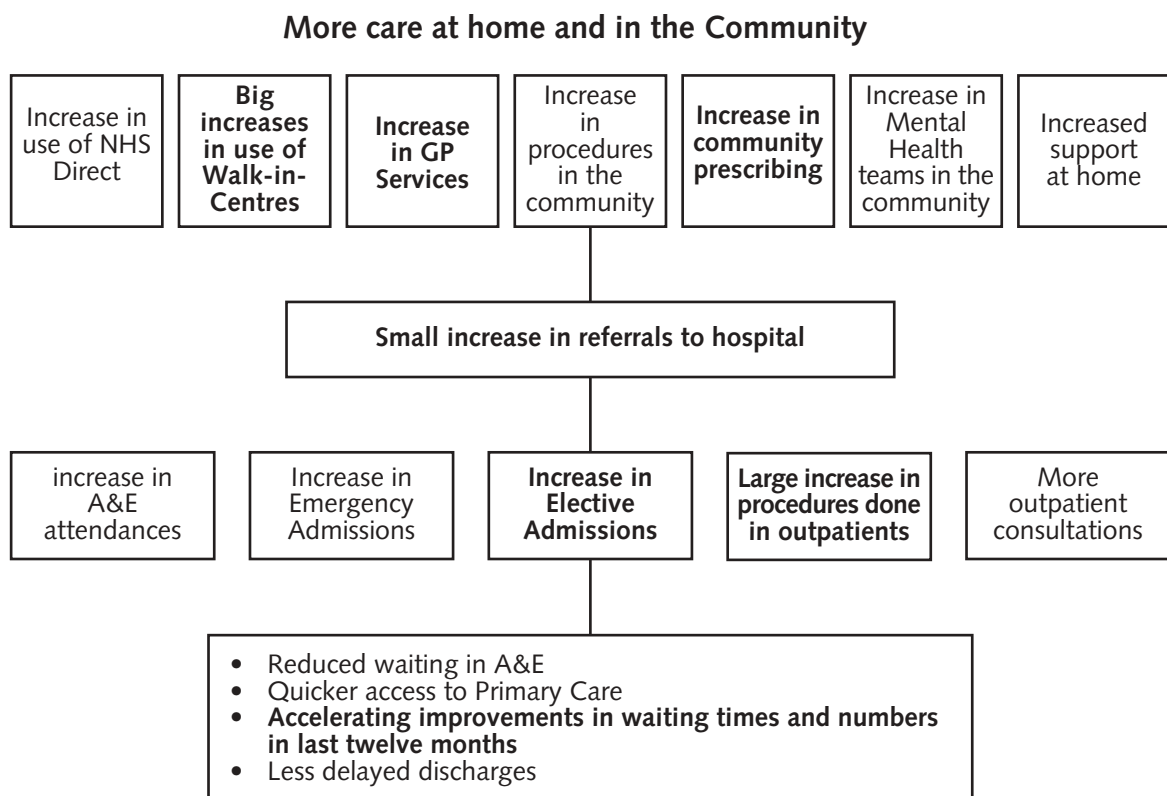
1. The Changing NHS – providing better services, closer to the patient

In the 3 years since publication of the NHS Plan more and more patients have received treatment and care from the NHS. At the same time the range of services has increased with people able to receive advice and information in their own homes and to make use of services more locally. These trends are now well established with:

- more than 6 million people a year using NHS Direct
- 1½ million people using Walk-in Centres
- current trends show that 400,000 more people will have elective procedures this year
- treatments which were once only available to inpatients now being offered in outpatients or the community
- more treatments being offered in the community which help keep people in their own homes and reduce hospital admissions
- underpinned by changes in the way services are organised and, in many cases, by who delivers the service

The changes are summarised on the following chart.

Chart A: The Changing NHS



Where activity takes place

The vast majority of activity takes place outside hospitals in GPs surgeries and the community. There are, for example, about 300 million consultations by GPs and practice nurses each year.

The biggest growth in activity has been in the new services offered to people by telephone or through walk-in centres. NHS Direct – the telephone information and advice service – has now become well established with a continuing steady growth in use. Walk-in Centres – where patients can be seen without appointment – are seeing strong growth as new sites open and others grow in popularity. The average number of visits by patients per day has risen from 57 in March 2000 to 107 by March 2003.

Table A: More patients are using telephone and walk-in services

	In 1999/2000	In 2002/2003	Increase April – Sept this year ²	Increase since NHS plan ¹
Patient visits to Walk-in Centres	0	1,373,000	100,000 (14.3%)	1,373,000
Calls to NHS Direct	1,650,000	6,319,000	43,900 (1.4%)	4,712,900 (286%)

1 In all tables, change since the NHS Plan takes as a baseline the last annual figure before July 2000. This is usually for 1999/2000 although some figures are published on different dates.

2 In the first six months of this financial year compared to the same period last year

NHS Direct and Walk-in Centres provide services that are more convenient for many patients. In addition, there are many examples where hospitals too are changing their services for the greater convenience of patients with, for example, evening clinics such as those described below in Hartlepool.

Evening clinics at the **University Hospital of Hartlepool** are helping to cut waiting times and giving patients more convenient appointments. The hospital has introduced evening clinics on Mondays, Tuesdays and Thursdays from 5pm-9pm for dermatology, urology, audiology and dental patients. As well as being more convenient for patients, who no longer have to take time off work, the number of patients failing to turn up for appointments has reduced significantly. Sandra Sah, the Outpatients Sister, said: “We are always looking at new ways of doing things to ensure we meet the needs of patients, which is our first priority. The evening clinics are about giving people what they want by increasing the options open to them and providing a far more convenient service.”

Transferring services to outpatients and the community

We aim wherever possible to deliver services in the most low tech environment where it is more convenient and local for patients. Over the last two years we have seen a very large transfer of procedures from inpatient settings to outpatients with a reduction in the need for admission.

Improvements in anaesthetics, imaging and surgical techniques have made it possible for hospitals to deliver operations in outpatient clinics where previously the procedure would have needed a spell in hospital. This includes most investigative procedures, such as endoscopies and some therapies, such as minor heart operations, skin operations, high tech diagnostics, investigations and biopsies, chemotherapy and blood transfusions.

In addition, primary and community clinics are now able to offer more services so that the patient can avoid a hospital visit such as operations for hernia repair, surgery for haemorrhoids, vasectomies, pain relief injections, wrist surgery for repetitive strain, invasive investigations and biopsies, and high tech diagnostics such as echocardiography.

The table below shows that we are continuing to see an increase in elective admission for patients into hospital and a large growth in procedures in outpatients and primary care. Taken together they show that on current trends about 400,000 more people than last year will have elective procedures. As a result we are seeing falls both in the number of people on the waiting list and in the length of time they are waiting.

Table B: There is continuing growth in planned activity in different settings

	In 1999/2000	In 2002/2003	Increase April–Sept this year ³	Increase since NHS plan
Elective Hospital Admissions ¹	4,942,000	5,320,000	61,600 (2.4%)	449,600 (9.1%)
Procedures in Out-patients ²	Not available	1,735,000	129,000 (14.9%)	Not available
Procedures in Primary Care	Not available	709,000	5,000 (1.4%)	Not available

1 All NHS funded patients, including those treated in both NHS and private hospitals

2 This figure was submitted using 2003/04 definitions of activity

3 In the first six months of this financial year compared to the same period last year

In addition, whilst we do not have comprehensive national figures, there are many examples where GPs are undertaking outpatient consultations and treatment for patients who had previously been referred to hospital consultants. There are now 1,345 GPs with a special interest who are able to undertake this work in particular specialities. An example from Horsham is given below.

Waiting times for patients with ear, nose and throat problems have fallen from 26 weeks to just two weeks following the introduction of a new GP-led clinic by **Horsham and Chanctonbury Primary Care Trust**. Dr Hwa-Lon Liu, a GP with a specialist interest in ENT, runs a weekly clinic for patients with minor complaints such as swallowing problems, nasal congestion, tonsillitis, nasal polyps, ear infections and throat problems. Patients would previously have been referred by their GP to a hospital and could face of wait of 13-26 weeks for an appointment. Patients referred to the new specialist clinic, which treats around 10 patients a week, are seen within two to four weeks. About 17% of patients seen at the clinic, which is based at Holbrook Surgery, are referred on to the hospital. The other 83% are cared for solely within the primary care setting.

In some areas of the country this approach has been taken across a whole community with patients being referred to GPs with a specialist interest or to specialist nurses in order to make sure only those who really need it are referred to hospital whilst others are able to get quicker and more convenient treatment in the community. These larger schemes are new and not yet fully evaluated but ones such as that described in Manchester below aim to offer improvements in convenience in speed of service as well as better use of resources.

Greater Manchester has developed new types of primary care based services that are designed to enable all 14 PCTs in the NHS in Greater Manchester area to provide patients with assessments and treatments for a wide variety of conditions in primary care settings. This combined with a more managed system of referrals has produced a radical reduction in waiting times for outpatient appointments. At **Ashton, Leigh and Wigan Primary Care Trust** all orthopaedic referrals, that would previously have gone to hospital consultants, are assessed first by a team of physiotherapy specialists based within primary care. They are then referred on to the most appropriate specialist who could be an occupational therapist, a physiotherapist, a podiatrist or an orthopaedic consultant. In this new way of doing things, patients can expect to be seen within six weeks. The initiative has impacted significantly on hospital services, with 38% fewer referrals into secondary care.

The changes in practice are beginning to show in the figures for outpatients. This is a slowing of growth in GP referrals to hospitals – down to 0.2% this year compared to an average of 1.4% growth over the last 3 years. At the same time growth in outpatient consultations may partly relate to the increase in outpatient procedures but also shows that the backlog of consultations being dealt with as waiting lists fall.

Table C: Outpatient activity

	In 1999/2000	In 2002/2003	Increase April – Sept this year	Change since NHS Plan
Number of GP referrals made	8,871,000	9,245,000	8,000 ¹ (0.2%)	374,000 (4.2%)
Number of first OP attendances with a consultant ¹	12,136,000	13,032,000	317,000 (5.0%)	896,000 (7.4%)

¹ Provider-based information, as purchaser-based information is not yet available

Treatment Centres

Treatment Centres are at the heart of the drive to modernise the NHS. They provide safe, fast, pre-booked surgery and diagnostic tests for patients, by separating scheduled treatment from emergencies. They are particularly valuable in some of the specialties with the highest waiting times (for example orthopaedics and ophthalmology). Twenty-three NHS-run Treatment Centres are now open. Two independent sector run Treatment Centres are also open – Redwood, at Redhill, Surrey, and Daventry which opened on 1 October 2003. A further twenty-three NHS-run Treatment Centres and a further 32 independent sector Treatment Centres are in development and expect to be operational by the end of December 2005. In all we expect there will be 80 Treatment Centres by the end of 2005 providing up to 250,000 additional operations per year.

Some of these schemes will be run by individual NHS Trusts or primary care trusts, others by the private sector, whilst others – such as that described below – will be a joint development between NHS Trusts.

To cut waiting times for hip and knee replacements, four trusts are developing the **South West London Elective Orthopaedic Centre**. The centre, based at Epsom Hospital, will be able to carry out 3,150 operations a year once it opens in January 2004. Four acute trusts are collaborating in the joint venture as a way of cutting waiting times and freeing up theatre capacity in local hospitals. The centre will be run by a Director of Nursing and a team of advanced nurse practitioners.

Emergency activity

Hospital emergency activity has grown year on year and continues to put pressure on staff and facilities. There have been continuing significant increases in ambulance journeys and emergency admissions. In addition, in the first 6 months of this year we have started to see an increase in recorded A&E attendances following 3 years of falling or flat attendances.

Table D: There is continuing growth in hospital emergency and ambulance activity

	In 1999/2000	In 2002/2003	Increase April – Sept this year	Change since NHS Plan
New A&E attendances	13,167,000	12,945,000	379,000 ¹ (5.5%)	175,000 (1.3%)
Total emergency admissions	3,876,000	3,997,000	44,000 (2.2%)	164,000 (4.2%)
Ambulance emergency journeys	2,850,000	3,178,000	Not available ²	328,000 (11.5%)

1 The figure for the first six months of this year includes some activity omitted from previous years collections relating to Walk-in Centres and minor injury units.

2 Data for ambulance emergency journeys is collected annually

There have been major changes in A&E departments as investment in facilities and the introduction of new techniques, such as “see and treat”, have speeded up treatment for patients. The results of this are shown in the next chapter. Part of this has been achieved by nurses taking on new roles such as those described in North Manchester below.

One in four people attending the emergency department of **North Manchester General Hospital** are seen by nurse practitioners who are experts in the treatment of minor injuries. The service is provided from a Rapid Assessment and Treatment Unit, which is linked to the A&E and which was established last year to help deal with the increased demand from patients. The nurses undergo special training so that they can deal with head, face and neck injuries, burns, minor fractures, sprains and other forms of minor injury. The Emergency Nurse Practitioners, or ENPs, now see 20% to 25% of all A&E attendees and the success of the service has been demonstrated by a marked increase in patient satisfaction. The service has become a model for three other hospitals which form part of Pennine Acute Hospitals NHS Trust. The Royal Oldham Hospital now has its own dedicated ENP service, and the emergency departments at Rochdale and Bury are developing similar services.

Similarly, ambulance services are starting to operate differently with paramedics such as those in South Yorkshire below, undertaking treatments and thereby reducing unnecessary journeys to hospital and possible admissions.

Paramedics in **South Yorkshire**, who have undergone a modified version of the emergency nurse practitioner's course, are successfully treating a larger number of patients at home. Paramedic Practitioners are able to assess, diagnose and treat patients who have experienced minor injuries or illnesses, such as falls, fractures, cuts, minor burns, head injuries or collapses after dizzy spells. This has reduced the number of patients who require hospital attention by as much as a half and helped to ensure that those who need to attend hospital are referred more appropriately. Research into the Paramedic Practitioner Scheme is being carried out by the Sheffield School of Health and Related Research. The scheme has been of particular benefit to older people who have suffered a fall or minor injury.

Choice

There are currently two national pilot projects in which patients who have been waiting for admission for 6 months are offered the choice of going to another hospital to be treated more quickly. These pilots have shown the way for extending choice more extensively across the NHS. There is also some evidence that they have helped reduce waiting times.

The first pilot was in coronary heart disease for revascularisations across the country. At the end of September there were only 746 patients waiting over 6 months. The second pilot was in London covering cataracts, general surgery and ENT.

Nationally patients will be offered choice at 6 months in some specialities from April 2004 and in all specialities by 1 September 2004. Choice at the point of referral will start to be offered in January 2005 with phased introduction over the year.

Table E: More patients have been offered choice

	Patients offered choice	Patients who exercise their choice to move to another provider
CHD nationally ¹	6,030	2,896 (48%)
Cataracts, general surgery and ENT in London ²	7,180	5,026 (70%)

1 All figures are as of August 2003

2 All figures are as of September 2003

In addition local communities are starting to develop local pilots for choice such as those in Trent described below.

The **Trent Access and Choice Project (TRAC)** is developing choice and providing extra capacity for the NHS to reduce waiting lists ahead of national targets. In some parts of Trent, patients waiting for cataract operations are already being offered choice of which NHS trusts they want to attend. A European surgical team will provide extra capacity and, over the next year, an additional 1,500 cataract operations will be carried out. During the next five years, a new treatment centre will also deliver 15,000 extra orthopaedic operations for the NHS in Trent. TRAC aims to achieve six-month waiting times across the whole of Trent by June 2004 mainly through innovative and modern clinical practice and redesigning the way that services are provided for patients.

Prescribing

There has been a huge increase in the number of drugs prescribed both in hospital and in the community. These are contributing to improvements in care and, in particular, to the improvements in survival rates for cancer and coronary heart disease which are described in the next chapter.

Table F: Number of prescription items dispensed in the community

	In 1999/2000	In 2002/2003	Increase since NHS Plan
Number of prescriptions	519.4 million	631.7 million	112.3 million (21.6%)
Cost of drugs prescribed (£ millions)	4,924.3	7,182.2	2,257.9 (45.9%)

Note: The figures are calculated on a June-to-June basis

The use of coronary heart disease drugs as part of GP led management of patients with heart disease has contributed greatly to the quality of care and reduced mortality. It has allowed patients to be treated outside hospital as in the example below.

GP practices have established coronary heart disease registers. Registers enable GPs to identify and actively manage patients and, where appropriate, to prescribe statins. Statins reduce levels of cholesterol in the blood and thereby reduce the chance of having a heart attack or other coronary event. At the **Wallasey Heart Centre**, Dr Anthony Cummins and colleagues have achieved an increase in the prescribing of statins so that some 70% of all eligible patients are now receiving this drug. This, together with a range of other healthy-living measures, have caused the death rate from coronary heart disease in a relatively deprived area such as Wallasey to fall below the national average for the first time ever.

Mental Health

Less than 10 years ago, significant numbers of people with mental health problems were locked away in Victorian asylums. Today that would be unacceptable. Over the last three years there have been huge improvements in the access to care. This has been particularly evident in the increases in community teams over the last year.

Table G: Access to mental health care

	2000 ¹	2002 ¹	Increase last year	Increase since NHS Plan
Assertive Outreach (number of teams)	130	194	14 (7.7%)	64 (49.2%)
Crisis Resolution (number of teams)	No data	61	9 (17.3%)	9 (17.3%)
Early Intervention (number of services)	No data	23	7 (43.8%)	7 (43.8%)

¹ Data is collected annually in the autumn.

Social Care

This report cannot do justice to the contribution to improved care in the community made by very many staff working both within social care and the NHS. Social care is an essential partner in efforts to provide the best possible service to patients. An example of the valuable contribution made by social care is shown by the increase in packages of care in the community and the particular growth in intensive home care.

Table H: number of contact hours and household receiving intensive home care

	1999/2000	2002/2003	Increase since NHS plan
Number of contact hours of home care provided ³	2,684,000	2,976,000	292,000 (10.9%)
Number of older people helped to live at home ¹	638,000	664,000	26,000 (4.1%)
Number of households receiving intensive ² home care ³	68,700	81,400	12,700 (18.5%)

¹ As at 31 March

² Defined as more than 10 contact hours and 6 or more visits during the week

³ During a survey week in September

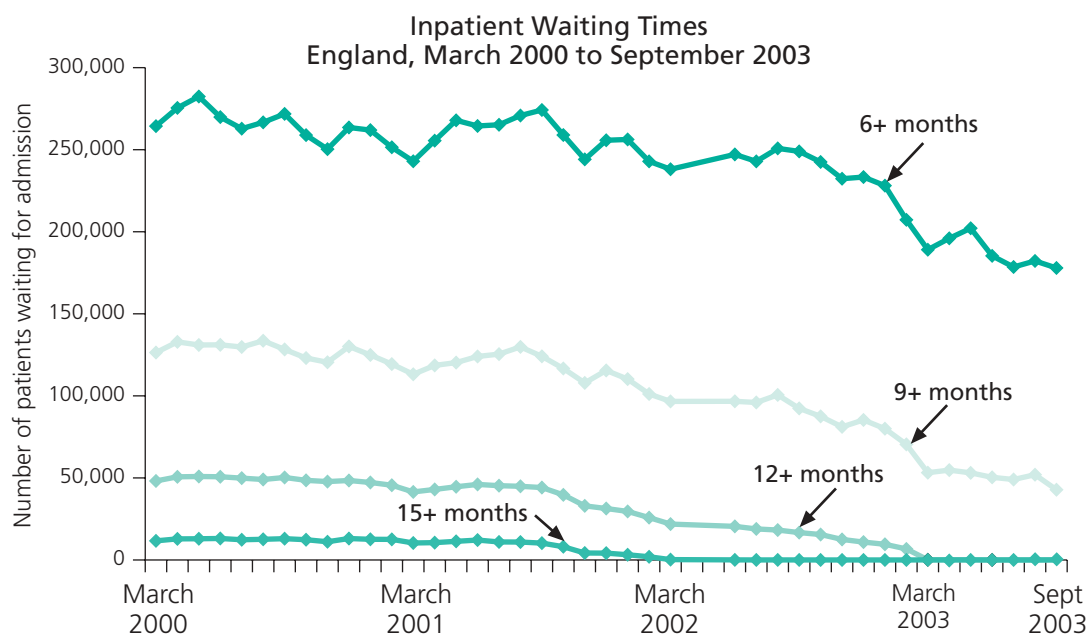
2. Improvements in Service and Outcomes

Waiting times throughout the system are continuing to fall. These trends are now well-established with:

- the reduction in waiting times is accelerating with an almost 30% reduction in 6 month waiters in the last year;
- similarly the number of people waiting over 13 weeks has fallen by more than one third in the last year;
- total number of people waiting for admission to hospital fell to 974,000 – the lowest number for over a decade;
- 93% patients able to see a GP within 2 days or a primary care professional within one day;
- 90% of patients spend less than 4 hours in A&E;
- the number of people delayed in their discharge from hospital is continuing to fall

Graph B shows the number of long waiters has been falling steadily since the publication of the NHS plan. The targets are to achieve 15 month maximum wait in March 2002, a 12 month maximum in March 2003, 9 months in March 2004 and 6 months in December 2005.

Graph B: Maximum inpatient waiting times



This chart shows successful reduction in long waiters. It also shows that there have been variations month by month in the previous two years with increases in numbers during the summer and big falls in the winter. This has reflected the way in which the NHS has had to increase its activity in a rush towards year end in order to meet targets. This year the rise in both inpatient and outpatients over the summer has been much less dramatic suggesting that waiting is being much better managed and that the year end 'scramble' will be much less pronounced this year.

The following table shows the achievement over the last 12 months – September to September. It shows how much progress has been made since last year in all three time categories. There has been a clear acceleration in the rate of reduction in this period. Perhaps most importantly it shows that there has been a reduction of almost thirty percent in the number of 6 month waiters in the last year. This means that the NHS is well on track to remove the other 70% in the remaining two and a quarter years before the 6 month target falls due.

Table I: Inpatient waiting times at the end of September 2003

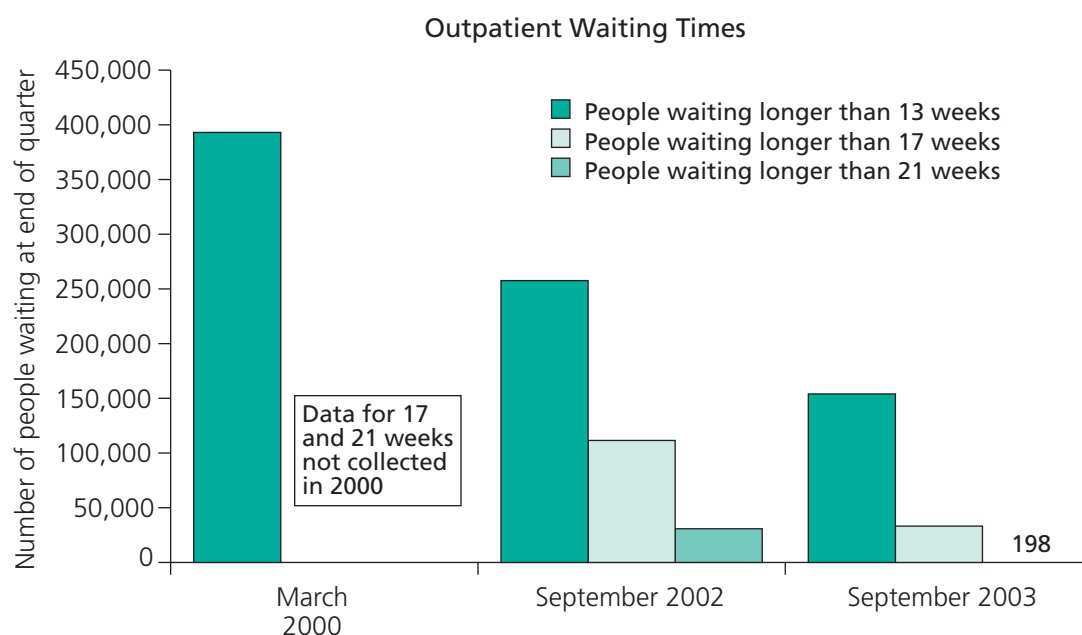
	March 2000	September 2002	September 2003	Reduction in last 12 months	Reduction since NHS Plan
Number of people who had been waiting over 12 months	48,145	16,689	114	16,575 (99.3%)	48,031 (99.8%)
Number of people who had been waiting over 9 months	126,388	92,366	42,812	49,554 (53.6%)	83,576 (66.1%)
Number of people who had been waiting over 6 months	264,370	248,690	177,933	70,757 (28.5%)	86,437 (32.7%)

There is a very similar picture on outpatient waiting times for those waiting more than 13 weeks. The number waiting over 17 weeks and 21 weeks were not collected until 2002. In this case, the number of people waiting over 13 weeks has fallen by more than a third in the last year.

Table J: Outpatient waiting times at the end of September 2003

	March 2000	September 2002	September 2003	Reduction in last 12 months	Reduction since NHS Plan
Number of people who had been waiting over 21 weeks	Not available	30,789	198	30,591 (99%)	30,591 (99%)
Number of people who had been waiting over 17 weeks	Not available	111,502	34,350	77,152 (69%)	77,152 (69%)
Number of people who had been waiting over 13 weeks	393,027	257,613	160,635	96,978 (38%)	232,392 (59%)

Graph C: Outpatient waiting times in England



There is a similar picture in the number of people waiting for admission to hospital. There was very little change in the numbers waiting for the first two years after the NHS Plan, in fact, a small rise to September 2002. There has however been a significant fall in the year since. The total number of people waiting for admission to hospital fell to 974,000 at 30 September 2003, the lowest number for over a decade.

Table K: Total number of patients waiting for admission to hospital

	March 2000	September 2002	September 2003	Reduction in last 12 months	Reduction since NHS Plan
Total waiting list	1.037 million	1.048 million	0.974 million	74,000 (7.1%)	63,000 (6.1%)

Most of the effort has been concentrated on removing the very largest waiting times however as the following table shows, average waiting times have also fallen.

Table L: Median waiting times

	March 2000	September 2002	September 2003	Reduction in last 12 months	Reduction since NHS Plan
Inpatient (months)	2.97	2.96	2.71	0.25 (8.4%)	0.26 (8.7%)
Outpatient (weeks)	7.73	7.20	7.09	0.11 (1.5%)	0.72 (9.4%)

These achievements in reducing waiting have been in part through hard work and extra capacity. They have also been in part through developing new ways of working which not only provide a better quality but also a better service such as the example from Gateshead below.

Patients have more certainty and choice following the introduction of new booking systems at **Gateshead Health NHS Trust**. In orthopaedics, the entire patient journey from referral to discharge has been redesigned so that patients have to attend hospital less often and can book the date of their operation. The rates of outpatient non-attendance are now much lower and some patients are fit to be discharged three to five days after a joint replacement when previously they might have stayed in hospital up to 13 days. Bowel cancer patients have benefited from a similar redesign exercise in endoscopy. 'Do not attend' rates now average 6% compared with as much as 30% on occasions in the past. In urology, a booking system has helped to cut waiting times and made the service more accessible for patients.

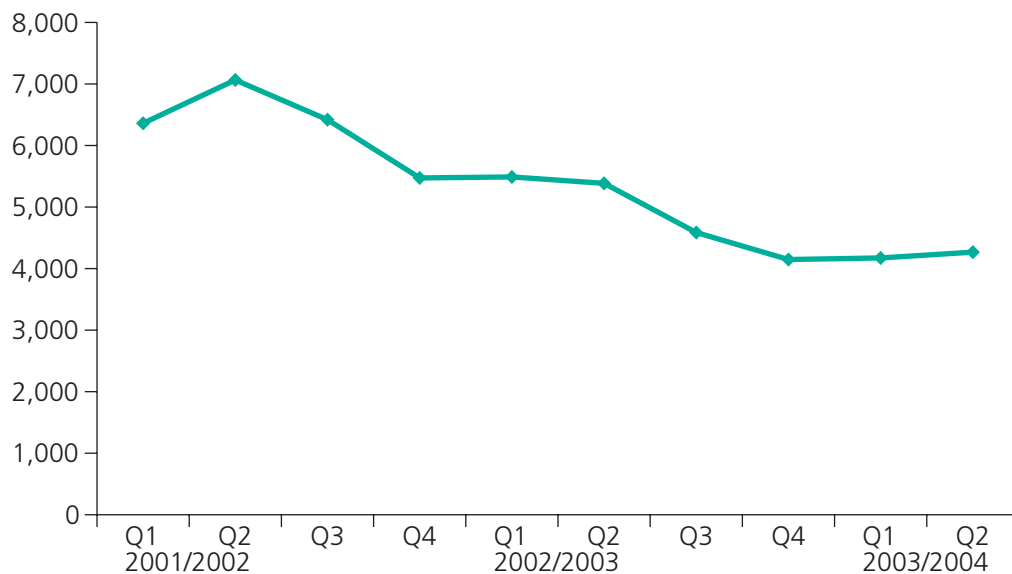
Delayed discharges

Thanks to good work too by social care services alongside the NHS there has continued to be a real fall in delayed discharges. This is shown in the table and graph below and illustrated by the example from Essex.

Table M: There was a big reduction in delayed discharges in 2002/03

	March 2000	September 2002	September 2003	Reduction in last 12 months	Reduction since NHS Plan
Number of patients of all ages occupying an acute hospital bed with delayed discharge	Not available	5,385	4,267	1,118 (21%)	1,118 (21%)
Number of patients over 75 occupying an acute hospital bed with delayed discharge	5,431	4,147	2,988	1,159 (28%)	2,443 (45%)

Graph D: Numbers of patients of all ages occupying an acute hospital bed with delayed discharge



Three years ago the number of delayed discharges at **Broomfield Hospital** in Essex averaged 120 a week. Now the figure is less than five. The transformation is the result of joint-working between health, social services, housing authorities and the voluntary sector. A team identifies patients who will soon be ready for discharge and removes any blockages in the system to ensure a smooth and timely transfer home. Jointly-managed community and social services teams have also been able to ensure that patients are properly supported in their homes and to avoid re-admission to hospital.

Waiting in primary care

There has been good progress towards reaching the goal that all patients, if they choose, should be able to see a primary care professional within one working day and a GP within two working days. These figures were not collected at the start of the NHS Plan but the following table shows how improvements have happened over the last year and a half.

Table N: GP and Primary Care Professional appointment availability

	March 2000	September 2002	September 2003	Increase over last 12 months
GP within 2 days	74.6%	81.4%	93%	11.6%
Primary Care Professional within 1 day	71.7%	83.9%	93.4%	9.5%

A great deal of this progress has been achieved through redesign supported by the primary care collaborative. An example is described below.

Dr Hugh Sturgess a GP at **Hopwood House Surgery** in Oldham. Hopwood House in Oldham is a practice which has 3 full time partners with a less than average list size of 5,700. The practice joined the second wave of the National Collaborative in February 2001. It commenced Advanced Access in June 2001 and has never looked back. Using the same improvement skills they learned from addressing their access issues, they have managed to improve the delivery of care for their patients with coronary heart disease. Alongside this improvement they have reduced their workload despite seeing a rise in their list size. They have also moved on to other chronic disease areas and are well placed to face the challenges and reap the rewards of the Quality Framework.

Waiting times in A&E

There is a similar story in A&E with a significant improvement in waiting times over the last year. Table O shows the average achieved across the NHS in each of the recent quarters. This has been due to redesign as well as increased capacity as shown in the example that follows the table.

Table O: Waiting times in A&E

	July – September 2002	October – December 2003	January – March 2003	April – June 2003 ¹
A&E attenders spending less than 4 hours in A&E departments	77%	78%	82% ²	90%

1 Performance in all types of A&E now monitored

2 90% achieved at end March 2003

Ealing Hospital has managed sustained improvement with around 97% minor injuries & illnesses (minors) being seen & treated within 4 hours. At Ealing, receptionists identify patients with minors and direct them to emergency nurse practitioners (ENPs), who are empowered to deal with 70% of minor cases. In addition, both medical and nursing staffing have been carefully matched to patterns of demand. Derarca Cooper, ENP and senior A&E sister has the additional responsibility of monitoring patient flow through the Minors Area to ensure that there are no unnecessary delays. While See and Treat has been instrumental in smoothing patient pathways, ENPs know the changes ultimately benefit patients and make their jobs easier. "While See and Treat is no panacea, it does change how you see patients – you understand the journey better," Dee said. "The Team must be very well co-ordinated. In order to meet the 4-hour target, we mapped processes to clearly understand where and why we weren't seeing our patients within 4 hours and explained everything to the team – that having patients hanging around wasn't good for the staff or the patients."

Priority areas of cancer, CHD and mental health

There have been improvements in services and outcomes over these three priority areas since publication of the NHS plan.

Cancer

Cancer services have seen large increases in investment, and progress in line with the Cancer Plan. This progress was summarised in "The NHS Cancer Plan: three year progress report – Maintaining the momentum"¹. Key progress includes:

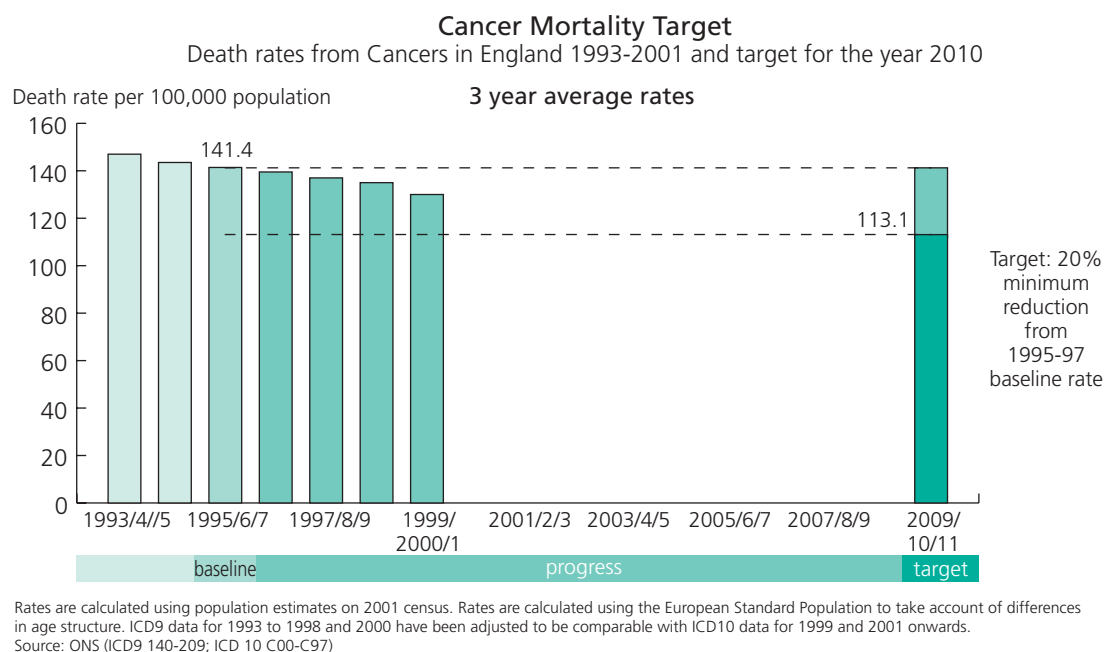
- since April 2001 an additional 200,000 women have been invited to be screened as a result of the expansion of the breast screening service to 65-70 year old women;
- 98.5% of people with suspected cancer are seen by a specialist within two weeks of being referred by their GP. 96.9% of women with breast cancer are receiving first treatment within one month of diagnosis – an increase of 3% in the last year;
- the 'postcode lottery' is being tackled through the implementation of NICE appraisals of new chemotherapy drugs for the treatment of various cancers;
- the number of cancer care specialists has increased to 4,096 at June 2003 compared to 3,362 at September 1999 – an increase of 734 consultants (21.8%).

Cancer networks are finding new ways to improve services such as this example from Lancashire.

A fast-track clinic for patients with suspected bowel cancer is being introduced by **Lancashire Teaching Hospitals NHS Trust**. With money from the NHS Modernisation Agency's Action On programme, the Trust is setting up a nurse and GP led one-stop appointment service to reduce waiting times for people with rectal bleeding, a symptom linked to bowel cancer. Five nurses and GPs are being trained to undertake sigmoidoscopies – a procedure to examine the lower part of the colon. The increase in the number of specialists who can perform these procedures will also ensure that fewer operations are cancelled and, in the future, that widespread bowel cancer screening can be carried out. The scheme will result in patients being seen within 31 days of referral.

Implementing the Cancer Plan has continued the sustained reduction in death rates demonstrated in the graph below.

Graph E: There have been sustained reductions in death rates from cancer.



Coronary Heart Disease

There have also been big improvements in coronary heart disease in line with the Coronary Heart Disease National Service Framework. Here again a recent report, “Delivering better heart services: Coronary Heart Disease National Service Framework”², has given the details:

- the number of statins (a key drug in preventing and treating coronary heart disease, by lowering the level of harmful fats in the bloodstream) prescribed continues to rise by around 30% a year;
- 681 defibrillators have been installed in public places in 110 sites across the country;
- in emergency care there is steady improvement in the time taken for heart attack patients to receive “clot busting” therapy;
- the NHS Plan target of 6,000 extra heart operations by April 2003 was achieved one year early;
- the National School Fruit Scheme provides a free piece of fruit each school day to over 500,000 children in over 3,500 schools in the West Midlands and London. From 2004 every 4-6 year old in England will be entitled to a free piece of fruit each school day.

Table P: There have been big improvements in treatment for coronary heart disease

	In 1999/2000	In 2002/03	Increase April – Sept this year	Increase since NHS Plan
CHD revascularisations	46,000 ¹	60,300 ¹	1,560 ² (5.8%)	34.5%
CHD drug prescriptions ³	9.1 million	19.9 million	2.5 million ² (28%)	146%
Time to thrombolysis (% treated within 60 minutes of call) ⁴	24% ⁵	37%	9% ^{6,7}	22% ^{5,6}

- 1 Figures include non-England residents and private patients treated in NHS hospitals
- 2 In the first six months of this year compared to the same period last year
- 3 Lipid regulating drugs refers to section 2.12 of the British National Formulary. These drugs, of which more than 90% are statins, regulate the concentration of cholesterol. Data is on a year to June basis
- 4 Data is on a calendar year basis
- 5 Only 39 (out of 216) hospitals in England were collecting this data in 1999/2000
- 6 Percentage point change
- 7 Data for 2003 is to end of September

Table Q: No patient has to wait over 9 months for a heart operation

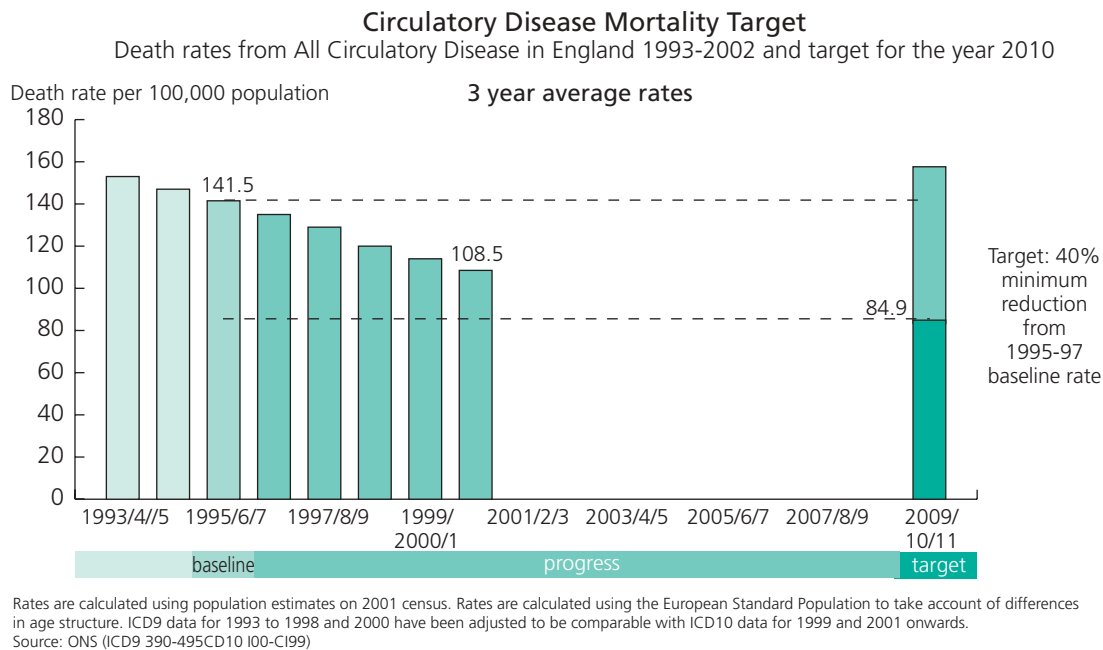
	March 2000	September 2002 ¹	September 2003	Reduction in last 12 months
Number of patients waiting over 6 months for a heart operation (revascularisation)	Not available	1,867	746	1,121 (60%)

- 1 Data collection started in September 2002

Services for patients with coronary heart disease have been enhanced with the opening of a new heart centre at **St Catherine's Hospital** in Birkenhead. Heart disease is more prevalent in parts of Birkenhead and the death rate from the disease is more than twice the national average. Patients are referred to the centre by their GP and are seen by one of three GPs with a specialist interest in CHD or a cardiology specialist. Those with conditions such as high blood pressure and angina can expect to be seen within two weeks, rather than waiting for an appointment with a hospital consultant. Dr Abhi Mantgani, Chairman of the Wirral Coronary Heart Disease Modernisation Team, said: "Coronary Heart Disease is a problem in this area and the opening of this facility will complement and build on the significant progress already made to improve the services offered to our patients."

This action has ensured that there have been sustained reductions in death rate from heart disease as shown in the following graph.

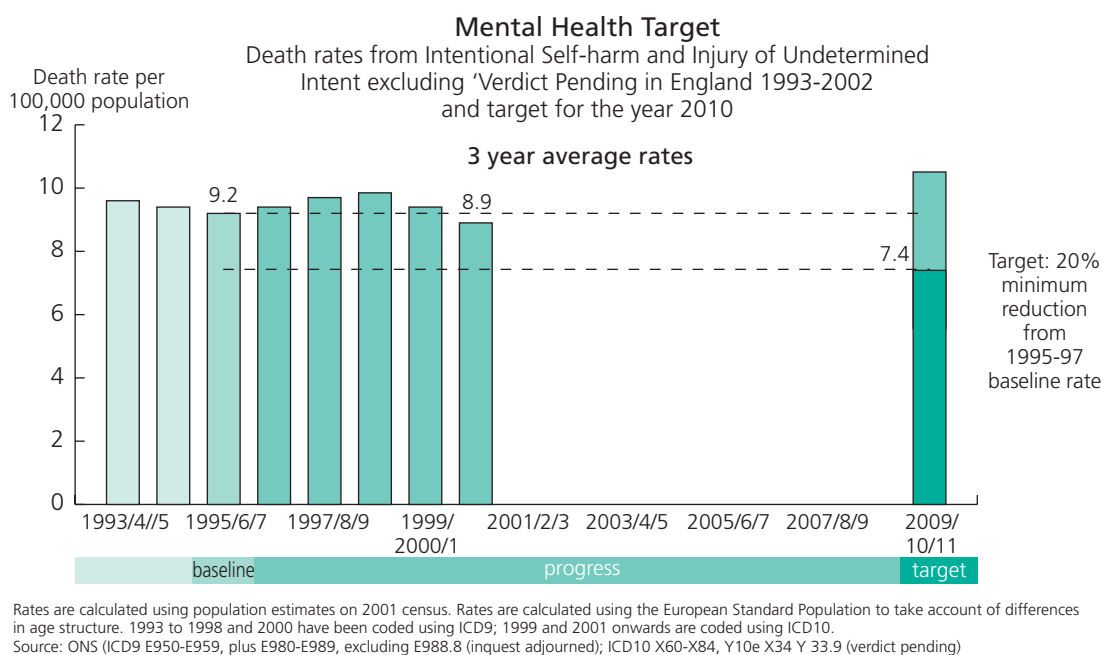
Graph F: There have been sustained reductions in death rates from heart disease.



Mental Health

Like cancer and CHD, deaths from suicide have been falling. Although there are fluctuations in the rate, there has been a significant drop in the two years since publication of the NHS Plan. Changes in awareness and in approaches to risk management appear to have had an impact in hospitals as well as in the community.

Graph G: There have been sustained reductions in the number of deaths from suicide.



Alongside this improvement in suicide rate there have been other improvements in the quality of service provided as shown in the attached examples.

A team of mental health workers, who offer support to GPs, has reduced the need for patients to be prescribed anti-depressants, referred for counselling or for hospital treatment. Some GPs have told **Bedfordshire and Luton Community NHS Trust** that it is 'the best new service for years'. The service was set up in 2000 in response to the fact that about 40% of patients attending GP surgeries had mental health problems. GPs can now refer patients who present with common problems such as anxiety, depression and stress to one of the named Mental Health Liaison Workers. Nearly 90% of patients say the service helped them to resolve their problems and the same proportion of GPs said it reduced the need to prescribe drugs, counselling or hospital care.

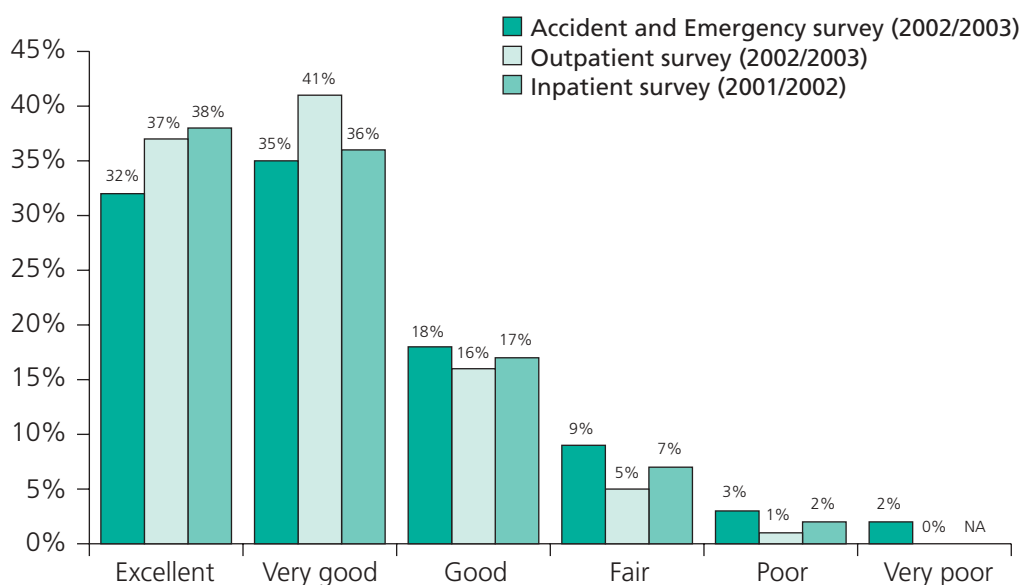
The **'Home Option Service' in Manchester** is an example of a crisis resolution and home treatment team – one of 335 targeted in the NHS Plan. Operating 24 hours per day, the work of this team ensures access to intensive treatment and care with no waiting list for people with complex needs who are in crisis.

Research shows us that early intervention for young people who are developing a severe mental illness can help to minimise later relapse and social exclusion. The NHS Plan set a target of 50 Early Intervention Teams to be established nationally by 2004. **Insight in Plymouth** is one such team based in the Youth Enquiry Service in the centre of Plymouth. Its location within a street level youth agency facilitates access to the service; reduces stigma, and supports maintenance of social networks.

Improving the Patient Experience

Over the last two years the Commission for Health Improvement has undertaken patient surveys in inpatient, outpatient and A&E. The following table shows very high levels of patient saying the services they had received in these areas were excellent or very good.

Graph H: Patients in Inpatients, outpatients and A&E were asked "overall, how would you rate the care you received?"



Source:
 CHI – Patient Survey – A&E (2002/2003)
 CHI – Patient Survey – Outpatients (2002/2003)
 Dept of Health – Patient Survey – Acute Inpatients (2001/2002)
 Notes: The Acute Inpatient survey did not include a response category of very poor.

3. Capacity

Capacity has been one of the great constraints facing the NHS. Over the last 3 years there has been significant improvements in staff numbers and in hospital beds. In addition the biggest ever hospital redevelopment and building programme is underway with a total spend of £11.2 billion. Since the NHS Plan there are:

- 38,000 more nurses
- 9,500 more doctors
- an increase of 33% in medical students
- an increase of 23% in nursing and midwifery students
- nearly 90% more intermediate care beds
- almost a third more critical care beds

The following table shows the number of doctors and nurses between September 1999 and September 2002 when the annual surveys are undertaken. We do not yet have the results for September 2003 but the mid-year survey suggest nearly 105,000 doctors and 377,000 nurses.

Table R: Number of doctors and nurses

	In 1999	In 2002	Increase last year	Increase since NHS Plan
Doctors	94,953	104,460	4,141 (4.1%)	9,507 (10%)
Total Qualified Nursing, Midwifery (including practice nurses) and Health Visiting Staff	329,637	367,520	17,139 (4.9%)	37,883 (11.5%)

Increased staff numbers must be underpinned by investment in staff for the future. In 2002/03 extra investment in training has seen a 1,186 increase in nursing training places. The intake of medical students also rose by 580 last year.

Table S: Numbers of training places for doctors and nurses

	In 1999/2000	In 2002/2003	Increase last year	Increase since NHS Plan
Medical School Intake	3,972	5,292	579 (12.3%)	1,320 (33.2%)
Nursing and Midwifery Training Commissions	18,707	22,956	1,186 (5.4%)	4,249 (22.7%)

Hospital Beds

The following table shows there have been growth in hospital beds since publication of the NHS Plan. This has reversed a trend of decline for many years.

Table T: There are more beds available than in previous years

	In 1999/2000	In 2002/2003	Increase this year	Increase since NHS Plan
Total number of general and acute beds	135,080	136,679	No data	1,599 (1.2%)
Total number of intermediate care beds	4,242	7,407	590 (8%)	3,755 (89%)
Total number of open and staffed critical care beds (at July)	2,362 ¹	3,070	58 (2%)	766 (32%)

1 Figure for January 2000

Investing in Facilities and Equipment

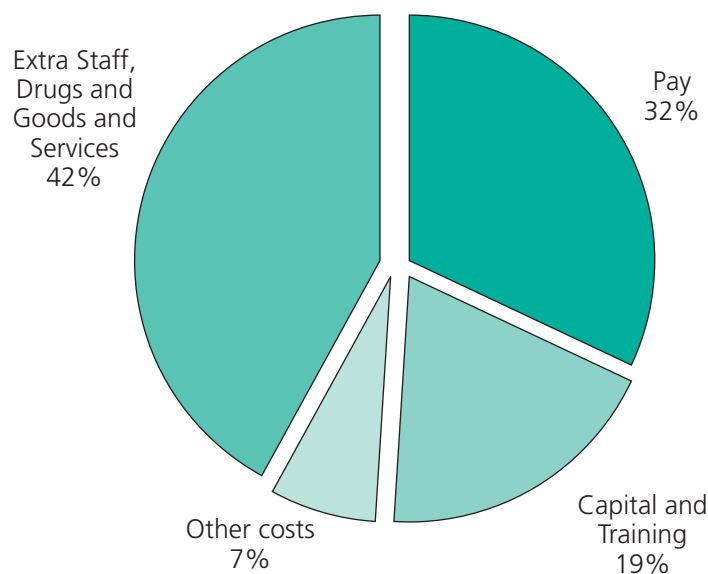
We have continued to invest in buildings, equipment and infrastructure to provide additional facilities and beds. For example:

- a 16% increase in the level of general capital allocations (to around £1.5 billion) to maintain and improve the NHS estate;
- 7 new hospitals opened in 2002/03 with a capital value in excess of £500 million;
- 5 medium sized schemes completed, worth in excess of £70 million;
- 15 new Treatment Centres opening during the year with annual capacity totalling in excess of 40,000 cases;
- Expanding and modernisation of services for Coronary Heart Disease £100 million;
- Various improvements for mental health patients including improvements to the physical environment in psychiatric in-patient wards, improved security at high secure units and development of facilities to accommodate patients with Serious Personality Disorder – Total £77million;
- Work has begun on conversion of 236 nightingale wards for older people – to be completed by April 2004.

4. Using the Money Wisely

Total NHS Expenditure in 2002/03 reached £54.5 billion an increase of £5.1 billion over the previous year. Of the £5.1 billion increase, £4.8 billion was increased revenue expenditure and £0.3 billion increased capital expenditure.

Graph I: A high level breakdown of the additional £5.1 billion NHS expenditure in 2002/03



This extra funding has been used to:

- **improve access and quality of services.** More than £2.2 billion of the increase has been used to employ additional staff, increase prescribing and purchase more goods and services. Approximately £1.3 billion was spent on additional staff and £850 million on increased prescribing;
- **invest for the future.** To achieve world class service standards the NHS needs to invest in people and infrastructure. Investment in training, capital and research increased during the year by almost £1.0 billion (20%). This has helped amongst other things to enable the completion of 7 major hospital schemes and increased nurse training places by 5%, allied health professional training by 25% and medical school intake by over 12%;
- **ensure that pay levels are sufficient to attract and retain staff** needed to continue to provide sustained improvements in NHS performance. Around £1.6 billion has been invested in pay and this is having a direct impact on staff numbers; and on how they work with, for example, different groups of staff taking on new roles;
- **other costs including unavoidable cost increases** such as inflation on goods and services.

Productivity

As set out in Delivering the NHS Plan³, we have developed a better, more rounded measure of NHS efficiency. This new measure of efficiency, which replaces the Cost Weighted Efficiency Index, is an improvement over the old measure as it:

- counts a more detailed range of NHS activity – including for example procedures undertaken in primary care;
- better accounts for changes in case mix;
- is able to handle investment in quality improvements.

The new measure of productivity has been developed with HM Treasury and is currently being appraised by independent academic experts. The measure uses References Costs data and improves on the previous measure by adjusting for casemix and investment in quality improvements. This new measure is an interim stage in developing a measure that covers all NHS outputs.

Taking account of the whole range of activity and investment in quality improvement, we estimate that productivity is increasing at the rate of around 1% year, broadly based on the new measures.

More efficient buildings, greater use of IT and changed working practices delivered through the new staff contracts will support increased productivity in the future.



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