

National Health Service (NHS)

Thanksgiving

Thanks and praise for:

1. Being obedient to the call and seeing 13 Strategic Summits convened to date.
2. Moves to financial accountability measures occurring in organisations across the country. E.g. service restrictions/ cessations, decommissioning, etc.
3. Vanguard models now informing Sustainability and Transformation Partnership (STP) wide collaboration initiatives. E.g. NHS England Medicines optimisation in care homes programme.
4. Answers on behalf of prayers for our friends/supporters/sponsors

FaithAction

Is thanking God that:

- They have successfully recruited some more new staff; and
- Funding has been definitely confirmed for this year after a long wait from both Ministry of Housing, Communities and Local Government (MHCLG), and Department of Health & Social Care (DHSC)

House of Refuge Christian Ministries (HORCM)

Thanking God for:

- safe weekly journeys of ministers between London and Sheffield
- venue for meetings in Sheffield

Delivery of NHS 5 Year Forward View (NHS 5YFV) next steps priorities

The NHS 5YFV provided consensus about why and how the NHS should change, with a greater emphasis on keeping people well and independent for longer, as well as reducing the fragmentation patients often experience by delivering more integrated care and services. It set out a clear vision around closing the gaps around the health and wellbeing of the population and the quality of care provided. The NHS has chosen to use STPs to support the delivery of the transformation required to deliver this vision and make sure that health and social care services in England are developed around the needs of local populations now and for the foreseeable future.

The NHS England report, *Next Steps on the NHS Five Year Forward View*, published in March 2017¹ set out practical steps for ensuring that the NHS is able to adapt and transform to meet its priorities for the future. This includes 'helping frail and older people stay healthy and independent, avoiding hospital stays where possible' and 'better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes'

Pray that:

1. Work with NHS England and national partners to use the period covered by the 5YFV to put in place the necessary steps for the future beyond 2020 will deliver and that funding allocations will remain.
2. The two really positive examples of new models of primary care, Primary and Acute Care Systems, which join up GP provision with hospital, community and mental health services; and Multi-specialty Community Providers, as set out in the *GP Forward View*, where specialist care is being moved out of hospitals into the community will inform proposed GP practice models.

¹ NHS England, Next Steps on the Five Year Forward View, March 2017

Financial sustainability and accountability of the NHS – The NHS at 70

Amongst other things the Lords Select Committee report on Long-Term Sustainability of the NHS and Adult Social Care recommended that a tax-funded, free-at-the-point-of-use NHS should remain in place as the most appropriate model for delivery of sustainable health services both now and in the future.

The DHSC continues to be the responsible department for social care policy nationally, working closely with the MHCLG, which remains responsible for the financial framework for local government. Social care funding will remain with local government, to be used for adult social care.

Pray that:

1. The Government commitment in its response not to revisit this key principle of the NHS constitution will be upheld.
2. The additional funding commitment announced in the Spring 2017 budget to the NHS and adult social care will deliver the required improvements in support of integration
3. The forthcoming debate (Between the 7th and 10th July) at the general synod about the sustainability of the NHS will positively inform the direction of travel

<http://www.bris.ac.uk/news/2018/february/nhs-consultants.html>

Experts at the Universities of Bristol, Seville and Warwick Business School worked together to collect four years of data from 120 hospital trusts in England. Their research is published in the journal Policy & Politics [21 February].

On average, £1.2 million a year is spent on consultants per trust – that's the equivalent of around 20 more managers, 10 consultant doctors or 35 senior nurses.

Despite government pledges to make cuts, annual spending on this advice more than doubled from £313 million in 2010 to £640 million in 2014, and remains consistently high. This is the first time a study has closely examined this data, categorically showing that more spending on management consultants leads overall to a significant rise in inefficiency, ultimately worsening services.

Although a minority of trusts did experience improvements in efficiency, these were the exception rather than the norm.

Pray that:

1. The use of consultants will be reevaluated for efficiency and outcomes

Public and the changing health landscape

Obesity is one of the top public health challenges for this generation. Obese children are much more likely to become obese adults, and younger generations are becoming obese at earlier ages and staying obese for longer. That is why the Government has made reducing childhood obesity one of its key priorities.

2

The *Childhood Obesity: A Plan for Action* published in August 2016, sets out plans to reduce levels of childhood obesity, improve the health and wellbeing of children, and contribute towards reducing future pressures on the NHS.

2

www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf

Key measures include the soft drinks industry levy being implemented from April 2018 and sugar reduction and wider reformulation programme which give companies strong incentives to reduce added sugar and reformulate their products.

From September, a new voluntary healthy rating scheme for primary schools will be introduced to recognise and encourage their contribution to preventing obesity by helping children to eat better and move more. This scheme will be taken into account during Ofsted inspections.

Pray that:

1. The measures which focus on the areas that are likely to have the biggest impact on preventing childhood obesity will deliver the estimated reduction in childhood obesity rates by around a fifth over the next ten years.
2. The food and drinks industry commitment to reducing sugar in their products and almost half all drinks reformulated by the introduction of the levy will result in, children and adults alike consuming less sugar and fewer empty calories.
3. Academies and free schools will sign-up to the School Food Standards in support of actions to continue to improve healthy eating and nutrition standards in schools.
4. The Eatwell Guide³ promoted by Public Health England through its social marketing campaigns such as Change4Life and One You, as well as through the NHS Choices website will reach the required audience.

2018/19 goals - Mental Health, Cancer, urgent & emergency care, maternity, etc⁴

2018/19 deliverables are drawn from 'Next Steps on the NHS Five Year Forward View' published in March 2017.

Mental Health

Implementing the Mental Health Forward View published in July 2016 set out clear deliverables for putting the recommendations of the independent Mental Health Taskforce Report into action by 2020/21. Making **parity** a reality will take time, but this a major step on the journey towards providing equal status for mental and physical health. These ambitions are underpinned by significant additional funding for mental health care, which should not be used to supplant existing spend or balance reductions elsewhere.

Pray that:

1. An additional 49,000 **children and young people will** receive treatment from NHS-commissioned community services
2. Further progress will be made towards delivering the 2020/21 waiting time standards for **children and young people's eating disorder services** of 95% of patient receiving first definitive treatment within 4 weeks for routine cases and within one week for urgent cases.
3. Regional implementation plans will be delivered to ensure that by 2020/21, **inpatient stays for children and young people** will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds.

³ www.gov.uk/government/publications/the-eatwell-guide

⁴ <https://www.england.nhs.uk/wp-content/uploads/2018/02/planning-guidance-18-19.pdf>

4. Increased access to **specialist perinatal mental health services** will continue, ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.
5. Access to **psychology therapies (IAPT)** services will improve, maintaining the increase of 60,000 people accessing treatment achieved in 2017/18 and increase by a further 140,000 delivering a national access rate of 19% for people with common mental health conditions.
6. The 2020/21 ambition of all acute hospitals having **mental health crisis and liaison services** that can meet the specific needs of people of all ages including children and young people and older adults will be met.
7. 53% of patients requiring **early intervention for psychosis** receive NICE concordant care within 2 weeks.
8. Delivery of STP-level plans to reduce all inappropriate adult acute **out of area placements** by 2020/21 will be supported.
9. The **dementia** diagnosis rate of two thirds (66.7%) of prevalence will be maintained and post diagnostic care improved.
10. Annual physical health checks and interventions, will be delivered in line with guidance, to at least 280,000 people with a severe mental health illness.

Cancer

Aims to advance delivery of the National Cancer Strategy to promote better prevention and earlier diagnosis and deliver innovative and timely treatments to improve survival, quality of life and patient experience by 2020/21.

Pray that:

1. All **eight waiting time standards** for cancer are met, including the 62 day referral-to-treatment cancer standard.
2. The implementation of the new **radiotherapy** service specification will be supported, ensuring that the latest technologies, including the new and upgraded machines being funded through the £130 million Radiotherapy Modernisation Fund, are available for all patients across the country.
3. Implementation of the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers, will ensure that patients get timely access to the latest diagnosis and treatment.
4. There will be progress towards the 2020/21 ambition for **62% of cancer patients to be diagnosed at stage 1 or 2**, and reduction in the proportion of cancers diagnosed following an emergency admission.
5. Implementation of the **new cancer waiting times system** will occur in April 2018 and data collection in preparation for the introduction of the new 28 day Faster Diagnosis standard by 2020 will begin.

Primary Care

Aim to stabilise general practice today and support the transformation of primary care tomorrow, by delivering *General Practice Forward View* and *Next Steps on the NHS Five Year Forward View*. This goal includes all CCGs.

Pray that:

1. **Extended access** to GP services will be provided, including at evenings and weekends, for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.
2. Every practice will be encouraged to be part of a local **primary care network**, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000.
3. Investment in upgrading primary care facilities, ensuring completion of the pipeline of **Estates and Technology Transformation schemes** will occur, and that the schemes are delivered within the timescales set out for each project.
4. 75% of 2018/19 **sustainability and resilience funding** allocated is spent by December 2018, with 100% of the allocation spent by March 2019.
5. Where primary care commissioning has been **delegated**, assurance that statutory primary medical services functions are being discharged effectively will be provided.

Urgent and Emergency Care

Aim - redesign and strengthen the urgent and emergency care system to ensure that patients receive the right care in the right place, first time.

<https://www.google.co.uk/amp/s/amp.theguardian.com/society/2018/jun/14/number-kept-waiting-too-long-nhs-treatment-tops-500000>

NHS E referral to treatment (RTT) statistics for April show 500,068 patients waited more than 18 weeks to start planned treatment, the highest figure since August 2008 when 520,000 people were waiting 18 weeks or more for planned treatment.

As only 87.5% of patients were seen within 18 weeks, it means the 92% target has not been met since February 2016.

Again NHS E said 90.4% of patients – a record 1.95 million – were admitted, treated, transferred or discharged within 4 hours in May. The previous highest number of patients seen in 4 hours in one month was 1.91 million in July 2013, which represented 96.7% of all patients at that time.

Pray that:

1. That the NHS will catch up with the planned surgery backlog caused by the winter pressures. Patients will not experience deterioration as a result of the wait.
2. **Aggregate performance against the 4-hour A&E standard** remains at or above 90% in September 2018, that the majority of providers achieve the 95% standard for the month of March 2019. Also Trusts are expected to improve on their performance each quarter compared to their performance in the same quarter the prior year in order to qualify for STF payments.
3. Implementation of the **NHS 111 Online** service will reach 100% of the population by December 2018.
4. Access to enhanced **NHS 111** services will reach 100% of the population, with more than half of callers to NHS 111 receiving clinical input during their call. Every part of the country should be covered by an Integrated Urgent Care Clinical Assessment Service (IUC CAS), bringing together 111 and

- GP out of hours service provision. This will include direct booking from NHS 111 to other urgent care services.
5. By March 2019, CCGs should ensure technology is enabled and then ensure that **direct booking from IUC CAS into local GP systems** is delivered wherever technology allows.
 6. Remaining **Urgent Treatment Centres (UTCs)** will in 2018/19 designate to meet the new standards and operate as part of an integrated approach to urgent and primary care.
 7. Work with local Ambulance Trusts to ensure that the new **ambulance response time standards** that were introduced in 2017/18 are met by September 2018, and that handovers between ambulances and hospital A&Es should not exceed 30 minutes.
 8. A safe **reduction in ambulance conveyance** to emergency departments will be delivered.
 9. progress on **reducing delayed transfers of care (DTOC)** will continue to be made reducing DTOC delayed days to around 4,000 during 2018/19, with the reduction to be split equally between health and social care.
 10. Patient flow inside hospitals will continue to improve through implementing the “Improving Patient Flow” guidance⁵. Focus specifically on **reducing inappropriate length of stay for admissions**, including specific attention on ‘stranded’ and ‘super stranded’ patients who have been in hospital for over 7 days and over 21 days respectively.
 11. Work towards the 2020/21 deliverable of all acute hospitals having **mental health crisis and liaison services** that can meet the specific needs of people of all ages including children and young people and older adults will continue; and deliver **Core 24 mental health liaison standards for adults** in 50% of acute hospitals, subject to hospitals being able to successfully recruit.
 12. That fewer than 15% of NHS **continuing healthcare full assessments** take place in an acute setting.
 13. **Implementation of the Emergency Care Data Set** in all A&Es will continue to progress (Type 1 and Type 2 by June 2018; and Type 3 by the end of 2018/19).
 14. The number of patients who have consented to share their additional information through the **extended summary care record** will increase to 15% and improve the functionality of e-SCR by December 2018.
 15. A **proprietary appointment booking system** at particular GP practices will be implemented, 50% of integrated urgent care services and 50% of UTCs by May 2018, supported by improved technology and clear appointment booking standards issued by December 2018.
 16. Rollout the **7-day services four priority clinical standards to five specialist services** (major trauma, heart attack, paediatric intensive care, vascular and stroke) and the **7-day services four priority clinical standards in hospitals** to 50% of the population will continue.

Transforming Care for People with Learning Disabilities

The goal is to transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals. This applies to all Transforming Care Partnerships (TCPs), CCGs and STPs.

Pray that they:

1. Continue to **reduce inappropriate hospitalisation** of people with a learning disability, autism or both, so that the number in hospital reduces at a national aggregate level by 35% to 50% from March 2015 by March 2019. As part of achieving that reduction CCGs and TCPs are expected to place a particular emphasis on making a substantial reduction in the number of long-stays (5 year+ inpatients).
2. Continue to improve access to healthcare for people with a learning disability, so that the number of people receiving an **annual health check** from their GP is 64% higher than in 2016/17. CCGs

⁵ <https://improvement.nhs.uk/resources/good-practice-guide-focus-on-improving-patient-flow/>

should achieve this by both increasing the number of people with a learning disability recorded on the GP Learning Disability Register, and by improving the proportion of people on that register receiving a health check.

3. Make further investment in **community teams** to avoid hospitalisation, including through use of the £10 million transformation fund.
4. Ensure more **children with a learning disability**, autism or both get a community Care, Education and Treatment Review (CETR) to consider other options before they are admitted to hospital, such that 75% of under 18s admitted to hospital have either had a pre-admission CETR or a CETR immediately post admission.
5. Continue the work on tackling **premature mortality** by supporting the review of deaths of patients with learning disabilities, as outlined in the National Quality Board 2017 guidance.

Maternity

Aim - continue to make maternity services in England safer and more personal through the implementation of the *Better Births*.

Pray that:

1. Improvements in **safety** towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025 will be delivered, including full implementation of the Saving Babies Lives Care Bundle by March 2019.
2. The number of women receiving **continuity** of the person caring for them during pregnancy, birth and postnatally will increase, so that by March 2019, 20% of women booking receive continuity.
3. Access to **specialist perinatal mental health services** will continue to increase ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.
4. By June 2018, trajectories to improve the **safety, choice and personalisation** of maternity will be agreed.

N.B. This is not a comprehensive list of 'Next Steps' deliverables for 2018/19, simply an 'aide memoire' covering these service improvement areas. CCGs and STPs should also continue to work to reduce inequalities in access to services and in people's experiences of care.

Impact of changes on NHS Personnel and service delivery

Pray that:

1. Staff morale will be maintained as system-wide (STP) processes are implemented.
2. In line with the publication of *Stepping Forward to 2020/21*⁶ in July 2017 a roadmap to increase the mental health workforce, 2018/19 deliverables will be possible.
3. All partners will deliver their contribution to the **mental health workforce** expansion as set out in the Health Education England workforce plan, supported by STP-level plans. At national level, this should also specifically include an increase of 1,500 mental health therapists in primary care in 2018/19 and an expansion in the capacity and capability of the children and young people's workforce building towards 1,700 new staff and 3,400 existing staff trained to deliver evidence based interventions by 2020/21.
4. CCGs will work with their local NHS England teams to agree their individual contribution and wider workforce planning targets for 2018/19, delivering their contribution to the **workforce commitment** to have an extra 5,000 doctors and 5,000 other staff working in primary care.

⁶ Stepping Forward to 2020/21: Mental Health Workforce Plan for England (Health Education England).

5. With support from NHS England Regional Independent Care Sector Programme Management Offices, lead CCGs will commission, **medicines optimisation** for care home residents with the deployment of 180 pharmacists and 60 pharmacy technician posts funded by the Pharmacy Integration Fund for two years.

Supporters and Sponsors:

FaithAction

Pray for:

1. Strategic direction for the coming months and years. We are currently looking ahead for the next two years, so want to hear from God where He would have us focus – and we are asking for him to provide the resources to do it! We want to be meeting the right people (especially Government officials) and asking the right questions.
2. Use of current opportunities -we recognise that as a nation we have limited leadership from our political parties at the moment. FaithAction is in a position where we have the potential to have some influence (for example Daniel is having meetings with Christian MPs), so again we want to hear from God where our focus should be.

House Of Refuge Christian Ministries (HORCM)

Pray for:

1. Property in London and Sheffield
2. Divine strategy to engage with the community
3. Recruitment of Trustee(s)

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