



Department
of Health &
Social Care

*From Caroline Dinenage MP
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Jon Ashworth MP
House of Commons
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7th March 2019

Dear Jon,

RE: General Debate on the NHS 10-Year Plan

During the Government debate on 19 February on the NHS Long Term Plan, there were a number of points that you and other Members raised and which I was unable to address in the time available. I undertook to write further in response to these.

Core performance standards

Several Members raised the issue of performance standards. The increasing levels of demand placed upon the NHS represent a huge challenge. That is why this Government has provided the additional funding required to get the NHS back on the path to delivering core performance standards, improving access to treatment, and drive the reforms that deliver a better and more sustainable NHS with improved care for patients.

We have always been clear that through the Long Term Plan, the NHS must get back on the path to recovering performance. The Plan sets out proposals for updating urgent and emergency care, including the expansion of the 'same day emergency care' model, which will aim to increase the number of people who will be discharged on the day of attendance from a fifth to a third. It also includes expectations to reduce long waits for planned operations. Over the next five years the NHS will grow the amount of planned surgery year on year to cut long waits and reduce the waiting list. Redesign of outpatient services will reduce the need for unnecessary face to face appointments in hospitals, saving patients time and freeing up medical and nursing time.

We are investing at least £4.5 billion more, per year, in real terms by 2023/24 in primary and community services. Improved services in primary and community settings will ensure that people are treated in the most appropriate setting to avoid unnecessary visits to hospital and support quicker discharge too. This investment in out of hospital care will also support the most effective use of resources in hospitals.

We have asked the NHS to consider the appropriateness of operational standards through the Clinical Review of Standards, to ensure that the NHS is focused on delivering the best clinical outcomes for patients. The review is focusing on recommending waiting time targets that are backed by evidence and the wider clinical community. Any new standards that the review recommend will be clinically led, patient focused, and reflect the improved ways in which the NHS

now treats patients. Until any alternatives are agreed, tested and implemented, we are clear that existing core access standards will remain in place.

Mental health access

The Long Term Plan commits to a comprehensive expansion of mental health services, with an additional £2.3bn in real terms being invested in mental health by 2023/24. This will give 380,000 more adults with common mental illness and almost 350,000 more children greater support in the next five years. Children and young people aged 0-25 will receive mental health support in the community and in schools and colleges, with access to round-the-clock mental health crisis care through NHS 111. There will be new support in the community for adults with severe mental illness including talking therapies, better physical health care and employment support.

We will act to reduce waiting times for access to mental health care. In addition to piloting four-week waits for children and young people, we will also test four-week waiting times for adult and older adult community mental health teams and clear standards will then be set. Specific waiting times targets for emergency mental health services will take effect for the first time from 2020, and will be set to align with the equivalent targets for emergency physical health services.

Privatisation

Several Members raised their concerns regarding privatisation in the NHS. Let me take this opportunity to be very clear – this Government is fully committed to the NHS as a public service free at the point of need – whether care is provided by NHS organisations, as the vast majority is, or by the private, voluntary or social enterprise sectors.

Commissioners of NHS healthcare services must ensure that the NHS provides the highest quality of services possible, on a financially and operationally sustainable footing. For that reason, it neither bans nor promotes the use of the private sector – the key is whether outcomes improve. The NHS has, under successive Governments, commissioned care from the private sector. This can help the NHS be more responsive to patients' needs and, in particular, can help to deliver the commitments set out in the NHS Constitution.

Prevention & Health Inequalities

Dr Philippa Whitford MP raised the issue of prevention and funding of public health more broadly. This Government recognises the important role played by local authorities in supporting people to live longer, happier lives and managing demand for health services. We have a clear commitment to ensuring that public health services continue to do this. We are giving local government over £16 billion for public health services over the current spending review period. The budgets for Public Health England and the local authority public health grant will be finalised at the Spending Review.

The Prevention of ill-health is one of the principles at the heart of the plan and the NHS will invest more in prevention and stopping health problems getting worse. This includes offering tobacco treatment services to all inpatients and pregnant women who smoke, establishing new Alcohol Care Teams in hospitals with the most alcohol-related admissions, and offering preventative treatments to more people with high blood pressure and other risk factors for heart disease.

Regarding health inequalities, Clinical Commissioning Groups (CCGs) already have duties to cooperate, commission 'efficient and effective' care, and reduce inequalities. All local health systems will be expected to set out in 2019 how they will reduce health inequalities by 2023/24 and 2028/29. The Plan also includes specific measures which will help parts of the population with the worst health inequalities.

Workforce

Several Members pointed out how vital the NHS workforce will be to delivering the vision set out in Long Term Plan. This is of course something we agree with wholeheartedly. The NHS would be nothing without a high-quality, dedicated workforce. It is vitally important that we not only continue to attract the most caring, brightest and best to take up a career in the NHS, but – given that over half of the staff we have now will be with us long beyond 2030 – that we retain far more of the staff we have now. This can only be achieved through investment in the existing workforce and ensuring the NHS is a great place to work.

As I mentioned in the debate, the Secretary of State has commissioned Baroness Harding, working closely with Sir David Behan, to lead a number of programmes to develop a detailed workforce implementation plan. The first stage of that will be published in the spring, and the rest will come forward in the autumn. It commits to ensuring our people receive the development and career progression that they need, clamping down on bullying and violence, and a comprehensive wellbeing offer to support their own resilience and mental health.

Palliative care

Bambos Charalambous MP raised the matter of palliative care. With patients, families, local authorities and our voluntary sector partners at both a national and local level, including specialist hospices, the NHS will personalise care, to improve end of life care. By rolling out training to help staff identify and support relevant patients, the NHS will introduce proactive and personalised care planning for everyone identified as being in their last year of life.

A consequence of better quality care will be a reduction in avoidable emergency admissions and more people being able to die in a place they have chosen.

Ministers' duties and accountability

Lastly, several Members raised the issue of health services changing in their constituency.

Whilst I fully appreciate the concerns of Members, patients and citizens, I believe that it would not be right for Ministers to intervene in what is a local decision. Clinicians, not politicians, are best placed to make decisions about patient care. Indeed clinicians, both in their day jobs and when advising NHS England, have to make difficult decisions every day, based on evidence and their clinical expertise.

It goes without saying that we take a very close interest in NHS England's discharge of its duties; we hold regular formal accountability meetings to monitor progress and performance, and it is our job, as Ministers, to hold the NHS to account.

We will continue to take a close interest in NHS England's work in this area, and seek assurance that the decision-making process is fair and robust.

I want to thank Members again for an engaging debate on the NHS Long Term Plan. I am sure they will agree that the Long Term Plan is a historic moment for patients across the nation. The single biggest cash increase made in the organisation's history means that the NHS now has unprecedented certainty to plan for the next decade, ensuring that patients will be supported with world-class care at every stage of their life.

I am copying this letter to the Deputy Speaker and those Members that spoke in the debate. A copy has also been placed in the Library.



CAROLINE DINENAGE

Copied to:

Madam Deputy Speaker (Dame Rosie Winterton)
The Minister for Health (Stephen Hammond)
Jonathan Ashworth (Leicester South) (Lab/Co-op)
John Redwood (Wokingham) (Con)
Louise Haigh (Sheffield, Heeley) (Lab)
Dr Dan Poulter (Central Suffolk and North Ipswich) (Con)
Sir Paul Beresford (Mole Valley) (Con)
Layla Moran (Oxford West and Abingdon) (LD)
Vicky Ford (Chelmsford) (Con)
Mr Philip Dunne (Ludlow) (Con)
Grahame Morris (Easington) (Lab)
Gloria De Piero (Ashfield) (Lab)
Darren Jones (Bristol North West) (Lab)
Matt Rodda (Reading East) (Lab)
Paul Scully (Sutton and Cheam) (Con)

Lucy Allan (Telford) (Con)

Dr Philippa Whitford (Central Ayrshire) (SNP)

Priti Patel (Witham) (Con)

Mike Hill (Hartlepool) (Lab)

Henry Smith (Crawley) (Con)

Nigel Huddleston (Mid Worcestershire) (Con)

Bambos Charalambous (Enfield, Southgate) (Lab)

Will Quince (Colchester) (Con)

Dr David Drew (Stroud) (Lab/Co-op)

Justin Madders (Ellesmere Port and Neston) (Lab)

Matt Western (Warwick and Leamington) (Lab)

Anneliese Dodds (Oxford East) (Lab/Co-op)