

APPENDIX 1

Phase 3 Letter – Summary of Priorities and Actions
A: Accelerating the return of non-Covid health services
A1 - Restoring full operation of cancer services
- Ensuring sufficient diagnostic capacity
- Increasing endoscopy capacity to normal levels
- Expanding the capacity of surgical hubs to meet demand
- Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment
- Fully restarting all cancer screening programmes
A2 - Recover the maximum elective activity possible between now and winter
- In September at least 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October (while aiming for 70% in August)
- Systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October
- 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).
- Elective waiting lists and performance should be managed at system as well as trust level
A3 - Restore service delivery in primary care and community services
- GPs, primary care networks and community health services should build on the enhanced support they are providing to care homes
- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time
- From 1 September 2020, hospitals and community health and social care partners should fully embed the discharge to assess processes
- The Government has further decided that CCGs must resume NHS Continuing Healthcare assessments from 1 September 2020 and work with local authorities using the trusted assessor model
A4 - Expand and improve mental health services and services for people with learning disability and/or autism
- Every CCG must continue to increase investment in mental health services in line with the Mental Health Investment Standard
- Systems to validate their existing LTP mental health service expansion trajectories for 2020/21
- Actions in respect of support for people with a learning disability, autism or both
B: Preparation for winter alongside possible Covid resurgence.

B1 - The Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine Covid testing of all asymptomatic staff across the NHS

B2 - Prepare for winter by sustaining current NHS staffing, beds and capacity, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021

B2 - Prepare for winter by expanding the 111 First offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly

B2 - Prepare for winter by system maximisation of use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments

C: Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

C1 - Workforce planning and transformation that needs to be undertaken by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally

C1 - All systems should develop a local People Plan in response to these actions [set out in the Phase 3 letter]

C2 - Work collaboratively with your local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, and regularly assess this progress

C2 - Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October

C2 - Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes

C2 - Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation

C2 - Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities.

Financial arrangements and system working

Move towards a revised financial framework for the latter part of 2020/21 (*in which there will be no retrospective payment mechanism*)

Organisations within the system are required to come together to serve communities through a Partnership Board

Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system.

Plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health

Summary plans by 1 September / final plans by 21 September

