



*Department of Health*

Chief Executive's report to the NHS  
April 2001 – March 2002

April 2002

# Chief Executive's Report to the NHS

## April 2001 – March 2002

Dear colleague

I wanted to report back to you at the end of a year in which people throughout the NHS have worked extremely hard - and very successfully - to maintain and, wherever possible, improve services.

I wanted to report to you as soon as we had some information so that you could see how the year has gone overall. I know we often ask you for information and I want to make sure you know what it all adds up to for the country as a whole. This report uses unaudited management information. Experience shows this is generally very accurate and shows trends. I aim to publish a fuller report later in the year.

The report shows a great deal of progress.

I know that this has not been straightforward in many places. I know too that we have a long way to go to provide the sort of service we all want to see all the time and in all areas. I recognise too that organisational change has been disruptive. This makes what has been achieved all the more impressive:

- falls in waiting times for hospitals, ambulances and in many primary care practices
- increases in activity, supported by expansion in staffing and facilities
- and improvements, led by staff locally, in the way services are organised and delivered

It is very encouraging to see that there are improving trends in so many areas: these are not isolated examples. Equally important are the things which this report can't describe: the very many local improvements made by individuals and groups of staff. Many of these are based on good and improving partnerships within the NHS and with local authorities and others. The excellent achievement in beginning to reduce delayed discharges in the last few months is a good example of NHS and social services partnership.

These achievements show that the NHS is changing and can deliver improvements for the people we serve.

At the same time I am publishing a report on emergency care with particular reference to last winter. Later this week we will be publishing the Modernisation Agency's report which gives examples of innovation in improving services.

I have asked your Chief Executive locally to give you similar information for your own area. We must think about what has happened this year and learn the lessons for next.

### Making progress step by step

I don't underestimate the problems. In the last year I have visited more than 100 NHS premises and met 1000s of staff. They have told me how it is, the good and the bad. They have shown me the services they are proud of – and there are some in every part of the NHS – and told me of the problems.

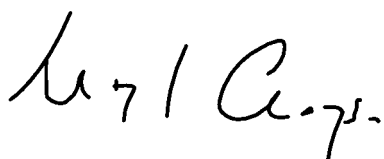
I also know that as we make progress in one area it allows us to move on to tackle another:

- waiting times are reducing and we can now tackle cancelled operations
- we must shorten the time from first hospital attendance to treatment for cancer patients as well as provide very fast outpatient consultations
- improved recruitment for nurses and doctors means that recruiting more diagnostic staff is that much more important

We are tackling these problems step by step. A lot has been done in the last year. If we can make as much progress year on year we can transform the NHS.

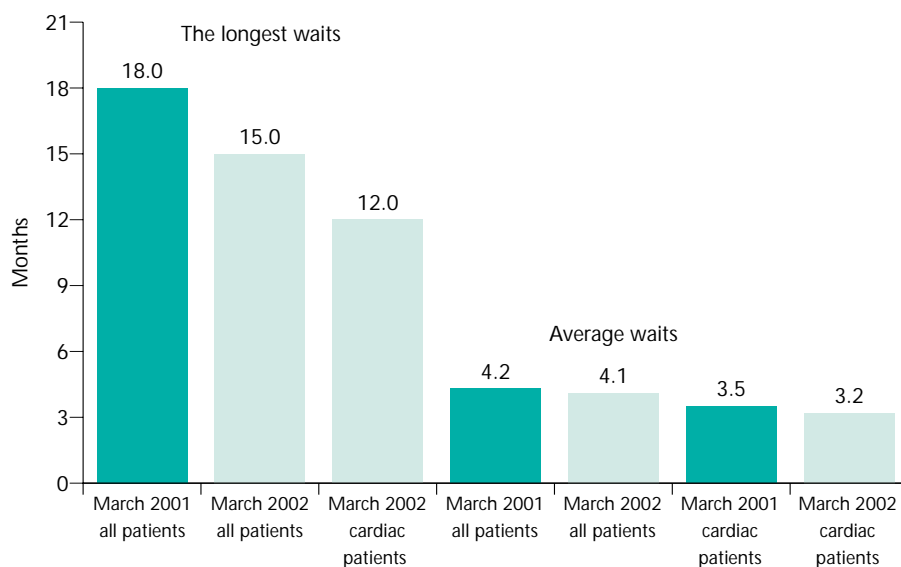
The NHS today is growing fast. New resources are helping to expand services. A great deal has been achieved through the efforts of very many people whether directly providing health services or supporting those who do. A great deal is also owed to our partners in social care and the voluntary and private sectors. We should all celebrate these successes. Congratulations on your efforts.

May I also thank you for the enormously hard work, commitment and determination which have gone into these achievements.

A handwritten signature in black ink, appearing to read 'Nigel Crisp'.

**Nigel Crisp**  
**NHS Chief Executive**  
**10 April 2002**

**There have been improvements in waiting times for admission to hospital – for the longest waiters and for the average – with patients with more serious conditions seen earlier**



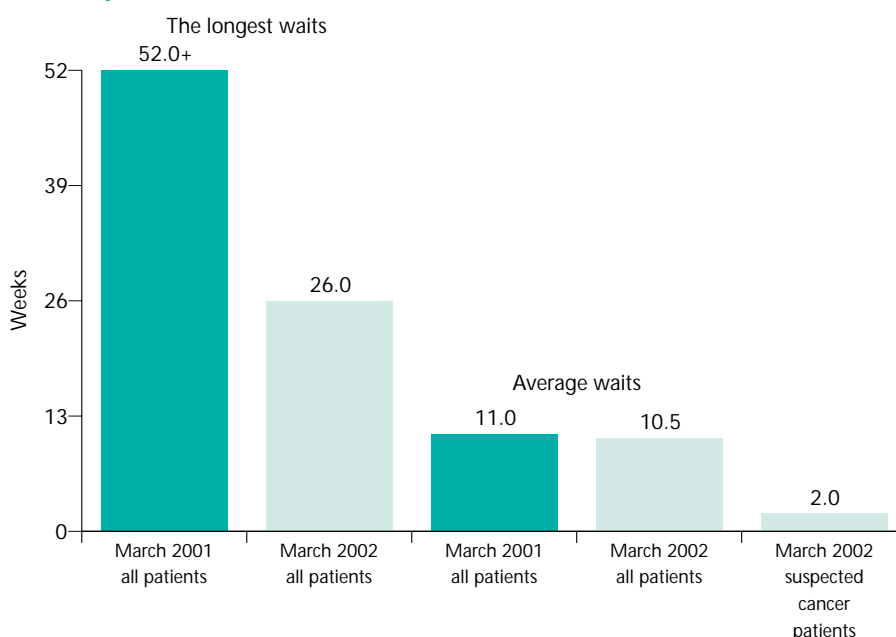
An estimated 5.33m elective patients were admitted in the year which ended on 31 March 2002, approximately 25,000 each working day. This was 50,000 more than the previous year.

At 31 March 2001 10,400 patients had been waiting more than 15 months for admission and about 80,000 patients waited more than 15 months during the year.

At 31 March 2002 preliminary figures show that two patients have been waiting more than 15 months. Both will be admitted as soon as possible. In both cases there have been special circumstances. Similarly, 20 cardiac patients who have waited 12 months declined earlier dates at other hospitals and will be admitted shortly.

Our aim is to ensure that nobody else waits more than 15 months this year and to get the maximum wait down to 12 months by the year end. We are on target to deliver the NHS commitment to a maximum 6 month wait by 2005.

**There have been improvements in waiting for outpatient consultations – for the longest waiters and for the average – with patients with more serious conditions seen earlier**

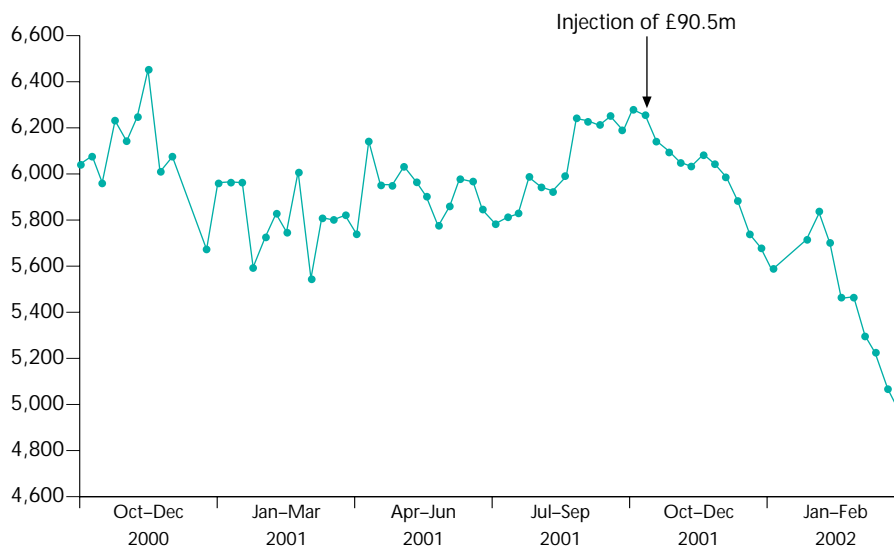


An estimated 11.38m were seen in outpatients in the year which ended on 31 March 2002, approximately 55,000 each working day. This was 150,000 more than the previous year.

At 31 March 2001 81,800 patients had been waiting more than 6 months to be seen, some of them more than a year. In total about 400,000 people waited more than 6 months during the year.

At 31 March 2002 preliminary figures show that around 500 patients have been waiting more than 6 months who, in the majority of cases, had been offered earlier dates but had either declined them or been unable to attend. All will be seen shortly. Our aim is to make sure nobody waits more than 26 weeks this year and to get the maximum wait down to 21 weeks by the year end. We are on target to deliver the NHS Plan commitment to a maximum 3 month wait by 2005.

### The number of patients delayed in hospitals has fallen sharply since extra funding was made available



This shows the number of people whose discharge from an “acute” hospital bed was delayed whilst awaiting more appropriate care elsewhere. Christmas is ignored in the figures.

On 9 October 2001 an additional £300m over 2001/2 and 2002/3 was announced for councils with Social Services responsibilities to enable them to reduce the numbers of people awaiting a transfer of care. In 2001/2 individual councils received £90.5m to reduce the number nationally by 1000 by 31 March. Working with the NHS and the private and voluntary sectors they exceeded this target with a reduction of 1700 to 4500 by 24 March compared to a baseline of 2 September 2001.

### It's not just about extra funding. Reforming the way services are organised and delivered has reduced waiting and improved services

Change is under way across the NHS. Our information shows that organisations that have been modernising services – changing the way they are organised and delivered - have made faster progress.

#### For primary care

- at least 60% of patients can now see a GP within 48 hours
- in 99% of practices which have been part of the Modernisation Agency's Primary Care Collaborative a GP can be seen within 48 hours
- 7 million patients can now access out-of-hours care through NHS Direct and this will shortly rise to 10 million, compared to 3 million in April 2001.

### For the total time spent in A&E

- 75% of patients are seen, discharged or admitted within 4 hours
- in more than 20% of Trusts this figure is 90%

### For ambulances

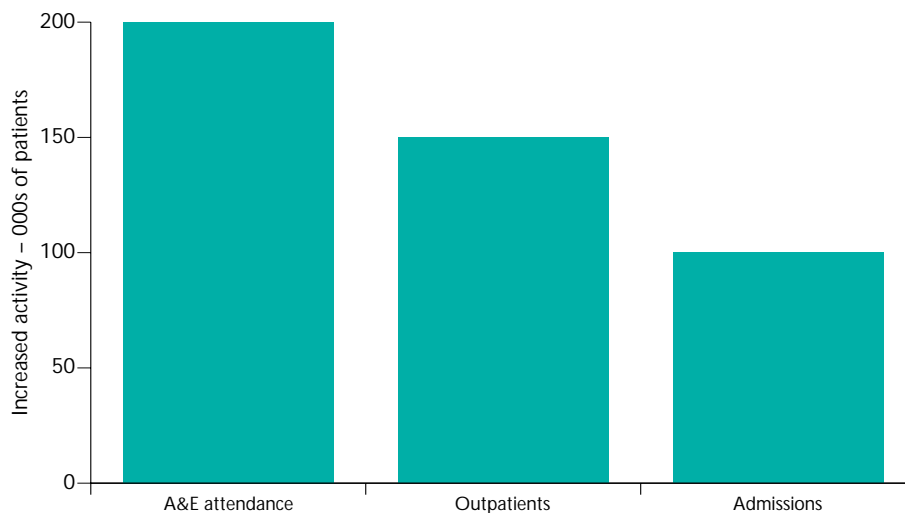
- in March 2001 12 out of 32 services hit the target of responding to 75% of the most urgent (Category A) calls in 8 minutes
- provisional management information for February and March 2002 shows that, in March 2002, 28 out of 32 are doing so. By December all should be doing so.

### For dentistry

- the Prime Minister's pledge – that anyone waiting to see an NHS dentist will be able to do so by phoning NHS Direct – has been met. At the end of December 2001, 99% of callers to NHS Direct could access details of local NHS dentistry services within locally agreed distance standards
- NHS Direct is now able to provide details of local arrangements for emergency and out of hours treatment.

### More people have been treated in hospitals – with the biggest increase for the most serious conditions

The NHS has been busier – more so than in the previous year. As well as seeing people more quickly, more people have been treated in the NHS.



During the year about 11 million people attended A & E, more than 11 million had outpatient consultations and 9 million were admitted to hospital (3.5 million of them as emergencies).

There was little increase in the first half of the year with growth starting in the second half as new capacity was used in the NHS and private sector and staff worked hard to achieve end of year waiting targets.

There were particularly large increases in:

- cardiac revascularisations, up by at least 7% - almost 20% over the last two years
- urgent cancer referrals, up 19% in the first 9 months at the same time as the number seen in two weeks increased from 92% to 95%
- breast screening, up 85,000 as extension of routine screening to 65-70 year olds began.

## More people seen in the community – leading to reduced admissions and re-admissions, a wider range of services and quality improvements

There is evidence – although no comprehensive assessment is yet available - that the NHS, often working in partnership with local councils, is providing more people with care closer to home – in primary care and in community settings.

**Prescribing** – greater prescribing of drugs with community prescribing costs up 11%, hospitals 12% and 25 million more prescription items dispensed during the period April to December 2001, compared to the same period in 2000. The number of prescriptions for Statins, a key drug in fighting heart disease was up 781,000 during the period July to September 2001 compared to the same period in 2000: an increase of 32%.

**For older people** – We are well on track to meet the 2003/04 NHS Plan targets for intermediate care services, with 2,400 more intermediate care beds, and more intermediate care services and places.

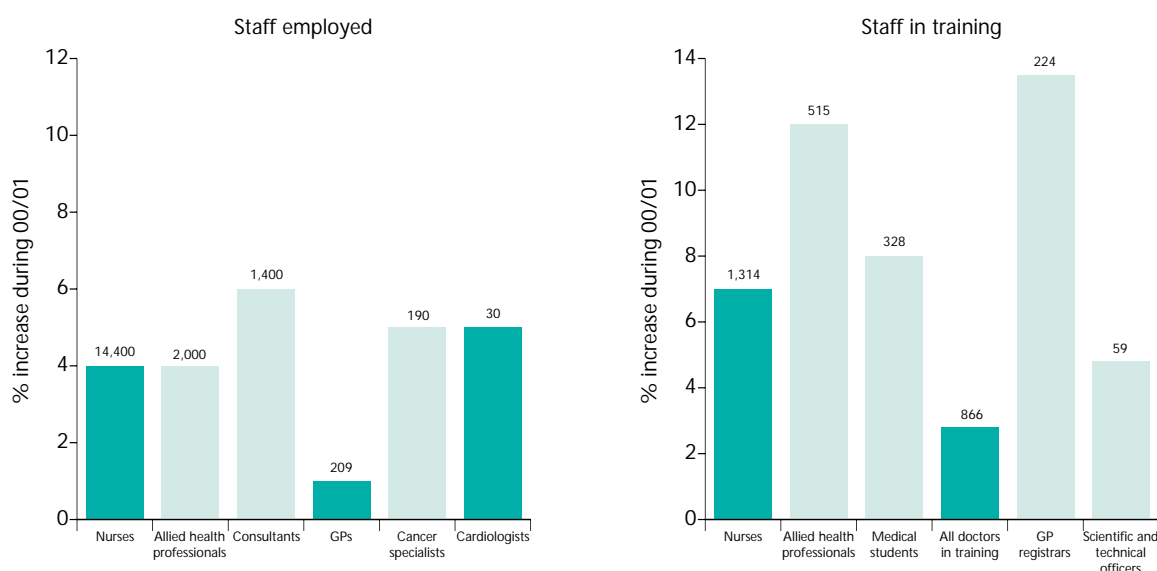
**For mental health** – Most of the new funds to modernise mental health services come on stream in 2002/03 but there is already ample evidence that local services are rising to the challenge of modernisation. Existing money has been used to develop new services with an increase in patient contact with Assertive Outreach Teams, Crisis Resolution Teams and Early Intervention Teams over the last year.

National Service Framework Local Implementation Teams report that by April 2002 at least:

- 89% of them have an Assertive Outreach Team with full population coverage by December 2003 compared to 61% in 2001
- 50% have a Crisis Resolution Team in development compared to 28% in 2001
- 34% have Early Intervention Teams in development compared to 11% in 2001

**For support for self care** – Overall more than 3 million more people have sought clinical advice or health information through NHS Direct and NHS Direct on-line in 2001/2 than did in 2000/1. 68% of over 65's had 'flu injections (up from 61% in the last year) and the target of 50,000 people quitting smoking was exceeded by 3500 as at end of September 2001.

## More staff are employed and are being trained



Enormous efforts are going into innovative schemes to:

- attract more staff with 10,000 nurses returning to nursing in the last 3 years and increasing numbers of staff recruited from abroad.
- retain staff with, for example, 50 new workplace nurseries, the extension of cost of living supplements and housing schemes targeted on the tightest labour markets in London and the South.
- provide more opportunities and extend skills as with nurse prescribing.

## More capacity is being created – in facilities and equipment – and improvements made in the environment

In hospitals –

- with 29 major hospital schemes completed, underway or approved during the year
- 1,200 more acute beds reported in the winter beds census, continuing the turnaround of a 30 year trend of decline and
- critical care beds increased by 145 to 3030 following an increase of 520 in the previous year.

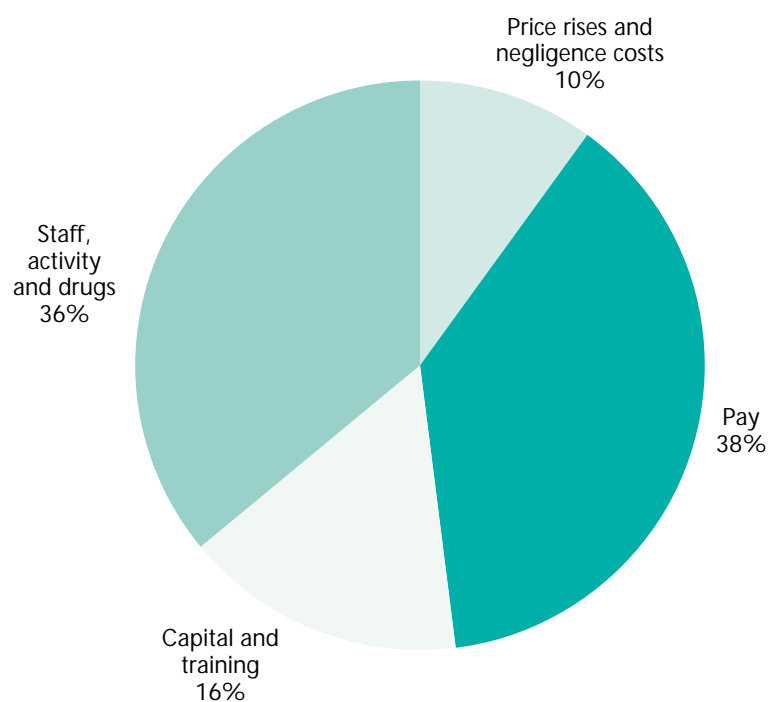
In clinical priority areas –

- there have been 39 more linear accelerators (12 new, 27 replacement), 77 more CT scanners (4 new, 73 replacement) and 19 MRI scanners (13 new, 6 replacement) since April 2001. This means that 28% linear accelerators, 41% CT scanners, and 26% MRI scanners are new since January 2000.
- 165 rapid access chest pain clinics opened in the last two years
- £59 million investment in security and modernisation in mental health, improving high secure hospitals and refurbishing psychiatric wards
- £40 million in eliminating Nightingale wards for older people services, seeing 161 schemes starting with some already finished this year, bringing improvements to 16,000 beds

In primary care – 696 GP premises are expected to be refurbished or replaced and 102 one-stop primary care centres developed in the year ending 31 March 2002.

## The additional resources have been used for sustaining and growing the NHS

### The use made of the extra £5 billion



Note: Based on unaudited management information. £5 billion includes both additional allocation of resources for 2001–02 and use of previous year's underspend

Latest forecasts indicate that the NHS will spend in the area of £49 billion in 2001/02 compared to £44 billion the previous year. The above chart shows our latest estimate of how this has been spent:

£1.9 billion on pay:	with pay awards averaging 3.9%, increases in pensions adding 2%, the new contract for junior doctors and cost of living supplements. Investment in pay is, of course, vital both to recruit and retain staff
£1.8 billion on staff, drugs and activity:	paying £550 million for extra staff, £1000 million for extra prescribing and purchasing extra activity and new services across the NHS
£800 million on capital, IM&T and training:	new facilities, new equipment and investing for our future

### **The lessons for next year**

This has been a year of considerable achievement.

Part of this has been due to sheer hard work. We have seen once again a big increase in activity and pressure towards the year end as we aim to meet targets.

But part of this has also been due to:

- careful planning, as in the ambulance services example
- concentrating on priorities, for example, in cancer and cardiac services
- learning new ways of working as, for example, in the primary care collaborative
- a determined effort to bring new capacity on line and to recruit and retain staff
- good partnership and all kinds of local initiative and innovation as, for example, the excellent work between social services and the NHS in tackling delayed discharges

In planning for next year we must:

- expand capacity as fast as we can: looking at all the options for increasing staffing and facilities in the NHS, the private sector, in this country and abroad
- make sure we continue to plan better, reduce the amount of “fire fighting” and pace change
- change the way we deliver services – get smarter – working across the whole system of primary, community, acute and social care

We must not underestimate the difficulties or the strain on staff. But we should not underestimate the successes. They should give us confidence and momentum.

We have achieved a great deal in a year. If we do the same year on year we can transform the NHS. I believe we will.

## Definitions used in this report

Data	Description
A&E attendances	No of A&E first attendances
Access to NHS Direct	No of calls to NHS Direct
Acute beds	No of acute beds available as at Nov 30 2001
Admissions to hospital	Total elective and non-elective First Finished Consultant Episodes (FFCEs) in General and Acute specialties
Ambulance response	Number of Ambulance Trusts responding to 75% of Category A calls within 8 minutes
Cardiac revascularisations	No of episodes for Coronary Artery Bypass Grafts (CABG) or Percutaneous Transluminal Coronary Angioplasty (PTCA)
Critical Care beds	No of critical care beds available on January 15 2002
Elective patients	No of elective First Finished Consultant Episodes (FFCEs) in General and Acute specialties
Flu injections	Percentage of over 65s given the influenza vaccine
Intermediate care beds	No of intermediate care beds over the baseline position (1999/00)
Patients delayed in hospital	No of patients occupying an acute hospital bed whose discharge was delayed for non-medical reasons
Patients waiting for admission	No of patients waiting at end of period
Patients waiting for outpatient appointment	No of patients waiting at end of period
Patients waiting to see a GP	% of practices where the next available routine appointment is within 2 working days
Smoking – numbers quitting	Total number of smokers who set a quit date with NHS smoking cessation services and who had successfully quit at the 4 week follow-up (based on self-reporting)
Total time in A&E	% of patients spending 4 hours or less in A&E from arrival to transfer, discharge or admission
Urgent Cancer Referrals	No of urgent GP referrals and the number seen in outpatients within 14 days of decision to refer





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