Royal College of Surgeons' response to the Government's mandate to NHS England for 2016-17

Introduction

The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance surgical standards and improve patient care. This response also incorporates the views of the Faculty of Dental Surgery, a leading professional body representing over 5,500 dental surgeons in the UK.

Our main recommendations

- We support the Government's renewed commitment to the NHS Five Year Forward View. To realise this, the Government must frontload the £8bn it has committed to the NHS this Parliament in the next two years. The forthcoming Comprehensive Spending Review provides the Government with the opportunity to signal that the next five years are about transforming services and improving the NHS, and not just continuing the struggle to maintain existing patterns and standards of care.
- Improving the delivery and quality of emergency care should be made an explicit priority for NHS England. This should also include an objective to hasten the review of the tariff for urgent and emergency care.
- As part of efforts to prevent ill-health, the Government should ask NHS England to support a children's oral health strategy.
- In the current financial environment, the mandate needs to send a clear message that reducing or rationing access to clinically necessary treatment and care is unacceptable. Commissioners should also be asked to review the availability of services for older people.
- We support an objective to improve the availability of services seven-days a week. However, the focus for hospital-based care should be on urgent and emergency treatment.
- Following the *Accelerated Access Review*, the Government should ask NHS England to work in partnership with NICE and other stakeholders to develop a horizon-scanning process for new drugs, devices, and procedures.
- Further clarity is required on the Government's plans to measure comparative quality of some services (such as cancer and dementia care) for local CCG populations.

Do you agree with our aims for the mandate to NHS England?

The coalition Government's approach to the mandate was to set the high-level objectives and avoid too much detail. We welcome the new Government's intention to maintain this approach; too many objectives risk micro-managing the NHS from Whitehall and focusing staff on short-term initiatives. The RCS believes the Mandate's emphasis should be on setting the priorities, expected outcomes, and strategic vision for the NHS.

We also support plans to set a mandate with long-term duration. Detailing clinical commissioning group (CCG) allocations for three or more years will help the NHS with longer-term planning.

What views do you have on our priorities for the health and care system? What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?

Improving emergency care must be a top priority

While the priorities outlined in the Mandate look broadly right, we strongly believe that improvements to emergency care must be a separate top priority for NHS England and the wider NHS. It is disappointing that emergency care is not mentioned once in the consultation document, and it is important that the current focus goes beyond short-term performance issues such as meeting A&E waiting times.

Improvements to emergency care have been neglected in recent years with many initiatives focusing on elective care. NHS England's review of urgent and emergency care has therefore brought much needed attention to the area. Improving emergency surgery is a high priority for the Royal College of Surgeons. Of the few audits that exist for emergency surgery, the findings suggest there is wide variation in mortality rates. For example, the UK Emergency Laparotomy Network found that mortality following emergency laparotomies varied from 3.6% to 41.7% across 35 hospitals.[1] The College is currently undertaking work to better understand the reasons for this variation and identify practical ways front-line surgeons and others can improve emergency general surgery, including supporting work already being undertaken across the country.

Ministers will also be well aware of the pressures facing A&E departments which have experienced a 3% average annual increase in attendances.[2] For surgery, the rising number of hospital admissions, combined with insufficient bed capacity and insufficient access to operating theatres means that patients requiring emergency surgical care are forced to wait longer to be treated.

As part of this additional priority, NHS England and NHS Improvement (formerly Monitor/NHS TDA) should be given an objective to hasten their review of the tariff for urgent and emergency care. This has happened far too slowly and, as many organisations have articulated, hospitals are still not properly reimbursed for the cost of providing emergency care. Improvements to emergency care will be stalled while there is no clear funding arrangement for emergency care.

Prevention and oral health

We wholeheartedly agree that preventing ill health should be a priority for NHS England. Alongside the Government's planned requirement for NHS England to improve the delivery of interventions aimed at tackling obesity and diabetes, the body should be required to adopt a strategy to improve children's oral health.

Oral health has improved significantly since the 1970s due to greater awareness of its importance and the widespread availability of fluoride. However approximately one-third of five-year-old children in England are still suffering from tooth decay and it is the number one reason why five- to nine-year-olds are admitted to hospital, in some cases for multiple tooth extractions under general anaesthetic. There are also significant regional and social inequalities, with 34 per cent of three-year-old children suffering from tooth decay in Leicester, compared to just 2 per cent in south Gloucestershire.

[1] D. I. Saunders et al. (2012) Variations in mortality after emergency laparotomy: the first report of the UK Emergency Laparotomy Network. British Journal of Anaesthesia 109 (3): 368–75

[2] Emergency Care and Emergency Services 2013 View from the frontline. NHS Providers. 2013.

The situation is concerning given that most oral health problems in children are largely preventable. It is estimated that approximately 90 per cent of tooth decay can be prevented by keeping teeth and gums healthy through moderate consumption of sugar, adequate exposure to fluoride, regular brushing, and routine visits to the dentist. Yet almost 40 per cent of children did not see an NHS dentist between 2013-14.

We are keen to work with NHS England and Public Health England to support a strategy for children's oral health. A strategy should be a requirement of the Mandate.

Commissioning

In the current financial climate there is a risk that short-term financial pressures encourage commissioners to restrict access to surgery and other necessary services. Our 2014 report *Is Access to Surgery a Postcode Lottery?* found a number of commissioning groups had restricted access to surgical treatment including hip replacements and hernia repair. 44 per cent of groups required patients to be in various degrees of pain and immobility (with no consistency applied across the country) or to lose weight before surgery. We believe the Government's mandate needs to send a clear message that reducing or rationing access – locally, regionally or nationally – to clinically necessary treatment and care is unacceptable. It may also be counterproductive for financial savings: delaying or denying surgery may simply result in a patient's health further deteriorating. The College (funded by NHS England and using a NICE-accredited process) has developed, in conjunction with the relevant surgical specialty associations, commissioning guidance for a wide range of surgical procedures. We continue to work with commissioners to help them review how they can improve the quality of their local surgical services.

As part of this, NHS England should establish a transparent process for deciding what services and procedures to prioritise. The organisation has stated its intention to consult with stakeholders during 2015-16. It is important that any decision-making framework does not bias drug treatments over surgery.

Through the mandate to NHS England, the Government should also ask commissioning groups to review whether older people are receiving sufficient access to surgical and other medical services in their area and to set out how they will take any action to address concerns identified. In 2012 the College and Age UK published *Access all Ages* which found that across a range of common conditions, elective surgical treatment rates decline steadily for the over-65s. In part, this is likely to be due to age discrimination. Securing access to health services for their local populations is a fundamental responsibility of CCGs under the Health and Social Care Act 2012. We therefore strongly encourage the Government to require CCGs to review their access to services for older populations.

NHS England can also continue to do more to join up CCG-led commissioning and specialised commissioning. For example, we are aware that some specialist cancer services have had difficulty co-ordinating care with organisations providing broader cancer care. Children's surgery is another example of where improvements to join up different services can be made.

Seven-day care

We support plans to give NHS England an objective to help achieve the same safety of care irrespective of the day of admission. Given finite resources in the NHS, for hospital care we believe the focus should be on urgent and emergency care, as well as the care of patients already in hospital at nights and the weekend. The Secretary of State previously confirmed this approach to the Health Select Committee and it should be made explicit in the mandate.

As our recent policy briefing made clear[3], it is widely accepted that there are differences in patient outcomes depending on weekend or weekday hospital admission. There are likely to be multiple causes for this. The average patient admitted at the weekend is sometimes sicker, but there is also evidence that the levels of staffing and access to diagnostics for patients requiring treatment are worse including for urgent and emergency care.

The Royal College of Surgeons therefore strongly supports the need to move to seven-day services in the NHS, focusing finite resources on urgent and emergency treatment where weekend mortality has been shown to be higher.

Data and IT

We agree with the consultation when it says 'NHS England should support the NHS to harness digital and technology to transform patients' access to and use of health and care, including online access to their personal health records'. This should be a clear objective. Better collection and sharing of patient data is important for improving care in the health service. A survey of RCS members conducted in 2014 found that improvements in communication and information sharing between medical professionals and different services are key to improving the co-ordination of patient care.

RCS President, Clare Marx, chairs the strategic clinical reference group to the National Information Board (NIB). We support the NIB's work programme and it is important that the forthcoming comprehensive spending review provides appropriate funds for this work.

Research

Clinical research and the development of new operative techniques extend the frontiers of surgery and directly improve patient care. Funding for surgical research has increased in recent years and should continue. Following the *Accelerated Access Review,* the Government should ask NHS England to work in partnership with NICE and other stakeholders including the RCS to develop a horizon-scanning process. This must identify and review promising new surgical procedures and its evidence to support widespread use in the NHS.

What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for

[3] https://www.rcseng.ac.uk/policy/documents/rcs-7-day-care-briefing-2015-final.pdf Published September 2015.

local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

We support the overarching objective of improving outcomes and reducing health inequalities. Focusing NHS England on improving the outcomes, rather than the process, of patient care is the right approach.

To support this, an updated NHS Outcomes Framework for 2016/17 will be required. For the first time, the 2015/16 Framework included much welcomed dental health indicators such as measuring the number of tooth extractions in secondary care for children under 10 – a useful proxy measure for children's oral health and something the Faculty of Dental Surgery had pushed for. This indicator should be maintained for 2016/17 and beyond.

We look forward to seeing further detail on the Government's plans to measure comparative quality for local CCG populations. According to recent media reports this will likely include cancer, dementia, maternity, and mental health. While reviewing services collectively across an area is a positive step, there is a risk that these will skew the priorities of local commissioners. There also needs to be greater clarity about how this will sit alongside the NHS Outcomes Framework (which already collects indicators on these services) and the Care Quality Commission's inspections. The key question is how the data and any ratings will be used to improve local services; there is a risk that too many different ratings distract attention from key indicators and adds additional bureaucracy to the system.

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