

Rt Hon Jeremy Hunt MP
Secretary of State
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

4W12
Quarry House
Quarry Hill
Leeds LS2 7UE
Tel: 0113 825 1104

12 November 2013

Dear Jeremy

Government Mandate to NHS England: 2014-15 Refresh

We welcome the refreshed mandate to NHS England for 2014-15. This reinforces the firm foundations established by the current mandate and on which we have built a strong partnership with the Department of Health to act together in the best interests of patients and the public. We look forward to building on this to secure the significant improvements in health outcomes we all want to see.

One of the objectives of the Government's health reforms was to release the power of clinical leadership at all levels within the NHS and to distance the Government from its day to day operational management. The mandate establishes the Government's strategic objectives for the NHS, retaining a clear focus on outcomes rather than inputs and processes, and empowering commissioners to think creatively about how local populations are best served.

The new healthcare commissioning system has only been in place for seven months, yet real progress has been already made. Commissioners are making full use of the newly conferred flexibility to respond to local need, especially for older people with long-term conditions. Many are developing tailored schemes to identify and treat undiagnosed illnesses, working directly in partnership with local authorities to ensure health and social care services are organised around patient needs.

That such progress should have been made in so short a time under circumstances of unprecedented difficulty following a reform process of exceptional complexity is testament to the skill, experience and dedication of everyone working across the NHS.

Our responsibility is to continue to support the commissioning system to make the most of the freedom that the mandate allows for the benefit of patients. In particular we are:

- **prioritising patients in everything we do:** this requires commitment to transparency of information so patients can play an active part in decisions regarding their own healthcare, and the public in decisions about the kind of NHS services they use. We are actively listening to patients and citizens and engaging them on issues that are important. For example, through our Call to Action we will have open and honest debate about the future shape of the NHS to meet rising demand. We are also seeking patient feedback on their experience of services via the Friends and Family Test. And we are creating a

new Citizens Assembly – a national network that will help design services and hold them to account;

- **empowering clinical leadership:** for example through the creation of the NHS Commissioning Assembly, set up to create shared leadership nationally and locally;
- **supporting our commissioners:** through excellent and affordable commissioning support services, both in strengthening NHS Commissioning Support Units but also developing the market to include voluntary and private sector providers;
- **promoting transparency and openness:** for example for the first time we are publishing consultant level clinical outcomes data for ten surgical specialties that will help further drive up quality and help patients make informed decisions; and
- **putting innovation at the heart of the NHS:** for example we have established 15 new Academic Health Science Networks to bring together NHS service users and providers with academic institutes and industry. Through collaboration and shared goals these networks will ‘hot house’ innovation to ensure it can spread quickly and successfully throughout the NHS.

We are fully committed to delivering the outcomes specified in the mandate. In particular we share the Government’s ambition of putting mental health on a par with physical health. Our vision is for a real change in attitude towards mental health and the way services are delivered so people experience a holistic approach to their care. This will be driven forward by our **Parity of Esteem** programme and is an essential part of our approach to tackling health inequalities. Our **Urgent and Emergency Care Review** covers mental health, and we are committed to continuing to work with the Department in the development of the mental health crisis concordat. As part of our parity programme, we are committed to the development of costed options for access / waiting time standards for consideration to implement as part of the discussions for next year’s mandate.

We are supportive of the strategic direction of Vulnerable Older People’s Plan. Joint working is continuing between the Department of Health and NHS England on the details and to ensure alignment with NHS England’s emergent long term strategy. In particular:

- As Robert Francis QC stressed in his report on Mid Staffordshire NHS Foundation Trust, a robust and well-functioning system of accountability in the NHS is a critical condition for creating a culture of safe, compassionate care. This needs to include strengthening the accountability that individual clinicians have for their patients’ care.
- When patients are in hospital, it is important that they have a consultant who is responsible for overseeing their care. We are committed to ensuring a parallel system with GPs for out-of-hospital care. We wish to ensure at the earliest possible opportunity that vulnerable older patients have a named, accountable GP and to extend this approach thereafter to other patients with long term conditions or complex health needs.

- The ability to take full accountability for a patient's care will depend upon being able to ensure that the full range of primary and community services are tailored to meet the individual patient's needs and are provided in an integrated fashion based around the patient's agreed care plan. We are working through how to strengthen the authority and influence of accountable GPs in relation to these wider services.

We will continue to work closely with the Department of Health as the Vulnerable Older People's Plan is finalised. We need to ensure that the proposals remain outcomes focused, allow sufficient local flexibility for how they are delivered, and are affordable. Where the additional requirements included in the mandate refresh require additional investment, their implementation will be dependent upon the funding being made available.

Our ambitions for patients are not constrained by the mandate: NHS England is a dynamic new organisation and we are working above and beyond the mandate, across a wide range of areas and demonstrating significant progress and benefit.

- **Our radical 7-day service review** is looking at how we can offer a much more patient focussed service offering high quality care seven days a week that will help transform patient outcomes.
- **The new flexibility is empowering clinical commissioning groups (CCGs) to meet local need in different ways:** some have used clinical leadership to develop schemes to identify and treat undiagnosed conditions for those with the worst health outcomes. Others are putting in place structures with health and wellbeing board partners for integrated commissioning to ensure that services are organised around patient needs.
- **Outcomes:** as part of the next NHS planning round we will support local commissioners to develop ambitions for all five domains of the outcomes framework that reflect local need and are owned across health and wellbeing board partners. This will allow us for the first time to define a national level ambition of improvement for all five domains of the outcomes framework.
- **Evidence:** we will provide CCGs with a range of evidence based tools and resources to support commissioning for improved outcomes as well as working with providers delivering specialised services to ensure for the first time we have a set of national, consistent services standards.
- **Harnessing technology:** we will continue to embrace the opportunities created by technology, particularly to enhance the lives of those with long term conditions. We have made significant progress already, and have plans in place for further improvement:
 - our **Patient Online Programme** will support general practice to use technology to transform the service offer of the NHS, and empower patients and citizens to take greater control and make more informed choices about their care; and
 - **Paperless NHS** includes the E-referrals programme and a re-launch of Choose and Book which will make electronic referrals widely and

easily available to patients and their health professionals for all secondary care services by 2015.

- **Transparency and patient voice:** these are key to transforming customer service in health and care: patients, professionals and citizens need far better information about local services in order to provide meaningful feedback that in turn will help ensure they have the services they need and deserve. We will drive forward the work we have already started to develop a modern data service for the NHS and social care to improve the quality, efficiency, equity, and experience of care for all:
 - Our **Friends and Family Test** will be extended to cover GP practices, community and mental health services.
 - We will extend our programme of **publishing consultant level data** for ten specialties into non-surgical specialties.
 - Later this year new information about the **quality of care** provided by GP practice and associated health outcomes will be made available both as open data and also through public facing channels.
 - In **social care**, transparency measures relating to things such as pressure sores or drug errors for about 10,000 care homes collected by the NHS Choices website will be made available as open data in the summer of 2014.
 - Newly developed **Patient Centred Outcome Measurement (PCOM)** tools will provide new insights into how well services for people with 20 different rare and complex conditions are meeting the needs of their patients. These measures will expand the evidence base for the effectiveness of treatments, therapies and interventions and have the potential to really improve the quality of patient care.
- **Genomics:** whole genome sequencing has the potential to revolutionise cancer treatment, advance personalised medicine, and improve early diagnosis of rare diseases. We are working with the newly established Genomics England Limited to support the development of an approach to help accelerate the delivery of the Prime Minister's ambition for whole genome sequencing in this exciting and hugely important area of health. The NHS has a central role in this programme, for example, the use of data to support the programme and the clinical leadership that supports patient confidence in the programme.

Conclusion

We are all working within a new system where commissioning functions are devolved and where responsibility is shared across a number of bodies. We look forward to continuing to work closely with you to ensure that the system delivers on the Government's objectives for the new model, as specified in the refreshed mandate,

and in ensuring best value for patients and taxpayers for every pound invested in the NHS and ensuring that the NHS delivers continuing improvements in outcomes for all patients.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Malcolm Grant'.

Sir Malcolm Grant
Chair
NHS England