



The National Health Service (NHS) in the United Kingdom includes NHS England, NHS Scotland, NHS Wales, and the affiliated Health and Social Care (HSC) in Northern Ireland.

Below there are a number of figures which contain information about NHS. You should identify and extract information from each of the figures that can be used to develop an ER Model for NHS and answer the tasks of the assignment. Each figure and table provides information about NHS and you should try to find a way to link all this information in order to answer the questions of the assignment.

**THE NHS PLAYS A FUNDAMENTAL ROLE IN SOCIETY
AND IS A CENTRAL PILLAR OF OUR ECONOMIC
STRENGTH AND STABILITY**

The NHS in England...

- Provides **54 million citizens** with care free at the point of need
- Provides jobs for **1.2 million people**, making it the country's largest employer
- Provided education and training opportunities for over **38,000 nurses**, scientists, and therapists and over **50,000 doctors and dentists** last year



The NHS also plays a key role in maintaining the global competitiveness of the UK's life sciences sector, which:

- Generates around **£50 billion** annually
- Provides **165,000 UK jobs**



THE NHS DELIVERS WORLD CLASS SERVICES

The NHS is an international leader...



- The Commonwealth Fund ranks the NHS as **the world's best healthcare system**, ahead of comparable systems on measures including quality of care, cost and efficiency

- The NHS provides **good value for money**; the UK spends \$3,406 per person on healthcare each year compared to \$4,361 in France and \$4,920 in Germany
- **69% of the public in England** report they get good healthcare, compared with **57% in France** and **59% in Germany**

...providing comprehensive care to millions...

- Every year, NHS trusts:
 - manage **21 million A&E attendances** and over 113 million outpatient appointments
 - provide **100 million contacts** in community services
 - provide specialist mental health and learning disabilities services for **over 1.8 million people**
- In 2014, the first NHS national **waiting times targets for mental health services** were introduced



...and has a strong track record of improving care quality and our global competitiveness

- The NHS is a **world leading research organisation**, **with billions invested** in NHS research every year. The service has been **at the forefront of key medical breakthroughs**, such as pioneering the first combined heart, lung and liver transplant; introducing CT scans; and the 100,000 genomes project. The NHS also helps make the UK a global hub for the medicines and health technologies industries



- Given the right resources, NHS foundation trusts and trusts have shown that they can make **huge gains in improving care quality and outcomes**, including heart attack and cancer survival rates, reducing infections and saving money. In **2015/16 alone** NHS trusts made **£2.9 billion of cost improvement gains**



All statistics and references available on our website

THE NHS...

 employs **1.2 million** people
 has a budget of **£114 billion** in 2018/19

 treats more than **1.4 million** patients and service users every 24 hours

 manages **23.8 million** A&E attendances and over **6 million** emergency admissions per year

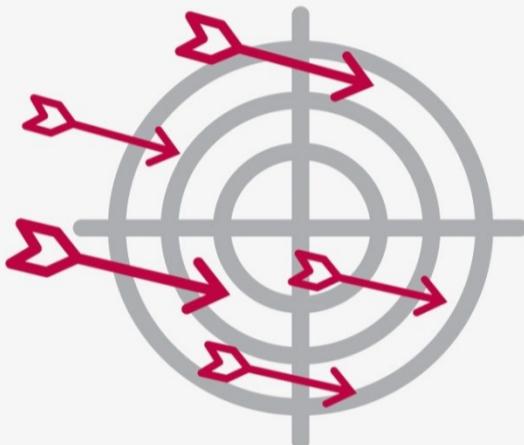
 responds to an average of **675,000** incidents per month through the ambulance service

 provides mental health care to over **1 million** adults at any one point in time

 has around **100 million** contacts in community services per year

THE STATE OF THE NHS PROVIDER SECTOR

Demand is growing and trusts are seeing more people than ever before, but existing care models don't meet today's needs



Productivity levels are high, but serious financial pressures persist

The NHS continues to outstrip UK levels of productivity, delivering **improvements of 1.2%** over 2017/18, however:

- The trust sector ended 2017/18 with a **deficit of nearly £1bn**
- In 2016/17 the NHS in England had a total of **£5.5bn in backlog maintenance**
- The NHS would need to spend **£1.8bn over three years** to clear the waiting list and £350m extra a year to keep up with additional demand



NHS trusts are racing to keep up with demand

- **The 92% 18-week referral to treatment (RTT) target was last met in February 2016**
The NHS waiting list stands at 4.1 million, an increase of 200,000 on the previous year
- **The 95% 4-hour A&E target was last met in July 2015**
July 2018 saw the highest number of A&E attendances since records began – a 5% increase on the previous year
- **The 85% 62-day cancer referral to treatment target was last met in December 2015**
GPs refer over 5,000 patients a day for suspected cancer, an increase of 60% in the last five years



Workforce is a major concern

- 66% of trust leaders say **workforce is the most pressing challenge** to delivering high-quality care for patients
- 42% of trust leaders feel **Brexit will have a negative impact** on their workforce
- Nationally, the vacancy rate is nearly **12% for nurses** and over **9% for doctors**
- In 2017, 38% of the workforce have felt unwell in the last 12 months due to **work-related stress**

THE NHS RESPONSE

NHS trusts are working hard to increase productivity and transform services as the NHS moves towards integrated health and care systems



The ten-year plan for the NHS, underpinned by the new financial settlement and aligned with the social care green paper, provides a pivotal opportunity for local and national health and care organisations to come together and develop a shared, patient-focused ambition for the future.

THE NHS LONG-TERM PLAN

The new funding settlement provides the NHS with a 3.4% average annual real terms increase over the next five years. The NHS has been tasked with producing a long-term plan in return for the increase in funding, outlining how the service intends to deliver major improvements. This is a significant opportunity for the health service.

OUR VIEW

- The need for a renewed long-term plan for the NHS is a helpful recognition that the NHS needs significantly more money. But we need to be realistic about what that uplift can deliver given the challenges facing the service.
- Despite being under pressure on all fronts over the last few years, NHS trusts have maintained or improved quality of care, become significantly more efficient and pioneered new models of care in local systems. Even so, the last four years have shown that setting trusts an unrealistic task locks them into a debilitating cycle of failure where they can't meet financial and operational targets, irrespective of how hard their frontline staff work.
- The plan offers the potential to set a day-to-day operational and financial task that the vast majority of trusts can actually deliver so the sector as a whole can return to being successful.
- Given that the 3.4% average annual increase to the NHS budget falls short of what independent experts say is needed, there will still be hard choices to make about priorities. Funding for public health, social care and training are not included in the uplift and have not been confirmed.

NHS PROVIDERS' FIVE TESTS FOR THE PLAN



The plan is centred around patients, service users, carers and families

The plan is designed and developed in partnership with people who use the NHS and staff delivering care. The plan is focused on the outcomes that matter to people and tailors care to their needs and goals, seeking to improve the way people experience and interact with health and care services.



The plan is realistic and deliverable

The expectations set out in the plan reflect the comprehensive and high-quality care the NHS should deliver to patients and service users every day. A holistic view of care is taken across the primary, community, secondary and social care sectors. Performance standards are fully funded, take account of workforce challenges, and are deliverable within the timeframe required. The vast majority of trusts, performing well, can sustainably deliver what is asked of them.



The plan is underpinned by a credible workforce strategy

The plan needs to help make the NHS a great place to work. Demands on staff should be reasonable, with NHS staff given an achievable service delivery and performance task in their day-to-day jobs. We need to ensure that we have the right staff, in number and skill mix, in the right place at the right time, with staff appropriately rewarded, valued and supported.



The plan lays the groundwork for a transformed, sustainable, high-performing service

The plan strikes the right balance between recovering short-term performance and long-term transformation, recognising that the existing model of providing services is no longer sustainable. The NHS is supported to make long-term investment decisions which balance the need to transform, deliver high quality services and achieve appropriate productivity and efficiency gains.



The plan supports local good governance, autonomy and accountability

The plan recognises that NHS delivery takes place at the frontline, and cannot be dictated from the centre. From this flows recognition of the importance of NHS trust boards working within strong local health and care systems, coupled with responsiveness to the views and needs of staff and communities, respect for good governance, and legal decision making.

For data sources, please visit www.nhsproviders.org

Fig. 3 NHS Long-Term Plan

Safety	Effectiveness	Experience
OBJECTIVES	OBJECTIVES	OBJECTIVES
<p>Aim 1: Our patients will always receive 'outstanding' patient safety.</p> <ul style="list-style-type: none"> • Reduce preventable deaths. • Improve the recognition, escalation and treatment of deteriorating patients. • Improve medication safety, through better prescribing and administration. 	<p>Aim 2: Our patients will always have 'outstanding' clinical outcomes.</p> <ul style="list-style-type: none"> • Improve clinical outcomes with a focus on stroke, cancer, cardiology, emergency laparotomy and fractured neck of femur. • Reduce still births in line with the national Saving Babies Lives programme and reduce the number of term admissions to the Neonatal Unit. • Improve specialist care for patients with mental health concerns within a non-specialist acute hospital setting. 	<p>Aim 3: We will always provide an 'outstanding' experience for our patients.</p> <ul style="list-style-type: none"> • Improve written and verbal communication. • Ensure patients and carers are fully involved in discharge planning and on going care. • Ensure that patients are well cared for at the end of life in their preferred environment.

Fig. 4 NHS Aims & Objectives

The NHS: How providers are regulated and commissioned

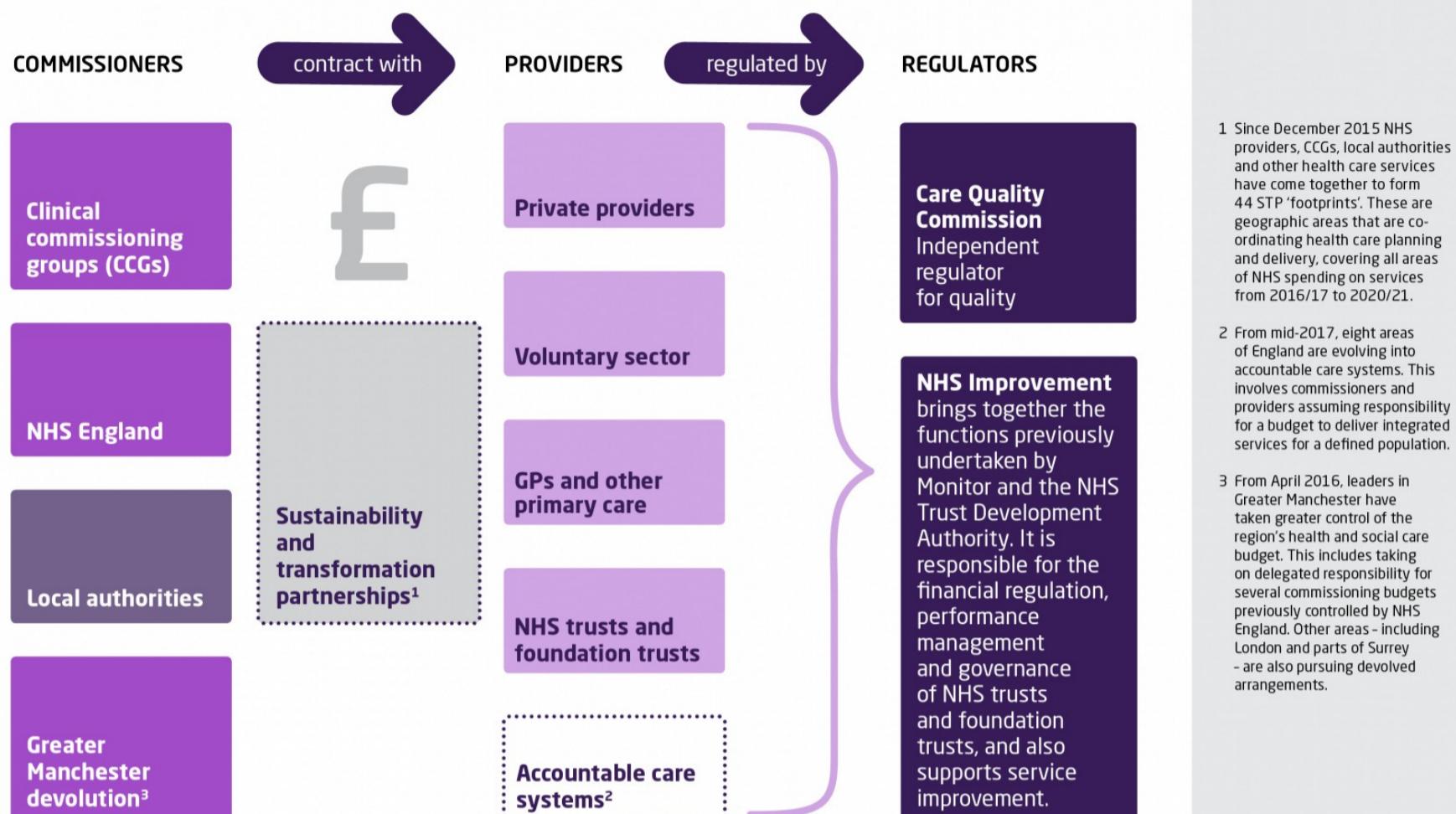


Fig. 5 NHS Providers

The NHS: How the money flows

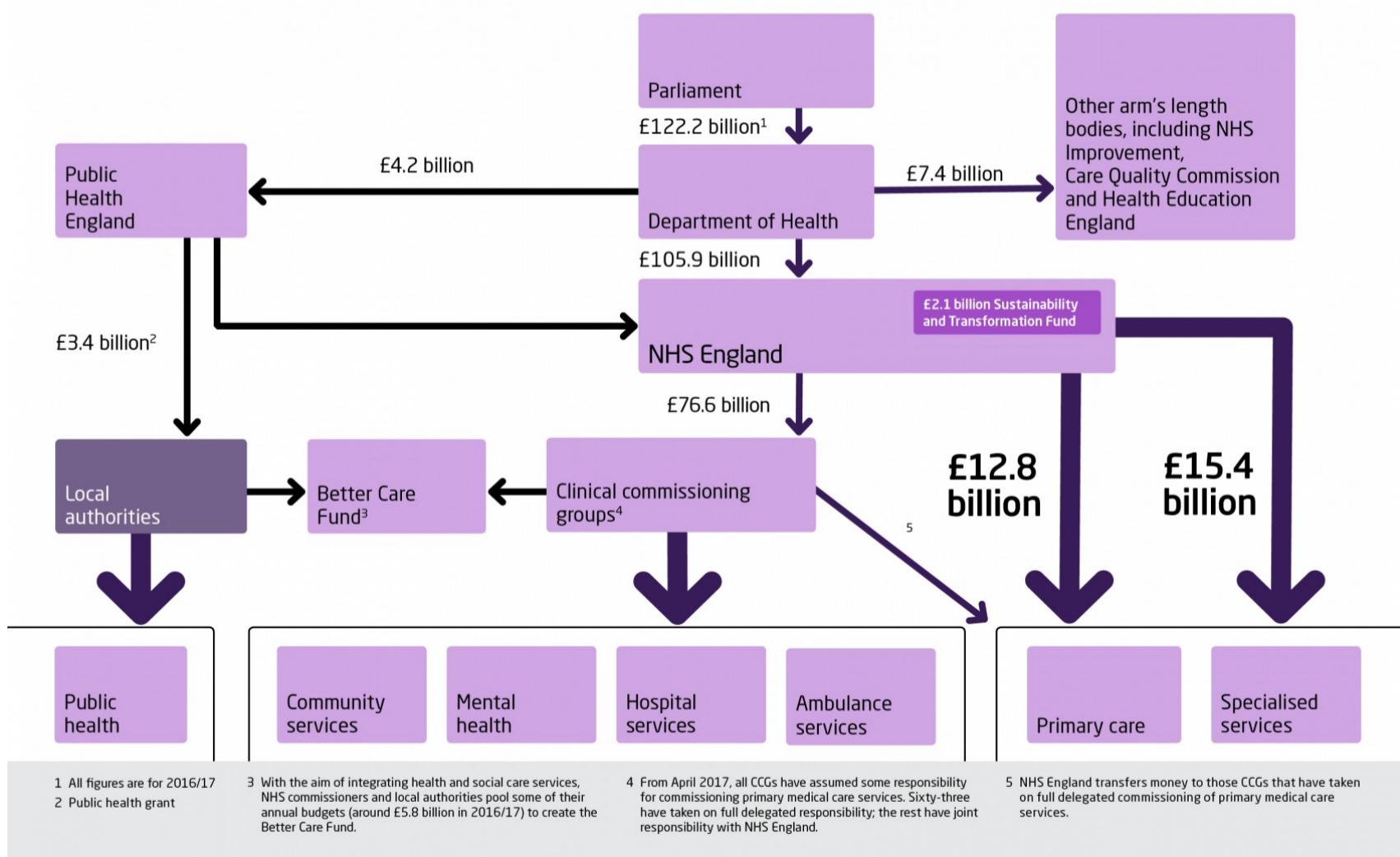


Fig. 6 NHS Money Flow

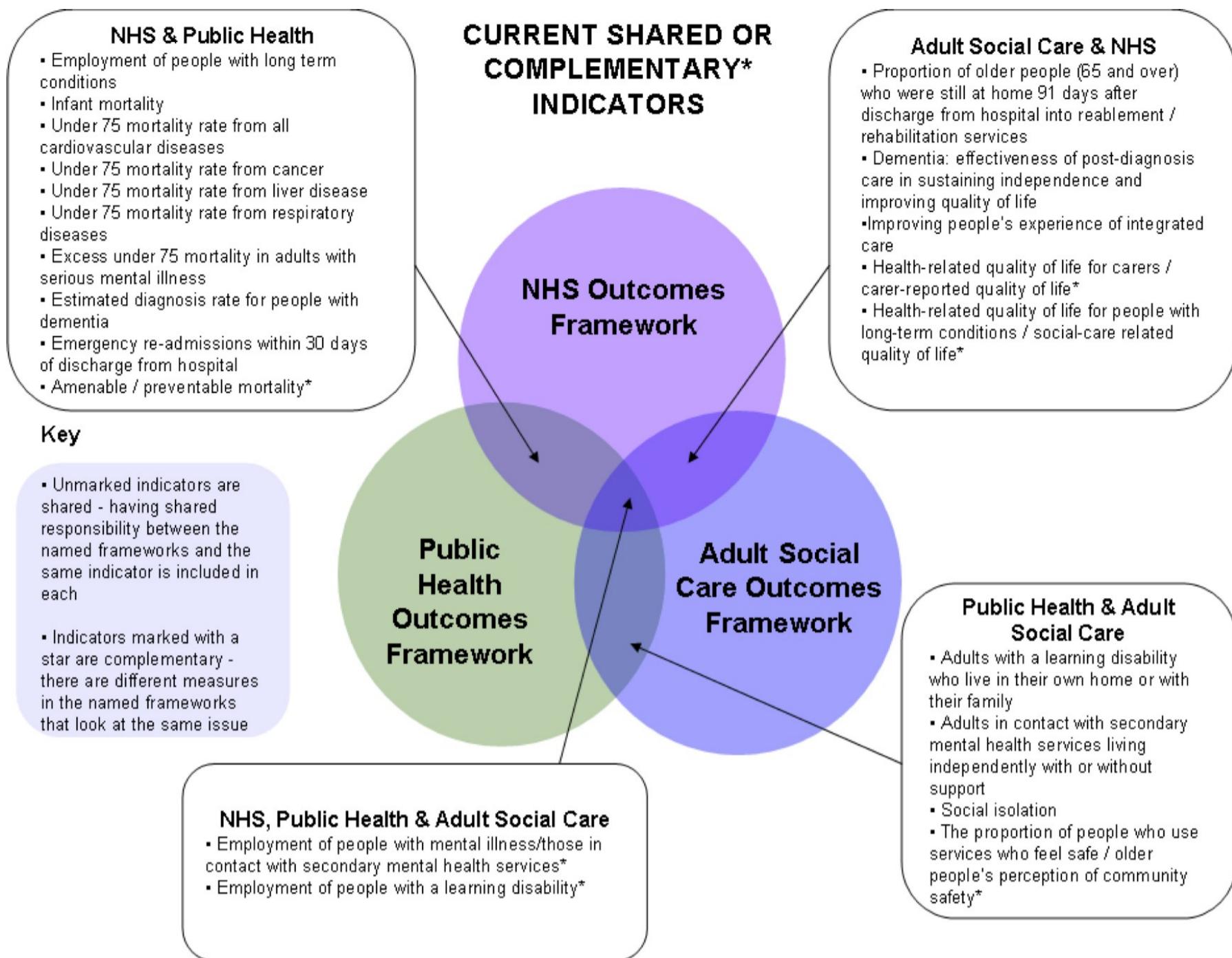


Fig. 7 NHS Frameworks

Patients



Fig. 8 NHS PRISM Support Tool

Agenda for Change: High Cost Area Supplement (HCAS) Salary bands 2021/22									
	Entry			Top			Intermediate		
	Inner	Outer	Fringe	Inner	Outer	Fringe	Inner	Outer	Fringe
Band 1	£23,154	£22,444	£19,612	n/a	n/a	n/a	n/a	n/a	n/a
Band 2	£23,154	£22,444	£19,612	£24,526	£23,816	£20,984	n/a	n/a	n/a
Band 3	£24,938	£24,228	£21,396	£26,385	£25,675	£22,866	n/a	n/a	n/a
Band 4	£27,157	£26,447	£23,677	£29,859	£28,780	£26,127	n/a	n/a	n/a
Band 5	£30,786	£29,553	£26,938	£37,841	£36,265	£33,111	£33,336	£31,947	£29,169
Band 6	£38,768	£37,152	£33,922	£46,124	£43,994	£40,872	£41,007	£39,139	£35,881
Band 7	£47,152	£45,024	£41,902	£52,936	£50,806	£47,684	£49,218	£47,088	£43,966
Band 8a*	£54,223	£52,093	£48,971	£60,316	£58,186	£55,064	n/a	n/a	n/a
Band 8b*	£61,861	£59,731	£56,609	£70,959	£68,829	£65,707	n/a	n/a	n/a
Band 8c*	£72,761	£70,731	£67,509	£82,971	£80,841	£77,719	n/a	n/a	n/a
Band 8d*	£85,289	£83,159	£80,037	£97,484	£95,354	£92,232	n/a	n/a	n/a
Band 9*	£100,832	£98,702	£95,580	£115,172	£113,042	£109,920	n/a	n/a	n/a

* Excludes one-off consolidated payment

Table 1 NHS Salary Bands

Table 2 (below) shows a number of benefits of using IT infrastructures in the NHS.

Benefits included	
Market insight	Pitching for new opportunities
	Market engagement where it's aligned to our category strategies, frameworks and DPSs
	Representation at forums
	Rate review (Workforce only including pan-London, ICB-level and national)
Procurement	Mini competition self service
	Mini competitions @ 40 days per ICB (See 'Delivering mini competitions' for further details)
	Access to templates and user guides (once access agreements have been signed)
	SRM support, including engagement with FMK suppliers
	Access to other Hub frameworks
Sustainability & Social Value	Sustainability and Social Value - core service. Managing administration of the social value platform. More details on other core services to follow as this new team mature
Spend Analytics	Core data reports (access to sophisticated suite of analytics reports drawing on AP and PO data Trust and ICB level - list of core products to be provided) Self-service access to Predict X
Customer service	Dedicated account management
	Customer queries (information and guidance to products and services we offer) Back office (system updating, processing transactions)
Clinical	Regional pharmacy procurement on NHS LPP pharmacy frameworks
	Hosting, governing and managing content of RightBreathe (including sub committees and anything that overflows from NHSE agreed work)
	Medicines optimisation (including formulary and care homes)
Categories	Representing members as the interface at regional and national forums including CCF Category Councils and national and regional procurement and functional forums. Providing insights, shared learnings and opportunities to adopt and collaborate
Systems	Onboarding licensees onto Atamis system
	Providing support to trusts as they upload their contract registers for Atamis
	System-specific back office system administration (basic)
	Peripheral systems support and training for Atamis (this excludes all external consultants and the training and support is limited to members only)

Table 2 Benefits of using IT Infrastructures in the NHS

Schedule	What's included	Who pays?		
		NHS	Self-Funded	Practice
1	Enhanced Occupational Health Assessment NPL Doctors and Dentists Virology, vaccinations and immunisations NPL practitioners Urgent and longer term advice on exposure to potential Blood Borne Viruses All staff working in a Primary Care setting (including trainees) Specialist tier for the management of performers with Blood Borne Viruses All staff working in a Primary Care setting (including trainees)	✓		
2	Occupational Health screening/clearance for entry to the performers list Doctors and Dentists only Virology, vaccinations and immunisation as part of application to the performers list Doctors and Dentists only		✓ ✓	
3	Occupational Health screening/assessment Health Care Workers (HCWs) working in NHS Primary Care Virology, vaccinations and immunisation HCWs working in NHS Primary Care Employer referrals HCWs working in NHS Primary Care			✓ ✓ ✓

Table 3 Schedules of NHS Funding

Tables List

TABLE NAME	NUMBER OF ROWS
AV_PATIENT_ENGLAND	5,170,477
This table includes each person diagnosed with cancer in the cancer registration system. It has data on patient's demographics such as sex and ethnicity as well as vital status data for survival analysis.	
AV_TREATMENT_ENGLAND	13,346,247
This table includes all the treatments recorded in the cancer registration system. It has data on the treatment types, including information on surgery procedures, chemotherapy and radiotherapy as well as the timescales for these events and provider details.	
AV_TUMOUR_ENGLAND	5,593,999
This table includes information on each cancer in the cancer registration system. It has data classifying the type of cancers diagnosed, including information on the coding system, staging, diagnosis dates and geographic information.	

Table 4 List of Tables associated with the NHS Cancer database

Sheffield Clinic Record Form

Phone (0114) 225-6783
 153 Ashby Rd
 Sheffield
 S5 2TU

Manager: John Smith
 Owner: Nick Rocker

Clinical Record

Patient Name	PatientCategory	Exam Type	Date	Cost	DocName	DocID
Ricketts	Urgent	x-Rays	17/09/2015	70.00	Dr Peterson	2212
Petra	Non-Urgent	Surgery	11/05/2014	180.00	Dr Jones	2213
Redington	Non-Urgent	Pathology	14/02/2014	55.00	Dr Derby	2515
Hamilton	Non-Urgent	Dermatology	15/07/2015	22.00	Dr Johnson	3416
Jeckings	Urgent	Urology	17/09/2015	120.00	Dr Jones	2015

Table 5 List of Patients with Appointments

Specialty Code	Specialty Name	Residency Type	Doctor No	Doctor Name	Doctor Grade	Salary Scale	Date Joined	Time Allocated	Duration of Residency	Progress of Residency
123	Heart-Surgery	Main	1414	Jones	7	D	1/4/21	5	2	On-going
123	Heart-Surgery	Main	1513	Patel	4	B	1/4/21	6	2	On-going
123	Heart-Surgery	Main	1567	Jamal	10	F	1/4/21	2	2	On-going
123	Heart-Surgery	Main	2010	Hope	1	A	1/6/20	6	1	On-going
234	Obstetrics	Main	1414	Jones	7	D	1/10/20	6	5	On-going
234	Obstetrics	Main	1567	Jamal	10	F	1/6/20	10	5	On-going
234	Obstetrics	Main	1785	Michaels	3	A	1/6/20	10	5	On-going
234	Obstetrics	Main	1863	Wong	2	A	1/10/20	3	5	On-going
234	Obstetrics	Main	1975	Holmes	5	C	1/10/20	3	5	On-going
456	Urology	Feasibility	1414	Jones	7	D	1/9/20	1	3	On-going
456	Urology	Feasibility	1513	Patel	4	B	1/10/20	6	3	On-going
456	Urology	Feasibility	1634	Peterson	6	C	1/9/20	6	3	On-going
456	Urology	Feasibility	2011	Siddiqi	2	A	1/9/20	3	3	On-going
456	Urology	Feasibility	2160	King	1	A	1/9/20	3	4	Interrupted

Table 6 List of some NHS Specialties