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article

Dear colleague

## **Implications of the Referendum**

In the ten days since the EU Referendum many of you have asked me what the result means for the NHS and for our work in the months ahead.

Reflecting on the debate, I for one was struck by the fact that although the voting revealed a country divided, it also underlined the importance of the NHS as a unifying force in our national life. Both Leave and Remain campaigned for a strong - and indeed a better funded - National Health Service. So the public, regardless of how they voted, will rightly want our new political leaders to deliver on that promise.

Less positively, there've been high profile examples in the last few weeks where entirely legitimate discussion - be it on pressures on public services, or the future of the free movement of people within the EU - has been exploited by a few extremists to unleash uglier impulses and reaction.

## **The NHS voice**

So as we celebrate the NHS' 68th birthday tomorrow, it's well worth recalling that there's never been a single year in our [history](#) when alongside brilliant staff from this country, the health service has not also relied on committed employees from around the world. These individuals from both outside the EU - as commemorated in our Windrush celebration last month - and more recently inside the EU are devoting their professional lives to serving patients here. And it's a statement of the obvious that we're going to continue to need and benefit from their service in the years ahead.

That's why - as Bruce Keogh, Jane Cummings, Jeremy Hunt, Royal College presidents and many trust chief executives all rightly said last week - we should use this moment to let all our staff know how much we value their ongoing service. As you yourself work alongside NHS team members from the EU and elsewhere this week, why not make it personal and reach out to them direct?

More generally, as the UK government considers its negotiating stance on a changed relationship with the rest of Europe, we'll play our part in ensuring that opportunities and risks for the NHS are properly understood and factored in. While the main decisions on how to run the NHS have always rightly been for Britain to take, a range of EU-related [issues](#) will now have to

be considered, including: the movement and regulation of health professionals, procurement rules, medicines and devices, cross-border patient entitlements, and certain public health measures.

To ensure the NHS voice and patient interests are properly heard, NHS England is now establishing an NHS Europe Transition Team to work with the wider health service, the Department of Health, Cabinet Office and others. We want to ensure as smooth as possible a path to any new arrangements which might affect the health service and our patients. I'll set out for Parliament some of the likely NHS "asks" at my session with the Health Select Committee on Tuesday 19th July.

### **NHS England's priorities for 2016/17**

But it's worth remembering that none of this is going to take effect overnight. Any European renegotiation is predicted to take several years to come into force. So while aspects of our operating context may be changing, the key tasks in front of us have not. I set these out a fortnight ago in [my annual speech to the NHS Confederation](#), and I'd encourage you to read it.

You'll see that for the year ahead we've set three clear priorities, which are completely unchanged by developments since the Referendum:

- Stabilising 2016/17 frontline NHS finances and operational performance, in partnership with NHS Improvement.
- Practical actions to begin implementing our national improvement programmes for primary care, urgent and emergency care, cancer, mental health, learning disability, maternity, and diabetes prevention, delivering on the independent taskforce reports covering each area.
- Working with local NHS leaders and communities to shape their Sustainability and Transformation Plans so as to implement the Five Year Forward View locally between now and 2020.

So rather than being distracted by the current Westminster swirl, we're going to be using the coming months to get on with what NHS England was set up to deliver: a steady hand on the tiller, providing operationally-independent leadership for the NHS on behalf of patients and the public.

### **The month ahead**

Being very practical about it, during the rest of July you can therefore expect to see NHS England pressing on with concrete action to solve long-standing challenges:

- we'll be using much of July for face-to-face discussions with all 44 local groups of NHS chief executives and local government leaders across England about their emerging *Sustainability and Transformation Plans*. In parallel we're working with NHSI on bringing forward the annual planning timetable for 17/18, and potentially 18/19 too - linking this to final STP submissions in October, with full local public engagement and consultation wherever needed.

- we're advancing on our key *national clinical priorities*. We'll publish Claire Murdoch's implementation overview for the mental health taskforce report. We'll also announce the first group of Stephen Firn's mental health trusts who'll be able to deploy specialised CAMHS and secure mental health funding to build up their local services, reducing distant travel times for their patients out-of-area. And in line with the GP Forward View, we'll publish consultation details of the new 'multispecialty community provider' voluntary GP contract.

- we'll publish NHS England's *annual accounts and report* to Parliament, demonstrating strong financial grip and budget balance throughout the past year, in all areas for which we have statutory responsibility and authority. Through tight cost management we were also able to free up a one-off £600 million underspend to contribute to budget overspends elsewhere.

- together with NHS Improvement (NHSI) we'll announce a series of 2016/17 '*reset*' measures to deliver financial and operational improvement in CCGs, NHS trusts and foundation trusts. Jim Mackey and Ed Smith wrote to NHS providers last week setting out the NHSI requirement of an aggregate provider deficit not to exceed c£250 million this year. NHS England will publish our annual assessment of all 209 CCGs, linked to clear action to step in and support turnaround of those that are struggling, consistent with their STPs' local strategic direction.

- we'll announce the *innovative new specialised tests and treatments* that we expect to fund on the NHS for 2016/17. This includes several therapies where NHS England's hardnosed new commercial negotiation process is resulting in major savings to taxpayers, with novel reimbursement incentives linked to real world patient outcomes.

- our reshaped *Cancer Drugs Fund* will go live, for the first time providing fast track funding to test real world outcomes for the most promising new cancer therapies - as recommended by our independent Cancer Taskforce and by the House of Commons Public Accounts Committee.

- we will publish plans to reshape the provision of specialised services for *children's congenital heart disease*, concentrating services in a smaller number of units capable of meeting the widely supported standards of care on which we have previously consulted. In doing so, NHS England will be using its powers as a national commissioner decisively to act on recommendations first made to predecessor bodies 15 years ago by the Kennedy/Bristol Review.

In short, you can see that we're pressing on with a busy July, driving forward practical actions for the here-and-now, as well advancing the NHS' long term improvement goals.

At a time like this your continuing personal contribution and leadership has never been more important.

Let's not get distracted. We know what needs doing; now is the time to get on with it.

Simon