



Department
of Health &
Social Care

From Lord Markham
Parliamentary Under-Secretary of State

39 Victoria Street
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31 January 2024

Dear Noble Lords,

I am writing to you to share further information as a follow-up from the Parliamentary Oral Question on NHS Targets on Tuesday 16 January 2024.

To support my response to the question from Lord Allan of Hallam, I would like to share further detail on key digital commitments, targets and the progress that has been made to date. I include below an overview of these transformative digital commitments.

- **Smart System Control:** Rollout and optimisation of ICS level dashboards to support capacity management and care planning.
Target: All ICBs to have procured, implemented, or developed Smart System Control within a timescale conducive to supporting Winter 2023 pressures.
Progress to date against 100% rollout: 35/42 ICBs now live (83%). All ICBs are on track to stand up systems by March 2024.
- **Digitised Records and Workflow:** Electronic Patient Record (EPR) delivery and optimisation to support increased productivity, quality, and safety.
Target: EPR coverage: 90% of Trusts (206) will have an EPR by December 2023.
Progress to date: Trusts with EPR deployed 90% (completed in November 2023).
- **Optimising Waiting Lists:** Data-driven decision-making platforms optimising waiting list management and improving theatre productivity.
Target: 52 Trusts by March 2024.
Progress to date: 32 trusts are realising inpatient benefits (60%) 7 trusts are realising referral to treatment (RTT) benefits (13%).
- **Dynamic Discharge** - Rolling out shared system digital tools to help multidisciplinary teams effectively plan and track hospital discharges.
Target: 16 Trusts by December 2023; additional 4 Trusts by 31 March 2024.
Progress to date: 12 out of 16 trusts are live, remaining 8 are due to go live by end March.

Critical to Lord Allan of Hallam's question regarding full digitisation and the ending of paper letters is the Digitised Records and Workflow programme, referenced above. This is focussed on delivery and optimisation of the EPR to support increased productivity, quality and safety. Where I described that about 90% of all our hospital records are now digitised, this refers to the fact that 90% of all hospital trusts in England now have an EPR in place. This target was met in November 2023, ahead of the scheduled commitment of December 2023.

Further to the comparison I drew in the house, I would like to share that Germany has recently tightened legislation to drive digitisation in healthcare. Present estimates indicate that less than 3%

of statutory health insurance persons in Germany are using the patient facing Electronic Patient Record.

In response to the question from Lord Bird regarding A&E waiting times, I am keen to clarify that where I reference that individuals may not need to attend A&E, this is because of the role that prevention and community healthcare services can play a role in reducing this need. Ambulance services are working closely with their local systems to reduce avoidable conveyance and support patients to get the care they need outside of hospital. The numbers of patients taken to A&E are far below pre-pandemic rates. Ambulance services and trusts closed 14.3% of incidents with advice over the phone in December 2023 – compared to 7.4% in December 2019. In December 2023, 50.1% of patients were conveyed to A&E, compared to 57.1% in December 2019. NHS111 can also be used for anything that is urgent but not an emergency, relieving pressure on the system and allowing the NHS to care for the most seriously ill and injured patients in A&E.

As committed in my response to the question from Baroness Browning, I have written a letter confirming the precise figures relating to targets in stroke cases.

I have deposited a copy of this letter in the libraries of both Houses.

With my very best wishes,



LORD MARKHAM CBE