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From the Private Secretary

4 February 2020

Dear Natasha,

The Prime Minister met your Secretary of State, the CST and colleagues from the centre today for his first DHSC Departmental Performance meeting. Thank you for all the quick work in preparing for this meeting, especially given other existing pressures.

We began with a short update on coronavirus. Following an update from the CMO, the Prime Minister stressed the need to continue to explain our stance to maintain public confidence in the plan. On further travel restrictions, your Secretary of State was engaging FCO and European colleagues and would revert with a proposal on the way forward, which will require an assessment of what constitutes a proportionate response. Please keep No10 closely involved on key decisions in the coming days.

Your Secretary of State identified three core objectives for the NHS: delivering the manifesto commitments; improving performance even beyond delivery of these commitments; and building public confidence through focusing on what citizens are demanding. We spent the remainder of this meeting focused on the first of these, and will cover the other issues in a future discussion. One specific request to support future conversations was to share material you have gathered on public expectations around the NHS through existing focus group work.

On manifesto commitments, we agreed as a room the below Name Redacted here will be collecting these agreed actions into a tracker, which we will then use to monitor follow-ups and delivery:

50,000 Nurses

- We agreed a stretch target of 50,000 additional nurses by autumn 2023, off a September 2019 baseline at the PM's request. This will require us to 'pull on all levers at once' with notable additional international recruitment, while reforming domestic supply.
- We must overhaul nurse training so it is fit for purpose, looking for instance at reducing the numbers of years in training or more 'on the job training', looking at the Australia model as well as alternative/digital provision (e.g. Open University) of courses. Your Secretary of State committed to making any necessary legislative changes in the NHS bill due for introduction later this year to allow changes on the ground at latest by Sept 21. It was also agreed to upskill

- nurse associates (to a training level we would need to agree) that would help deliver the 50,000 on the back of CST's suggestion.
- As a next step, DHSC and HMT should agree both the potential to accelerate domestic supply through reform options (including those raised by the CST), and what additional funding is required for extra international recruitment (alongside reform of visas, golden hellos and potential ODA usage – with a breakdown of which countries we are considering focus on). Please can we have a fully-costed proposed year-by-year trajectory (Sept 19 – Sept 23) that delivers the PM's request agreed between HMT and DHSC by Fri 21 Feb.
 - As part of this analysis, can we set out the estimated trajectory beyond autumn 2023 to 2025 including how domestic supply will increasingly replace international.
 - We also need a commitment to the outcome improvements additional nurses will deliver, with metrics we can hold the system to account for. These outcomes should have a trajectory to always be presented alongside the nurse trajectory so we can consistently track workforce productivity improvements. Please provide this by the end of this month.
 - On the back of these discussions, and as milestones are set, please can DHSC work with PMIU and the team here to confirm precise delivery milestones and design the early warning system to identify when measures are off track.

50m Appointments / 6,000 GPs

- We agreed to early delivery of 50m appointments, largely through non-GP staff. Your Secretary of State said this was straightforwardly doable.
- We agreed to deliver 6,000 GPs by March 2024 at the Prime Minister's request, on condition that reform to the lifetime allowance is on the table. The Prime Minister has confirmed this should be off the baseline that is closest to the manifesto publication (e.g. Sept)
- On the lifetime allowance, HMT will review whether Government could amend existing legislation (e.g. around equalities) to ensure any measure was not economy-wide and therefore better targeted. Your Secretary of State suggested one approach would be to look at Defined Benefit pensions only. HMT colleagues – we should pick this up urgently in Budget discussions.
- As a next step, DHSC and HMT should agree the potential to accelerate delivery of the 6,000 GPs absent further changes to the lifetime allowance with other radical policy options on retention and domestic/international supply (including simplifying processes such as the 2,000 page form). This should be fully stress-tested, with a clear articulation of the numbers each lever can deliver, and a collective Government view provided on what, if any, shortfall there would be by March 2024. In addition, could this approach should include an assessment of when the right moment would be to issue a direction to the NHS to deliver should it fail to do so otherwise. Please can we have a fully-costed proposal by Friday 21 Feb.
- Alongside this immediate work, DHSC should conduct a thorough, more detailed review of the full range of incentives as they present themselves to GPs

in their 50s, which currently lead to early retirement and reduced participation. The review should model different options to alter them (with an accompanying cost benefit analysis) that do not depend on tax reforms. You may wish for this to be externally led (or using the behavioural insights team). Terms of Reference should be agreed with No10 and HMT with initial findings available by the end of March.

- In response to the Cab Sec, your Secretary of State also agreed to develop a parallel set of targets to ensure, alongside additional primary care appointments, that we are actually managing demand properly and improving public health. This would feed into the wider prevention work you are undertaking. This should look at innovative models to incentivise primary care to reduce hospital attendances, and identify and help the most frequent primary care attenders more adequately self-manage their conditions.
- We also spoke about the need to look at what went wrong with the delivery of previous primary care targets, including those who were responsible, and outline steps which will ensure these mistakes will not be repeated.
- On the 26,000 non-GPs, your Secretary of State was confident of delivery to set timetables, and was 75% confident that we would secure the necessary changes in the GP contract this year.
- On the back of these discussions, and as milestones are set, please can DHSC work with PMIU and the team here to confirm precise delivery milestones and design the early warning system to identify when measures are off track.
- On Comms around this target, the PM was sceptical of focusing too much on 50m extra appointments.

40 Hospitals

- We agreed to begin work on the ground on all 40 hospitals by March 2024 on the PM's request, subject to agreeing the capital budgets for the outstanding 34 hospitals with HMT. The PM stressed that whilst funding was important, equally important was ensuring the appropriate organisation, will and sense of mission to drive delivery. All hospitals should be publicly defensible as "new".
- Your Secretary of State committed to take forward (with MHCLG, IPA and OGDs as necessary) the radical planning and procurement changes that will reduce time to build hospitals. The PM stressed the need for radical thinking here – please provide your proposals and associated capability improvements by end February.
- Your Secretary of State committed to provide a final list of hospitals for approval ahead of the SR. The CST pressed that this should include a rebalancing so we appropriately meet need across the country. Your Secretary of State will manage fully the local handling around the 21 Trusts announced in HIP2 should changes be made and will ensure that costs remain within initial assumptions for the 40 as per your paper.
- Your Secretary of State committed that work will be complete on all 20 hospital upgrades by March 2024. Please can we have the latest delivery timetables for completion by close next week.

- Your Secretary of State will discuss further with the CST the issue of the NHS capital baseline next year.
- As a next step, please can we have a draft, costed, final list of hospitals (broken down by type) with the full package of planning and procurement reforms, by mid-March.
- On the back of these discussions, and as milestones are set, please can DHSC work with PMIU and the team here to confirm precise delivery milestones and design the early warning system to identify when measures are off track.

Overall, there were a number of interdependencies identified with other policy areas, which we will need to ensure we are fully considering – can I ask DHSC and Cab Office to liaise to ensure the right connections are made on:

- Procurement / planning
- Migration policy
- ODA funding
- Skills
- Levelling up

All follow-up notes should be written in the same style as today's note (scientific style, with clear evidence) with supporting annexes / data as required. Please can all delivery milestones be tracked with percentage likelihoods alongside any rag rating system.

We should discuss what other materials are required ahead of our next meeting – please can we follow up closer to the time.

I am copying this letter to Dominic Cummings, Martin Reynolds, Stuart Glassborow, Munira Mirza, Patrick Curry, Will Warr, **NR**, Liam Booth-Smith, Ben Warner and **Name Redacted** the Cabinet Secretary, Mark Sweeney, Jonathan Nancekivell-Smith and Joanna Key in the Cabinet Office, and Elizabeth Perelman **Name Redacted** and **NR** in HMT.

Yours ever,

Personal Data

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Ms Natasha Price, DHSC