

The NHS Long Term Plan 2019-29

Summary



Key challenges the plan will respond to

- Funding pressures
- Significant workforce gaps
- Increasing health inequality
- Growing aging population
- Lack of co-ordination of care

With opportunities from

- Medical advances
- Digital technologies

Key themes within the Plan

- Creating a ***new service model*** with greater emphasis on population health management, personalisation and joined up care including the establishment of Integrated Care Systems, strengthened primary and community care, more responsive urgent care services, greater use of digital technologies.
- More NHS action on ***prevention and health inequality***
- A focus on care ***quality and outcomes***
- Comprehensive ***workforce development*** plan
- Mainstreaming ***digitally enabled care***
- Increased funding and ***better VfM***

1. A new service model for the 21st Century

Responding to the major challenges face by the NHS today the plan describes how the NHS will increasingly be:

- More joined up and co-ordinated in its care
- More proactive in the services it provides
- More differentiated in its support offer to individuals

- New Service model

- Increased share of total spend on primary and community services (£4.5b higher in 5 years), single fund channelled through networks with shared savings scheme
- Crisis response within 2 hours
- Reablement within 2 days
- Fully integrated community- based healthcare (hubs) with Network contract for practices and expanded neighbourhood teams
- NHS111 direct booking to practices and referral to community pharmacy
- Changes to QOF including review of vac and imms standards, funding and procurement

- Support for Older People

- Enhanced health in care homes – named GP, meds reviews and emergency support from PC networks
- Assessment of frailty by PC networks and pro active population health management approach with target support for physical and mental health need
- Home based/wearable monitoring equipment to support early discharge from hospital and prevention of admission through proactive approaches
- Carer identification and support
- Personalised care for people with dementia and delirium

- Urgent Care

- Multidisciplinary Clinical assessment Service within NHS111 & GP OOHs
- Consistent urgent treatment centre model with standard information collection/management
- Investment in ambulance services
- Same day emergency care in type 1 A&Es (increasing same day discharge)
- Acute frailty service 70 hours/week and delivered with 30mins of arrival
- Reduce DTOC further
- Standard model for small rural hospitals

- Personalisation

- Support to self manage – diabetes, asthma, respiratory conditions, maternity and parenting, on line therapies for common MH conditions
- Increase personal health budget offer
- Social prescribing link workers in PC networks
- Bespoke wheelchair and community packages
- Personal plans at end of life with improved training for all staff

- Digital Health Care

- Funding to support further digitalisation opportunities
- NHS App for help and advice
- Interoperability of data systems
- Telephone and video consultations – digital first primary care option
- Redesign of out patient services avoiding the need for face to face visits

- System change

- Local organisations working together to redesign care and improve population health
- Triple integration of primary and specialist care, physical and mental health services and health and social care
- More limited role retained for commissioners alone (procurement and contracts);
- Commissioners making shared decisions with providers on how to use resources
- Single CCG per ICS; role to support partners in local government and community organisations with population health, service redesign and Long Term Plan implementation

- Integrated Care Systems

- Partnership Board with membership from commissioners, trusts, primary care networks, LAs, voluntary and community sector
- Independent, non-executive Chair and other lay membership
- Named Accountable Clinical Director from each PC Network
- Clinical leadership aligned around the ICS
- Coterminous Cancer Alliance, Clinical Senate and clinical advisory bodies
- Work closely with HWBBs
- Subject to consultation – new licencing conditions
- Longer contracts and a requirement to collaborate
- Contract reform – alliance contracts, integrated care provider contracts
- ICS accountability and performance framework with ‘integration index’
- Support for blending H and SC budgets
- Review of BCF

2. Prevention and health inequalities

- Support but not substitute role of local government
- Consideration of NHS commissioning sexual health services, HVs and SNs
- Long terms investment guarantee for primary and community services providing preventive services with social care and voluntary sector

- Developing Preventative Services

Smoking

- Hospital patients provide NHS funded tobacco treatment services
- Smoke free pregnancy pathway
- Universal smoking cessation offer for users of specialist Mental health and learning disability services

Obesity

- Primary care based weight management services for type 2 diabetes or hypertension with BMI>30
- Scaling up of NHS diabetes prevention programme
- Healthy food options in hospital
- Better training of doctors in nutrition

- Developing Preventive Services

Alcohol

- Specialist alcohol Care teams in hospitals with highest alcohol related admissions

Air pollution

- Low emission fleet and reduced travel
- Cleaner heating systems

Antimicrobial resistance

- Continue to deliver 5 year action plan

- Action on Health Inequalities

- Allocation adjustment for areas with higher inequalities
- CCGs specific goals to reduce inequality
- Continuity of carer model in maternity services
- Support to quit smoking during pregnancy
- Improvements in physical health for those with Mental illness (Health Check expansion)
- Greater support for physical health of children & young people with LD, autism
- Investment for support for homeless/rough sleepers
- Greater support for carers especially young carers
- Specialist clinics for gambling
- Will commission from local charities, community interest groups providing services for the vulnerable

3. Care quality and Outcomes

Significant improvements proposed in a range of services including:

- Services for children and young people i.e.
 - Maternity and neonatal care
 - CYP mental health services
 - LD and Autism
 - CYP with cancer
 - Those with LTCS and improving transitions to adult services
- Major Health Conditions
 - Cancer
 - CVD
 - Stroke
 - Diabetes
 - Respiratory Disease
 - Adult Mental Health Services
 - Planned care

- Maternity and Neonates

- Specialist pre term birth clinicians
- Continuity of carer
- Improvement in safety mechanisms
- Access to maternal notes and digitalised information access
- Expanded access to psychological therapies in perinatal care
- Increased accessibility for postnatal physiotherapy
- More neonatal intensive care beds
- Additional neonatal nurses and AHPs

- CYP Mental Health

- Commitment to increase funding in these services faster than in overall NHS funding or total MH funding
- Improved waiting teams for CYP with eating disorder
- CYP MH crisis care expansion
- College (and School) MH support teams
- Trial of 4 week wait for access to specialist MH services
- New model of integration for transitions

-CYP Learning Disability and Autism

- Pilot health check for people with autism
- Greater awareness for needs of people with LD and autism through digital flag on records and staff training
- Reduced waiting times for specialist services including assessment and diagnosis
- Access to PHBs
- 7 day specialist multidisciplinary services and crisis support
- LD improvement standards and 12 point discharge plans

- CYP with Cancer and LTCs

- CYP with cancer- offer all genome sequencing
- New CAR-T cancer therapies
- Boys aged 12 & 13 years to receive HPV vaccination
- Additional funding to support children's palliative care and EOL in hospices
- Clinical networks to improve care of children with LTCs and urgent care including a paediatric network to co-ordinate critical care and surgical care

- Cancer (adults)

- Faster diagnosis – lower GP threshold for referral
- Improved to bowel screening
- HPV screening for cervical cancer
- Extension to health lung checks and mobile screening arrangements
- Role out of rapid diagnostic centres
- Definitive cancer diagnosis (or ruling out) in 28 days
- Investment in equipment – MRI CT
- Use of advanced radiological techniques and therapies
- Routine genome testing for all with cancer
- Personalised care and follow up pathway

- CVD and Stroke

CVD

- Focus on prevention
- Expansion of genetic testing for Familial Hypercholesterolemia
- Heart failure support in the community
- Community first response improvement and defibrillator networks
- Scaling up of cardiac rehab

Stroke

- Reconfiguration of specialist stroke centres
- Workforce development to offer mechanical thrombectomy
- Improving stroke rehabilitation

- Diabetes and Respiratory Conditions

Diabetes

- Expansion of structured educate and digital self management tools
- Type 1 diabetes to receive flash glucose monitors
- Reduce variation in services

Respiratory disease

- More diagnosis of respiratory conditions via PC networks
- Expansion of pulmonary rehab and education
- Improved medication management
- Earlier diagnosis of pneumonia and support in the community

- Adult Mental Health services

- Growth in investment faster than overall NHS budget
- Expansion of IAPT with focus on LTCs; testing a 4 weeks waiting target
- Integrated primary and community support for those with severe mental illness
- 24/7 community based mental health crisis response following single point of access through NHS 111
- Alternative forms of provision for those in crisis
- 2020 a waiting time target for emergency mental health services
- Better training of ambulance staff including MH nurses in ambulance control rooms
- Reduce acute out of area placements and reduced LOS in hospitals
- Reduced suicide through enhanced MH crisis model
- Suicide bereavement support

- Planned care

- Direct access to MSK First Contact Practitioners
- Reducing waiting times for planned surgery
- Enabling choice to reduce waits through capacity alerts tool for CCGs
- Recalculating RTT given reforms of outpatients
- Support for changes to services providing hot and cold sites as this will support a reduction in cancellation and shorter waits

- Research and Innovation

- Wish to see more patients enrolled in research projects
- Targeting investment in genomics
- Supporting AHSNs and wish to see faster pipeline for innovation
- Increased number of NICE evaluations
- More real world testing via 'Test Beds'
- Aim to spread learning globally

4. NHS Workforce

- Workforce Implementation Plan in 2019
- New appointments – NHS Chief People Officer, Chief Midwifery Officer
- 50% more nurses over coming years, midwives, AHPs, pharmacists
- On line nursing degree and expanded university places
- Growth in apprenticeships inclining nursing and non-clinical jobs
- Increase in medical school places to 7,500/year
- More generalist medical roles and more in General practice (2 year fellowship contract for newly qualified GPs and Nurses in GP)
- State funded GP indemnity scheme
- Easier to switch specialities and development of credentialing

- Further support for the Workforce

- International recruitment
- Support to improve retention
- Increase spending on workforce development
- Extending work supporting BAME staff and will develop new disability equality standard
- Comprehensive mental health support for NHS doctors
- Electronic rotas and e-job plans
- More focus on providing access to leadership and talent management
- NHS leaders code of conduct and 'air cover ' for leaders taking difficult decisions
- Greater support for NHS volunteering

5. Digitally Enabled Care

Empowering people

- Access to personal health records, information and support
- Mobile monitoring devices and home technologies

Supporting health and care professionals

- Better access to digital services and patient records (starting with community services)
- Informatics leadership on every board
- Increase training in use of new technologies

Supporting clinical care

- Video consultations and one click specialist advice
- Electronic patient record, interoperability
- Integrated child protection system
- Improving population health
 - Investment in population health approaches
- Improving clinical efficiency and safety
 - Pathology networks with quicker test turnaround times
 - Digital Imaging networks for rapid transfer of digital imaging
 - Decision support systems
 - Robust, safe systems and staff training

6. Maximizing Value

- Average growth of 3.4% over next 5 years
- Will be spent on current pressures, costs of demographic change and new priorities
- Expecting that providers will return to balance
- 1.1% cash releasing productivity
- Need to reduce the demand, variation and use capital investment better

- Financial planning and payment mechanism

- Allocation & payment changes with updated market forces factor
- Payment reform – away from activity to population based
- Blended payment model starting with urgent care payment changes (no marginal rate for emergency care or readmissions rule)
- System control totals expected
- Accelerated turnaround for 30 worst performing trusts
- ICS financial planning
- Financial recovery fund – multi-year

- Other expectations to reduce costs

- Reducing bank and agency use
- Procurement savings from aggregate volumes and standardised specs
- Pathology imaging improvements
- Greater efficiency in community and MH services
- Reduce prescribing of low value medicines
- Management efficiencies to invest in front line
- Disposal of building lands and equipment and becoming more energy efficient
- Reduce least effective interventions
- Improve patient safety
- Reduce growth in demand for care
- Reduce variation in performance

7. Next Steps

- 5 year financial allocations
- Production of local plans at organisational and ICS level
- Shared operating model between NHS E and I
- Expansion of ICS across the country
- Potential legislative change
 - New shared statutory duties across CCGs and providers
 - Remove restrictions on placed commissioning
 - Joint decision making by providers and CCGs
 - Creation of integrated care Trusts in some cases
 - Remove some of the general competition rules and powers
 - Reduce need for procurement
 - Increase flexibility in pricing regime
 - Allow joint committees between NHSI and E
- Continue to engage people through NHS Assembly

Appendix: Supporting wider social goals

Health and employment

- Support and extension of employment initiatives for people with mental illness, LD and autism

Health and justice system

- Working with police and courts to support people with Mental ill health
- Expansion of RECONNECT for prison leavers; community service treatment provision for offenders; and support for vulnerable children
- Expansion integrated therapeutic support for victims of sexual assault

Veterans and Armed Forces

- Working with Royal college of GPs to improve system by roll out of a veterans accreditation service

Health and Environment

- Developing a health homes standard
- Sustainable development – reducing waste, water and carbon

Social value in local community as largest employer or procurer of services