FIVE YEAR FORWARD VIEW

The NHS have achieved a lot

- Currently ranked #1 healthcare system in the world
- More than 2/3 UK public believe the NHS “works well”
- Cancer survival is at its highest ever
- Operation waiting lists are down - many from 18 months to 18 weeks
- Early deaths from heart disease are down over 40%
- 160,000 more nurses, doctors and other clinicians
- Single Sex Wards implemented

We are delivering more care

Compared with 2009 the NHS is delivering more care:

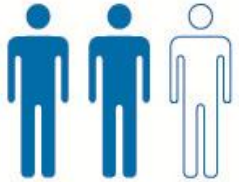
- 4,000 more people are being seen in A&E each day
- 3,000 more people are being admitted to hospital each day
- 22,000 more people have outpatient appointments each day
- 10,000 more tests are performed each day
- 17,000 more people are seeing a dentist each day
- 3,000 more people are having their eyes tested each day

But demand for care is rapidly growing

We are facing a rising burden of avoidable illness across England from unhealthy lifestyles:

- 1 in 5 adults still smoke

- 1/3 of people drink too much alcohol



- More than 6/10 men and 5/10 women are overweight or obese

Furthermore:

- 70% of the NHS budget is now spent on long term conditions
- People's expectations are also changing

There are also new opportunities

New technologies and treatments

- Improving our ability to predict, diagnose and treat disease
- Keeping people alive longer
- But resulting in more people living with long term conditions

New ways to deliver care

- Dissolving traditional boundaries in how care is delivered
- Improving the coordination of care around patients
- Improving outcomes and quality

…but the **financial challenge** remains, with the gap in 2020/21 previously projected at £30bn by NHS England, Monitor and independent think-tanks

The future NHS

The Forward View identifies three ‘gaps’ that must be addressed:

1	**Health & wellbeing gap**	**Radical upgrade in prevention**	• Back national action on major health risks • Targeted prevention initiatives e.g. diabetes • Much greater patient control • Harnessing the ‘renewable energy’ of communities
2	**Care & quality gap**	**New models of care**	• Neither ‘one size fits all’, nor ‘thousand flowers’ • A menu of care models for local areas to consider • Investment and flexibilities to support implementation of new care models
3	**Funding gap**	**Efficiency & investment**	• Implementation of these care models and other actions could deliver significant efficiency gains • However, there remains an additional funding requirement for the next government • And the need for upfront, pump-priming investment

Getting serious about prevention

Focusing on prevention

- Incentivise healthier individual behaviours
- Strengthen powers for Local Authorities
- Targeted prevention programmes – starting with diabetes
- Additional support people to get and stay in employment
- Create healthier workplaces – starting with the NHS

Empowering patients

- Improve information: personal access to integrated records
- Invest in self-management
- Support patient choice
- Increase patient control including through Integrated Personal Commissioning (IPC)

Engaging communities

- Support England's 5.5m carers – particularly the vulnerable
- Supporting the development of new volunteering programmes
- Finding new ways to engage and commission the voluntary sector
- NHS reflecting local diversity as an employer

Developing new care models

- We need to take decisive steps to transition towards better care models
- There is wide consensus that new care models need to:
  - Manage systems (networks of care), not just organisations
  - Deliver more care out of hospital
  - Integrate services around the patient
  - Learn faster, from the best examples around the world
  - Evaluate success of new models to ensure value for money
- There are already examples of where the NHS is doing elements of this
- However, cases are too few and too isolated
- The answer is not ‘one size fits all’, nor is it ‘a thousand flowers bloom’
- We will work with local health economies to consider new options that provide a viable way forward for them and their communities

New deal for primary care

Funding

- Stabilise core funding for two years, and increase investment in the sector over the next Parliament
- New funding for schemes such as the Challenge Fund
- New infrastructure investment

Commissioning

- Increase CCG influence over commission of primary care and specialised services
- New incentives to tackle inequalities

Workforce

- Increase the number of GPs in training
- Train more community nurses and other primary care staff
- Invest in new roles, return and retention

Public engagement

- Building the public's understanding of pharmacies and on-line resources to reduce demand

Multispecialty Community Providers

What they are

- Greater scale and scope of services that dissolve traditional boundaries between primary and secondary care
- Targeted services for registered patients with complex ongoing needs (e.g. the frail elderly or those with chronic conditions)
- Expanded primary care leadership and new ways of offering care
- Making the most of digital technologies, new skills and roles
- Greater convenience for patients

How they could work

- Larger GP practices could bring in a wider range of skills – including hospital consultants, nurses and therapists, employed or as partners
- Shifting outpatient consultations and ambulatory care out of hospital
- Potential to own or run local community hospitals
- Delegated capitated budgets – including for health and social care
- By addressing the barriers to change, enabling access to funding and maximising use of technology

Primary and Acute Care Systems

What they are

- A new way of ‘vertically’ integrating services
- Single organisations providing NHS list-based GP and hospital services, together with mental health and community care services
- In certain circumstances, an opportunity for hospitals to open their own GP surgeries with registered lists
- Could be combined with ‘horizontal’ integration of social and care

How they could work

- Increased flexibility for Foundation Trusts to utilise their surpluses and investment to kick-start the expansion of primary care
- Contractual changes to enable hospitals to provide primary care services in some circumstances
- At their most radical they could take accountability for all health needs for a register list – similar to Accountable Care Organisations

Other new care models (1)

Urgent and emergency care networks

- Simpler and better organised systems, achieved by:
  - Developing networks of linked hospitals to ensure access to specialist care
  - Ensuring seven day access to care where it make a clinical difference to outcomes
  - Proper funding and integration of mental health crisis services
  - Strengthening clinical triage and advice

Specialised care

- Consolidating services where there is good evidence that greater patient volumes lead to greater quality
- Working with a smaller group of lead providers willing to take responsibility for developing geographical networks of specialised and non-specialised care
- Moving towards specialised centres of excellence for rare diseases

Other new care models (2)

Viable smaller hospitals

- Help sustain local hospital services where:
  - They are the best clinical solutions
  - They are affordable
  - They have commissioner support
  - They have local community support
- Consider adjustments to payment mechanisms
- Explore new staffing models
- New organisational models including:
  - Sharing management across sites
  - Satellite provision on smaller sites
  - Primary and acute care systems

Modern maternity services

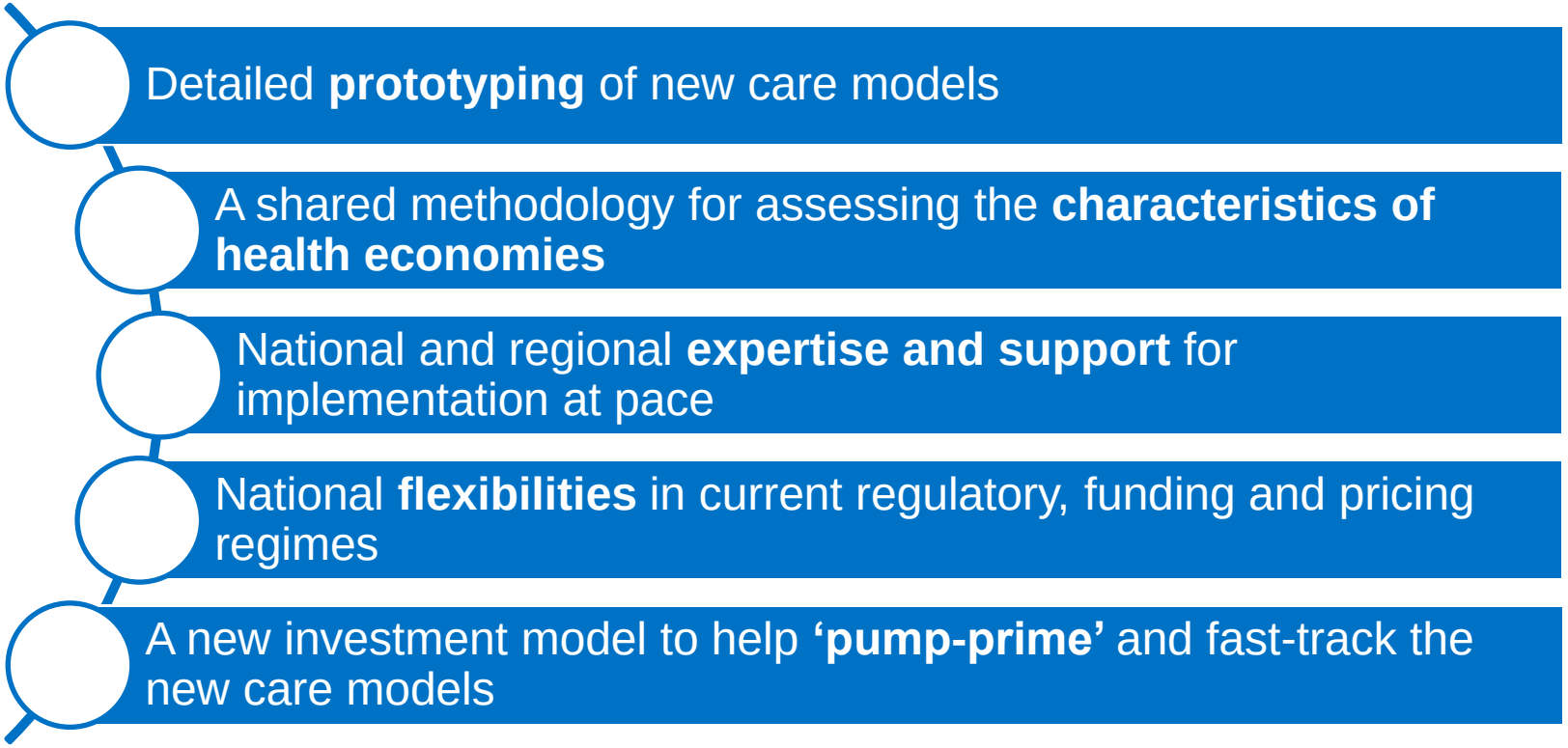
- Explore how to improve our current services and increase choice by:
  - Commissioning a review of future maternity units for Summer 2015
  - Ensure funding supports choice
  - Make it easier for midwives to set up services

Enhanced health in care homes

- Developing new models of in-reach support and services by:
  - Working in partnership with social services and care homes
  - Building on existing success

Implementing new care models

- To deliver new care models we need a new type of partnership between national bodies and local leaders
- Working with local communities and leaders, NHS national bodies will jointly develop:



Delivering innovation and change

To deliver the scale and pace of change required we will also take steps to:

Align NHS leadership	For example, by moving towards a joint way of assessing and intervening in challenged health economies
Develop a modern workforce	Designing and commissioning new and more flexible roles to support the future NHS
Exploit the Information Revolution	To provide transparent data, develop services that care digitally delivered and use data to improve the NHS
Accelerate innovation	Developing new methods for innovating such as ‘test bed’ and ‘new towns’, as well as testing innovations through trials and evaluations

Efficiency and funding

- It has previously been calculated that the NHS faces a gap between expected demand and funding of ~£30bn by 2020/21.
- To address this gap we will need to take action on three fronts: demand, efficiency and funding. Less impact on any one of these will require compensating action on the other two.
- Delivery of the more active ***demand and prevention*** activities outlined in the Forward View would deliver in the short (e.g. prevention of alcohol harm) and medium term (e.g. action on diabetes).
- The long-run **efficiency** performance of the NHS has been ~0.8% annually. We have achieved nearer 2% more recently, although this has been based on some actions that are not indefinitely repeatable, e.g. pay restraint.
- However, with upfront investment and implementation of new care models we believe that we could achieve 2% rising to 3% over the next Parliament.
- Combined with an **increase in funding** equivalent to flat-real *per person* (e.g. adjusted for population growth and age)—about £8bn more—this would close the gap.

Next steps

NHS England is now embarking on work with other NHS national bodies and wider stakeholders to implement the commitments in the Forward View.

Immediate next steps include:

- Engagement with our staff and partners
- Refining outcomes and programmes of work
- Agreeing governance
- Designing a delivery programme

For more information, or questions please email: england.fiveyearview@nhs.net