NHS
North East London
Commissioning Alliance

Key points to note from the NHS Long Term Plan – a summary

Overarching headlines

- Dissolve the divide between primary care and community based health services
- Increase "floor" investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24. This means spending on these services will be at least £4.5 billion higher in five year's time.
- This is the first time in the history of the NHS that real terms funding for primary and community health services is guaranteed to grow faster than the rising NHS budget overall.

Chapter one: A new service model

- More patient options and better support as well as properly joined up care at the right time and in the right setting.

Primary Care

- **Every patient will have a right to online GP consultations**, this will be aided through the rollout of the NHS App
- **Primary care networks of local GP practices and community teams** GP practices covering 30-50k patients will be funded to work together to deal with pressures in Primary Care and extend the range of local services, creating integrated teams of GPs, community health and social care staff. Community health teams will provide fast support to people in their own homes as an alternative to hospitalisation. These will be fully integrated and supported by multi-disciplinary teams in primary and community hubs.
- **Changes to the QOF** – new QI element with least effective indicators to be retired. A revised QOF to support personalised care. Also includes a review of GP vac and imms standards. Also a shared savings scheme among primary care networks to reduce avoidable A&E attendances, admissions and delayed discharges.
- **Carers** – improve identification of unpaid carers and strengthen support – introduce best practice quality markers for primary care that highlight best practice in carer identification and support
- **Investment** – in primary and medical and community services will grow faster than the overall NHS budget – ring-fenced local fund worth at least an extra £4.5bn a year in real terms by 2023/24 will fund expanded community multi-disciplinary teams aligned with new primary care networks based on neighbouring GP Practices.

Urgent and Emergency Care

- **Emergency Care System – Same Day Emergency Care (SDEC) model** to be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. SDEC to be embedded in every hospital in both medical and surgical specialities during 2019/20
- **DTOC** – goal over next two years is to achieve and maintain an average DTOC figure of 4000 or fewer delays and over next five years reduce further.
- **Care-homes** – roll out the Enhanced Health in Care Homes scheme (EHCH) to ensure stronger links between primary care and networks and local care homes with all care homes supported by a consistent team of healthcare professionals including named general practice support. Also give care home staff access to NHS Mail to make it easier to share information.

- **Pre-hospital urgent care** – embed a single multidisciplinary Clinical Assessment Service within an integrated NHS111, ambulance dispatch and GP OOO services from 2019/20. Additionally UTC model to be fully implemented by 2020 so that all localities have a consistent offer for OOH urgent care with the option of appointments booked through a call to NHS111
- **Ambulance services** – work with commissioners to put in place timely responses so patients care be treated by skilled paramedics at home or in a more appropriate setting. – NHSE will set out a new national framework to overcome the fragmentation that ambulance services have experienced in how they are locally commissioned

Personalised care

- Within 5 years over 2.5m more people will benefit from social prescribing, a PHB and new support for managing their own health. ***The NHS Comprehensive Model of Personalised Care*** is being implemented across a third of England. The next step is to roll out the model across the country reaching 2.5m people by 2023/24 and aiming to double that within a decade. In terms of social prescribing this will involve over 1000 trained link workers in place by the end of 2020/21 rising further by 2023/24. The aim is over 900,000 referred to SP scheme. For PHBs the aim is up to 200,000 people benefiting from a PHB by 2023/24

Move to ICS's

- Create Integrated Care Systems by April 2021ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at a system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other commissioning organisations on population health, service redesign and LTP implementation.
    - A partnership board, drawn from and representing commissioners, trusts, primary care networks with participation from local authorities, the voluntary and community sector and other partners
    - A non-exec chair (locally appointed but subject to approval by NHSE/I)
    - Sufficient clinical and management capacity
    - Full engagement from Primary Care including a named accountable clinical director of each primary care network
    - Clinical leadership aligned around ICSs to create clear accountability to the ICS
    - Coterminous cancer alliances with one or more ICS

Other points to note:

- **Blended budgets** – support local approached to this where council and CCGs agree this makes sense
- **Social Care** – Green Paper to follow later this year
- **Better Care Fund (BCF)** - a review of the Better Care Fund will conclude in early 2019 and will include requirements to continue to reduce DTOCs and improve care packages.

What this means for NEL/next steps

- Primary Care team to provide detailed overview of how we will implement changes around primary care network
- Need to note focus on personalised care and have a plan in place
- Key points to note about QOF, blended budgets and BCF review
- Need to make sure rollout of EHCH and SDEC is in hand
- Move to ICS's – need to be clear on messaging to staff on what this means for them and develop a narrative for NEL and each system
- Need to outline next steps in terms of ICS asks eg clinical leadership, chairs and structure
- From a comms point of view we are already streets ahead in terms of the CAS since it launched in June. We also have positive things we can say about social prescribing particularly in Newham

Chapter two: Focuses on prevention and health inequalities

- **Five key priorities** - The NHS prevention programme is based on the Global Burden of Disease top five risk factors: smoking, poor diet, high blood pressure, obesity, alcohol and drug use
- **Funding** - LTP funds specific new evidence based NHS prevention programmes, including to cut smoking, to reduce obesity, partly by doubling enrolment in the successful type two NHS Diabetes Prevention Programme to limit alcohol related A&E admissions
- **Funding conditions** - As a condition of LTP funding all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next 5-10 years.
- **Specific actions** include cutting smoking in pregnancy and long term mental health conditions, ensuing people with learning disability/autism get better support, provide outreach services to people experiencing homelessness and improving uptake of screening and early cancer diagnosis
- **Primary Care Network Contract** – neighbouring GP practices to work with local NHS, social care and voluntary services funded by LTP investment guarantee
- **Inequalities** – NHSE will continue to target a higher share of funding towards geographies with high health inequalities. This funding is estimated to be worth over £1bn by 2023/24. For the five year CCG allocations that underpin the LTP, NHSE will introduce from Apr 2019 more accurate assessments of community health and mental health services. All local systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29. These plans will set out clearly how CCGs are targeting funding to improve equity of access and outcomes

What this means for us/next steps

- Refreshed STP prevention workstream is key and plan for how we will tackle the five key areas above
- Inequalities funding – who does this sit with?

Chapter three: Focus on care quality and outcomes improvement

Maternity

- halving maternity related deaths by 2025
- specialist smoking cessation for women who smoke during pregnancy
- specialist pre-term birth clinics across England
- National Maternal and Neonatal Health Safety Collaborative
- Continuity of care during pregnancy
- Maternity digital care records being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by the end of 19/20

Children

- Create a Children and Young People's Transformation Programme which will in conjunction with the Maternity Transformation Programme oversee the delivery of commitments in this plan
- 2019/20 clinical networks to be rolled out to ensure we improve the quality of care for children with long term conditions such as asthma, epilepsy and diabetes
- Move to a 0-25 years service

Cancer

- By 2028 LTP commits to dramatically improving cancer survival, partly by increasing proportion of cancers diagnosed early from half to three quarters.
- New faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days referral from a GP or from screening
    - Bowel cancer screening programme to detect more cancers earlier
    - Implement HPV primary screening for cervical cancer across England by 2020
    - By 2022 extend the lung health checks that have already produced strong results in Liverpool and Manchester
- From 2019, start the roll out of the new Rapid Diagnostic Centres (RDC's) across the country
- Recruit an additional 1,500 new clinical and diagnostic staff across seven specialisms between 2018 and 2021
- Complete the £130m upgrade of radiotherapy machines
- Children's cancer – offer all children with cancer whole genome sequencing. Introduce CAR-T cancer therapies
- NHS England will increase its contribution by match-funding CCGs who commit to increase their investment in local children's palliative and end of life care services including children's hospices. This should be more than double the NHS support from £11 million up to a combined total of £25 million a year by 2023/24
- By 2021 every person diagnosed with cancer will have access to personalised care
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred.
- Sir Mike Richards is leading a review of the current cancer screening programmes and diagnostic capacity.

Mental health

- ring fenced local investment fund worth at least £2.3bn a year by 2023/24
- Perinatal
    - Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis, to benefit an additional 24,000 women per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21. Care provided by specialist perinatal

mental health services will be available from preconception to 24 months after birth (care is currently provided from preconception to 12 months after birth), in line with the cross-government ambition for women and children focusing on the first 1,001 critical days of a child's life8

- **CAMHS** – funding will grow faster than both overall NHS funding and total mental health spending
  - extend current service models to create a comprehensive offer for 0-25 year olds. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidenced-based 'iThrive' operating model
  - with those units with a long length of stay and look to bring the typical length of stay in these units to the national average of 32 days. This will contribute to ending acute out of area placements by 2021
  - Over the next three years, autism diagnosis will be included alongside work with children and young people's mental health services to test and implement the most effective ways to reduce waiting times for specialist services
  - seven-day specialist intensive, crisis and forensic community based multidisciplinary care. We will continue to work with partners to develop specialist community teams for children and young people
- **Suicide prevention** – New Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients
- **IAPT** - By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services.
- **Capital** – investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care

Learning disability

- Improve uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, so that at least 75% of those eligible have a health check each year.
- By 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism.
- By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards
- By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker. Initially, keyworker

Cardiovascular

- Deliver existing Right Care Programme
- Improve Community First Response and build defibrillator networks to improve survival from out of hospital cardiac arrest

Stroke

- By 2020 begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of this Long Term Plan
- By 2022 we will deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke

Lung

- Build on existing Right Care programme to reduce variation in the quality of spirometry testing across the country

- Primary Care Networks to support the diagnosis of respiratory conditions. More staff in Primary Care will be trained and accredited to provide the specialist input required to interpret results

Diabetes

- Patients with type 1 benefit from flash glucose monitors from April 2019 – ending variation across the country
- By 2020/21 offer pregnant women with type 1 continuous glucose monitoring
- Drive down variation between CCGs through continued investment

System architecture - all of the above will be backed by actions on workforce, technology, innovation and efficiency and an overarching "system architecture"

What this means for us/ next steps

- There is detailed overview of key conditions in this chapter and too much to go in to here – suggest individual briefings from workstream leads with the specifics along with next steps
- We are already making progress with Early Diagnosis through the ED centre so can talk about this in comms messaging

Chapter four: workforce

- **A workforce implementation plan will be published later in 2019.** NHS Improvement, HEE and NHS England will establish a national workforce group to ensure that such workforce actions agreed are delivered quickly.
- Wider reforms will be finalised in 2019 when workforce, education, training budget for HEE is set
- Highlights:
    - an extra £1 million a year to extend **WRES** to 2025
    - **Clinical placements** for an extra 5,000 places will be funded from 2019/20, a 25% increase. From 2020/21, we will provide funding for clinical placements for as many places as universities fill, up to a 50% increase. And every nurse or midwife graduating will also be offered a five-year NHS job guarantee within the region where they qualify.
    - **new online nursing degree** could be launched from 2020.
    - in **community pharmacy**, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.
    - growing **medical school places** from 6,000 to 7,500 per year
    - **the way doctors are trained** and the way they work will be a key component of the workforce implementation plan. We want to accelerate the shift from a dominance of highly specialised roles to a better balance with more generalist ones.
    - **a net increase of 5,000 GPs** as soon as possible
    - **newly qualified doctors** and nurses entering general practice will be offered a two-year fellowship
    - **new state-backed GP indemnity scheme** from April 2019,
    - enable trainees to switch specialties without re-starting training;

    - accelerate the development of credentialing
    - development of incentives to ensure that the specialty choices of trainees meet the needs of patients by matching specialty and geographical needs, especially in primary care, community care and mental health services
    - new national arrangements to support NHS organisations in **recruiting overseas**. We will explore the potential to expand the Medical Training Initiative so that more medical trainees from both developed and developing countries can spend time learning and working in the NHS
    - NHS Improvement's **Retention Collaborative** has already delivered substantial measurable improvements through targeted support for trusts with high turnover. We will extend this support to all NHS employers, and NHS Improvement is committed to improving staff retention by at least 2% by 2025
    - Following agreement of the HEE training budget in this year's Government Spending Review, we will expect to increase **investment in CPD** over the next five years
    - **expanded Practitioner Health Programme** will help all NHS doctors access specialist mental health support, providing a safe, confidential non-stigmatising service to turn to when they are struggling and need help. This means the NHS will have the most comprehensive national mental health support offer to doctors of any health system in the world
    - targeted support to trusts to access fast track occupational health services and a line management development programme
- **International recruitment** will be significantly expanded over the next three years
- **New Primary Care Networks** will provide flexible options for GPs and wider Primary Care teams
- **Funding** for the new primary care networks will be used to substantially expand the number of clinical pharmacists.

What this means for us/next steps

- Need to consider this in light of impact of Brexit on workforce and also need to await more detailed workforce plan

Chapter five: Technology and Digital

- **Chapter Five sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS.** These investments enable many of the wider service changes set out in this Long Term Plan. Over the next ten years they will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and AI, and without the administrative hassle of today. Where predictive techniques support local Integrated Care Systems to plan and optimise care for their populations. And where secure linked clinical, genomic and other data support new medical breakthroughs and consistent quality of care. Chapter Five identifies costed building blocks and milestones for these developments.
- **Rollout of the NHS App**
- **Digital Maternity records**
- Work with the wider NHS, the voluntary sector, developers, and individuals in creating a **range of apps to support particular conditions**
- **interoperability of data**, mobile monitoring devices and the use of connected home technologies over the next few years

- **Patients' Personal Health Records** will hold a care plan that incorporates information added by the patient themselves, or their authorised carer.
- **Supporting health and care staff** - enable staff to capture all health and care information digitally at the point of care, and optimise clinical processes to reduce administrative burden.
- All providers, across acute, community and mental health settings, will be expected to advance to a **core level of digitisation by 2024**
- **Supporting clinical care**
    - By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and LHCRs will cover the whole country.
    - A new wave of Global Digital Exemplars will enable more trusts to use worldclass digital technology and information to deliver better care, more efficiently
    - A secure NHS login will provide access and a seamless digital journey. The NHS App and its browser-based equivalent will enable people to follow a simple triage online to help them manage their own health needs or direct them to the appropriate service. If needed they will be able to be connected with their local services; get an appointment with an urgent treatment centre, out of hours services or GP, or be prescribed medicine to be collected from their nearest pharmacy.
    - full roll-out of the health and justice digital patient record information system across all adult prisons, immigration removal centres and secure training centres for children and young people. This will include the digital transfer of patient records before custody, in custody and on release.
    - By 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism.
- **Improving Clinical efficiency**
    - By 2022/23 An integrated child protection system will replace dozens of legacy systems and we will deliver a screening and vaccination solution that is worthy of the NHS' world leading services.
    - By 2021, pathology networks will mean quicker test turnaround times, improved access to more complex tests and better career opportunities for healthcare scientists at less overall cost. Mandated open standards in procurement will ensure that these networks are ready to exploit the opportunities afforded by AI, such as image triage, which will help clinical staff to prioritise their work more effectively, or identify opportunities for process improvement;
    - By 2023, diagnostic imaging networks will enable the rapid transfer of clinical images from care settings close to the patient to the relevant specialist clinician to interpret.
- **Population health management** - During 2019 deploy population health management solutions to support ICSs to understand the areas of greatest health need and match NHS services to meet them.

What this means for us/next steps

- Add to digital workstream and plan
- Luke's team to oversee next steps for NEL?

Chapter six: 3.4% NHS Funding settlement details

- Aim to have **financial balance by 2023/24**
- Reforms to payment system **moving funding away from activity based payments to population based funding**.
- **Blended payment model** starting with urgent and emergency care with a single set of financial incentives aligned to the commitments in the LTP.
- **Reforms to CQUIN**
- **2019/20 will be a transitional year** with one-year rebased control totals and greater flexibility for all STPs and ICSs to agree financially neutral charges to control totals.
- **NHSI accelerated turnaround process** for 30 worst financially performing Trusts
- **Beyond 2019/20 there will be further financial reforms that will support ICSs to deliver integrated care**
- **Financial recovery fund** to support systems and organisations efforts to make NHS services sustainable.
- Getting it right first time (GIRFT) – will combine with other clinically led programmes such as NHS Right Care and an increased investment in Quality Improvement (QI) to accelerate work and end unjustified clinical practice variation
- There are **ten priority areas** as part of a strengthened efficiency and productivity programme
    1. Availability and deployment of clinical workforce
    2. Procurement savings by aggregation of volumes and standardising specs through the Supply Chain Coordination Limited
    3. Diagnostic Tests – deliver pathology imaging networks to improve the accuracy and turnaround times on tests and scans will make best use of workforce and reduce costs
    4. Improve efficiency in community health services, mental health and primary care including access to mobile devices and digital services, better access to records for ambulance services
    5. Delivering value from £16bn we spend on medicines over next 5 years all providers will be expected to implement e-prescribing to reduce errors by 30%. Pharmacists to work with GPs to relieve pressure on GPs and support care homes
    6. Savings to NHS admin costs across commissioner and providers £290m from Commissioners and £400m from providers
    7. Estates – reduce non-clinical space by 5%
    8. Ensuring least effective interventions are not routinely performed
    9. Improve patient safety – new ten year national strategy to be published in 2019
    10. Counter fraud

What this means for us/next steps

- Henry and team to work up next steps for finance.

Chapter seven: Next steps

- **Five year indicative financial allocations** for local health systems for 2019/20 - 2023/24
- **Mutual aid** will be an integral part of the role of leaders "duty to collaborate"
- **NHS Assembly to be established in early 2019** – will bring together a range of organisations and individuals at regular intervals to advise the boards of NHSE/NHSI. Members will be

drawn from the voluntary sector, ALB's and frontline leaders from ICSs, STPs, Trusts, CCGs and LA's

- **2019/20 will be a transitional year** as the local NHS and partners have the opportunity to shape local implementation for their populations
- **Clinical standards review and national implementation framework to be published in the spring**
- **Local ICS's to be created by April 2021**
- **Legislation changes** – plan makes some suggestions to Parliament to accelerate the progress of integration, admin efficiency and public accountability
    - Give CCGs and NHS Providers shared new duties to promote the 'triple aim' of better health for everyone, better care for all patients and sustainability both for their local NHS system and wider NHS
    - Remove specific impediments to place-based NHS Commissioning
    - Support effective running of ICS's
    - Support creation of NHS Integrated Care Trusts
    - Remove counter-productive effect that general competition rules and powers can have on integration
    - Cut delays and costs of NHS having to automatically go through procurement process
    - Increase flex in NHS pricing regime
    - Make it easier for NHSE and NHSI to work together (eg through a joint committee)

What this means for us/next steps

- Extended SMT session to scope out gaps and next steps
- Keep NELCA Chairs informed
- Next steps for LTP to include refreshed STP workstreams, clear plan for patient engagement, clear plan for finances,
- Need to develop an outline of all the key milestones – into one timeline eg when we can expect key publications, when key elements of the LTP need to be fully implemented
- Clear narrative for staff, GPs, stakeholders about what happens next and what it means for NEL.

A full version of the Long Term Plan can be found here: https://www.longtermplan.nhs.uk/