

Next Steps on the NHS Five Year Forward View

Briefing
31 March 2017

31 March 2017: NHS England has published *Next Steps on the NHS Five Year Forward View*

Overview

NHS England has published *Next steps on the NHS Five Year Forward View*. This document marks the halfway point from when the original *Five Year Forward View* was published and sets out NHS England's strategy for delivering improvements across the service by 2020. Key elements of the document include:

- **Organisational structures:** The document seeks to encourage Sustainability and Transformation Plan (STP) areas to “come forward” to become Accountable Care Systems – identifying that nine such areas were already candidates for such status. This move, which if implemented could end the purchaser-provider split in those footprints, requires STP areas to satisfy a number of criteria around governance and organisational capabilities
- **A&E and hospital beds:** The NHS will take practical action to take the strain off A&E departments. Working closely with community services and councils, hospitals will be tasked to free up 2,000-3,000 hospital beds. In addition, patients with less severe conditions will be offered more convenient alternatives, including a network of newly designated Urgent Treatment Centres, GP appointments, and more nurses, doctors and paramedics handling calls to NHS 111
- **Staffing:** Over the next two years, NHS England is on track to deliver 3,250 GP recruits, with an extra 1,300 clinical pharmacists and 1,500 more mental health therapists working alongside them. As well as improved access during the working week, bookable appointments at evenings and weekends will be available covering half the country by next March, and everywhere in two years' time. Health Education England will also be expanding current routes to the frontline, and opening innovative new ones to attract the best people into the health service
- **Cancer:** Identifying cancer earlier is critical to saving more lives. NHS England has therefore committed to speeding up and improving diagnosis, increase current capacity and open new Rapid Diagnostic and Assessment Centres. Patients will have access to state of the art new and upgraded linear accelerators (LINACs) across the country. By taking these actions, NHS England expects that at least an extra 5,000 people will survive their cancer over the next two years
- **Mental health:** The document notes that the public are increasingly understanding that many of our lives will at some point be touched by mental health problems. It acknowledges that, historically, treatment options for mental health compare unfavourably with those for physical conditions, particularly for children and young people. NHS England therefore pledges “substantially increased” investment to enable 60,000 more people to access psychological, or ‘talking’ therapies, for common mental health conditions over 2017, rising to 200,000 more people in 2018/19—an increase of over 20 per cent
- **Older people:** The document notes that, as people live longer lives, the NHS needs to adapt to their needs, helping frail and older people stay healthy and independent and avoid hospital stays where possible. NHS England also highlights that better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes has resulted in “particularly noticeable” improvements for people over 75, who often face a “revolving door of emergency admission”
- **Efficiency:** While the NHS is already one of the leanest publicly-funded health services in the industrialised world, there are still opportunities to do better, as set out in the NHS' 10 Point Efficiency Plan

Urgent and emergency care

The document states that action is needed to “improve services for patients and reduce pressure on our staff”, noting that the proportion of patients looked after within four hours has been falling in recent years. This decline is attributed to rising demand in A&E departments, and difficulties in discharging inpatients when they are medically fit to go home, amongst other factors. Key deliverables set out for the next two years are centred towards ensuring Trusts and CCGs meet the Government’s mandate to the NHS that by March 2018 the majority of Trusts meet the 95 per cent standard, with the NHS overall returning to this target within the course of 2018. This will be achieved through the following actions:

Access to care

- Every hospital will be required to have comprehensive front-door clinical streaming by October 2017. £100 million in capital funding will be provided to support modifications to enable this
- New, standardised ‘Urgent Treatment Centres’ will be rolled-out for patients who do not require hospital accident and emergency care, but may need treatment by clinicians and access to diagnostic facilities
- Evening and weekend GP appointments will be rolled out to 50 per cent of the public by March 2018, and 100 per cent by March 2019
- A broader range of improvement support will be offered to frontline staff in order to achieve the priorities, including working towards a more standardised clinical operating model

Social care

- Every hospital and its local health and social care partners will be required to have adopted good practice to enable appropriate patient flow by October 2017, and support for care homes will be strengthened, to ensure they have direct access to clinical advice

Mental health

- 74 24-hour ‘core 24’ mental health teams will be available, covering five times more A&Es by March 2019 than presently

NHS 111

- The proportion of NHS 111 calls receiving clinical assessment will increase from 22 per cent to 30 per cent or over by March 2018, meaning only the patients who genuinely need to attend A&E or require the ambulance service will be advised as such
- NHS 111 online will start during 2017

Performance incentives

- Rules governing the performance element of the £1.8 billion Sustainability and Transformation Fund (STF) for acute trusts that relate to A&E will be amended in agreement with the Department of Health and HM Treasury

Programme management

- A single national leader accountable to both NHS England and NHS Improvement has been appointed, to ensure complete alignment between the two organisations

Primary care

The document highlights the importance of the *General Practice Forward View (GPFV)*, published in April 2016, as a driver of investment and reform in primary care pre-2020. Specific work around flexible service access, workforce, new models of care and a real-terms increase in funding are cited as key achievements over the past three years. Further improvements will be achieved through the following actions:

More convenient access to GP services

- There will be an introduction of financial incentives for those practices who remain open longer, and new targets for evening and weekend opening which goes beyond Mandate requirements

Workforce and facilities

- The GP retention scheme proposed by the *GPFV* will be rolled out – including allowing experienced doctors to work without responsibilities of partnership, freeing up practice capacity with the Time to Care investment programme, and support for clinical mental health and addiction via the NHS GP Health Service
- There will be an attempt to promote increased numbers of clinical pharmacists, mental health therapists, physician associates and nurses working in primary care
- NHS England will seek to identify up to 800 additional primary care infrastructure projects suitable for investment, by 2019

Investment and contracting

- NHS England will seek to sustain levels of primary care investment, so that by 2020/21, funding in primary care rises 14 per cent in real terms (£2.4 billion) – with much of this investment focused on workforce investments
- NHS England will seek to replace the Quality Outcomes Framework (QOF). This work is currently underway and this will involve agreement ‘with relevant stakeholders’

New models of care

- There will be a focus on development of new hub or network models to encourage more effective sharing of staff and resources. As identified in several Sustainability and Transformation Plans, practices in rural areas will also be a target for such schemes – although the document makes clear that such a move will not require service closures or co-location of services

Cancer

It is recognised within the progress update that increased numbers of cancer referrals have placed a “strain on service”, but that better prevention, earlier diagnosis and innovative new treatments provide a “realistic opportunity” to improve survival rates. As a result of the commitments outlined in the document, NHS England expects at least an extra 5,000 people to survive their cancer over the next two years.

Of note, are plans to introduce a new target of proving patients with a definitive diagnosis within 28 days of referral by 2020 and the rolling-out of a radiotherapy upgrade programme, described as the largest in 15 years, by October 2018 (though this is subject to HM Treasury approval). Additional improvements will be delivered through the following actions:

Screening

- A new bowel cancer screening test will be rolled out from April 2018, which is expected to catch a fifth more cancers earlier, compared to the old screening test
- Primary HPV testing for cervical screening will be rolled out from April 2019

Diagnosis

- By 2020, there will be a new standard to give patients a definitive diagnosis within 28 days
- There will be ten new multi-disciplinary Rapid Diagnostic and Assessment Centres across England and rollout Centres in each of the 16 cancer alliances by March 2019
- Access to the latest molecular diagnostics capability will be expanded across England, with hi-tech test volumes increasing from around 55,000 to around 70,000 a year

Access to modern treatment

- There will be implementation of the largest radiotherapy upgrade programme in 15 years by October 2018, with over 50 new radiotherapy machines in at least 34 hospitals being rolled out over the next 18 months
- £130 million will be designated for a national radiotherapy modernisation fund, with £36 million having been spent to date and a further £94 million planned to be spent over the next 18 months

Delivery

- Health Education England will have trained 160 non-medical endoscopists by 2018 and created 35 more places for ST1 clinical radiology training
- Performance goals will be provided for CCGs and cancer providers, utilising the [cancer dashboard](#), with CCG ratings to be published in July
- Three cancer vanguards will create population cancer budgets, with the aim of integrating commissioning of cancer surgery, radiotherapy and cancer drugs for 9.6 million people

Mental health

The document recognises that mental health services have always been the “poor relation” to acute hospital services for physical conditions. However, evidence is noted that tackling major mental health problems has successfully helped to reduce subsequent problems and improve people’s life chances. Further improvements in this regard will be achieved through the following actions:

Increasing psychological and talking therapies

- By the end of 2017/18 60,000 more people will get treatment for common mental health conditions
- A partnership with the National Institute of Health and Care Excellence (NICE) will help facilitate faster access to new digital therapies
- Expansion of mental health workforce will include 800 mental health therapists to primary care by March 2018, and 1,500 by March 2019
- National investment will be targeted and a CCG ‘investment standard’ will help to direct growth for the expansion of these services
- There will be reform of mental health commissioning so that mental health providers control specialist referral and redirect funding of around £350 million
- CCG’s and mental health providers are to have clear performance goals

Better mental health care for mothers and young people

- Four new mental health Mother and Baby Units will open
- Care will be accessible closer to home for children and young people

Specialist mental health care will be expanded

- Specialist mental health teams will be in place in more than a quarter of A&E units by March 2018
- More physical health checks will be carried out for people with severe mental illness and
- A new Transition, Intervention and Liaison service for veterans will be accessible from April 2017
- New specifications for mental health provision for people in secure settings will be in place by the end of 2017
- Mental health providers will work with local councils to reduce delayed discharges to people stuck in psychiatric inpatient units

Integrating care locally

A key element of the NHS England document is the emphasis placed on reforming organisational structures and driving forward the level of healthcare integration set out in the *FYFV*. Further improvements in this regard will be achieved through the following actions:

New care models

- Compared to their 2014/15 baseline, both Primary and Acute Care Systems (PACS) and Multispecialty Community Providers or (MCPs) vanguards have seen lower growth in emergency hospital admissions and emergency inpatient bed days than the rest of England
- Comparing the most recent twelve months for which complete data are available (January-December 2016) with the twelve months prior to the vanguard funding commencing (the year to September 2015), per capita emergency admissions growth rates were: PACS vanguards 1.1 per cent, MCP vanguards 1.9 per cent, versus the non-vanguard rest of England which was 3.2 per cent

Sustainability and Transformation Partnerships

- NHS England will seek to make the biggest national move to integrated care of any major western country, which will take the form of Sustainability and Transformation Partnerships
- These are described as “a way of bringing together GPs, hospitals, mental health services and social care to keep people healthier for longer and integrate services around the patients who need it most”

Community participation and involvement

- Healthwatch has established the following five steps to ensure local people have their say on the development of Sustainability and Transformation Partnerships:
 1. Set out the case for change so people understand the current situation and why things may need to be done differently
 2. Involve people from the start in coming up with potential solutions
 3. Understand who in your community will be affected by your proposals and find out what they think
 4. Give people enough time to consider your plans and provide feedback
 5. Explain how you used people’s feedback, the difference it made to the plans and how the impact of the changes will be monitored

Accountable Care Systems

- STPs are not statutory bodies and will “supplement” rather than replace the accountability of local healthcare bodies. Despite this, NHS England make clear that “evolved” versions of STPs do have the potential to become what is termed Accountable Care Systems (ACSs)
- These will be systems including NHS commissioners and providers working in partnership with local authorities to take “clear collective responsibility for resources and population health”
- In time some ACSs may lead to the establishment of an accountable care organisation – where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area
- On timelines for ACS development, the complexity of the procurement process needed, and the requirements for systematic evaluation and management of risk, means they will not be the focus of activity in most areas over the next few years
- ACSs will aim to provide joined up, better coordinated care. In return, they will receive “far more control and freedom over the total operations of the health system in their area”. NHS national leadership bodies will offer ACSs the following:

- The ability for the local commissioners in the ACS to have delegated decision rights in respect of commissioning of primary care and specialised services
- A devolved transformation funding package from 2018, potentially bundling together national funding for GPFV, mental health and cancer
- A single 'one stop shop' regulatory relationship with NHS England and NHS Improvement in the form of streamlined oversight arrangements. An integrated CCG IAF and trust single oversight framework
- The ability to redeploy attributable staff and related funding from NHS England and NHS Improvement to support the work of the ACS, as well as to free up local administrative cost from the contracting mechanism, and its reinvestment in ACS priorities
- The following STP candidates described as likely to come forward as potential ACSs are:
 - Frimley Health
 - Greater Manchester
 - South Yorkshire & Bassetlaw
 - Northumberland
 - Nottinghamshire (with an early focus on Greater Nottingham and the southern part of the STP)
 - Blackpool & Fylde Coast (with the potential to spread to other parts of the Lancashire and South Cumbria STP at a later stage)
 - Dorset
 - Luton (with Milton Keynes and Bedfordshire)
 - West Berkshire

Funding and Efficiency

The document notes that since its creation the NHS' growth in funding has followed the rises and falls of broader economic cycles. It is noted that NHS funding has done better than other public services, and the Spending Review provides real terms growth in NHS England revenue funding, although age-weighted real terms funding per person will go down in 2018/19 and 2019/20, and capital investment has been limited in recent years.

The STP proposals of 2016 are being updated, following the operational plans and contracts for 2017/18-2018/19. They will set out clear local goals and milestones, across both performance and efficiency. Progress has been made but this work is not yet finished and risks to delivery remain, such as workforce supply. NHS England and NHS Improvement are working to create maximum 'headroom' from available efficiencies and this will be done through the NHS' 10 point efficiency plan.

The NHS' 10 Point Efficiency Plan

With this in mind, a 10 point efficiency plan has been developed to take advantage of these opportunities. Delivering against the points in this plan is no longer optional for each NHS organisation. This will now be mandatory and the key parts of the plan are outlined below:

1. Freeing up 2000 to 3000 hospital beds (NHS Improvement and NHS England lead)

- Hospital trusts must now work with local authorities, primary and community services to reduce delayed transfers of care and free up beds
- Delays related to social care have been mapped for each hospital and local authority and improvement trajectories have been developed

2. Control of temporary staffing costs and improved productivity (NHS Improvement lead)

- Trusts are being set a target of saving £150 million from medical locum expenditure savings
- NHS Improvement now requires public reporting of any locum costing the equivalent of £150,000 per annum or more

3. Better use of the NHS' procurement clout (NHS Improvement lead)

- As part of the implementation of recommendations from the Carter review, NHS England will standardise and improve Trust procurement to release £350 million of savings in 2017/18 on a baseline of over £8bn of annual expenditure on supplies and devices
- Smarter, collaborative procurement will mean purchasing certain categories of product on behalf of the whole NHS
- All Trusts will be required to take part in the Nationally Contracted Products programme – by submitting and sticking to required volumes using the procurement price comparison tool to switch to better value products

4. Getting best value out of medicines and pharmacy (NHS England lead)

- NHS England is co-funding pharmacists embedded in general practice to support GP prescribing and optimise medicines usage. Formulary decisions will now typically be made on a regional basis rather than by CCG (as recommended in the Accelerated Access Review)
- NHS RightCare will be used to drive improved uptake of NICE-recommended medicines that also generate downstream savings (eg anticoagulation to reduce strokes)
- Four regional Medicines Optimisation Committees will coordinate the pursuit of medicines optimisation opportunities
- NHS Clinical Commissioners and CCGs will review the appropriateness of expenditure on medicines (eg prescribing of medicines of low clinical value)

- NHS England's new commercial medicines team will negotiate with pharma companies on new win/win fast track reimbursement arrangements for selected drugs (as recommended in the Accelerated Access Review)
- NHS Improvement will support hospitals to save £250 million from medicines spend, by publishing and tracking the uptake of a list of the top ten medicines savings opportunities. As savings are delivered the top ten will be refreshed with further products or switches that deliver the best value

5. Reducing avoidable demand and meeting demand more appropriately (PHE and NHS England lead)

Prevention

- The Diabetes Prevention Programme is to be expanded, as well a range of PHE activities to tackle obesity
- From 2017/18 all NHS Provider Trusts will screen and give advice to all patients who smoke and/or have high alcohol consumption, to qualify for CQUIN payments
- PHE will look to reach 2.8 million more people with an NHS Health Check, by 2018/19
- In 2017/18 the childhood flu vaccination will be expanded to include children in school year four
- To tackle cardiovascular disease NHS RightCare will work with CCGs cover in 13 million people to identify and implement optimal value CVD interventions, deploy electronic audit tools (eg GRASP-AF) and new models of care to improve detection and treatment of people with high risk conditions

Emergency care

- A comprehensive plan will be developed to reduce the growth in 'minor' cases that present in A&E departments
- In July 2017, NHS England will publish metrics for each STP benchmarking emergency admission rates and bed days. CCGs will be held to account for their improvement
- Funds will be offered for vanguards to STPs as a source to pay for excess emergency admissions growth in their area

Elective care

- NHS England will work with upper quartile higher referring GP practices and CCGs to benchmark clinical appropriateness of hospital referrals using CCG dashboards and a new tool from NHS Digital
- CCGs will review their referral management processes and guidance
- GPs practices and hospitals are moving to universal use of e-referrals by October 2018
- Getting it right first time (GIRFT) will work directly with consultants on the appropriateness of certain procedures of questionable clinical value

6. Reducing unwarranted variation in clinical quality and efficiency (NHS Improvement lead)

- As most elective hospital admissions are daycases and not dependent on beds, hospitals will work to improve theatre productivity in line with GIRFT benchmarks
- Subject to local consultation, NHS England will support well-designed and affordable STP proposals that seek to split 'hot' emergency and urgent care from 'cold' planned surgery clinical facilities, to allow efficient bed use
- The Academy of Medical Royal Colleges has endorsed four priority clinical standards. The aim is that the standards should be met for 50 per cent of the population seven days a week by April 2018
- By November 2017 the whole population should be covered by five specialist services (which meet the seven days a week standard). These services include emergency vascular surgery, stroke, major trauma, heart attacks, and paediatric intensive care

7. Estates, infrastructure, capital, and clinical support services (NHS Improvement and DH lead)

- The NHS will seek to improve the deployment of pathologists and imaging services, which are expected to save £130 million annually
- The NHS will seek to reduce the £6.5 billion it spends maintaining and running its estate and facilities with NHS Improvement tasked to support hospitals to achieve over £100 million in savings in 2017/18
- The NHS and Department of Health will aim to dispose of £2 billion in surplus assets over the Spending Review period to ‘create headroom for investment and to free land sufficient for 26,000 homes’
- A multi-year capital programme will be announced in the Chancellor’s Autumn Budget to support implementation of “approved high quality STPs” and a further round of STP proposals will be considered

8. Cutting the costs of corporate services and administration (NHS England and NHS Improvement lead)

- NHS Improvement aim for savings of over £100 million in 2017/18 and will establish national benchmarks across the key corporate services functions so trusts can compare performance and identify areas for improvement
- The NHS Litigation Authority (NHS Resolution) will provide support closer to the time of incidents and aim to reduce costs by identifying and investigating incidents earlier, looking to resolve disputes in a less adversarial way
- NHS England and CCGs will reduce running costs by a further £150 million by 2019/20
- NHS England and NHS Improvement will streamline aspects of joint work in 2017/18
 - Each Regional Director and their team will act on behalf of both organisations in overseeing the implementation of the Urgent and Emergency Care plan
 - Unified programme management groups will be created to deliver key clinical priorities in the Plan
 - Closer collaboration between RightCare and the broader Operational Productivity programme will be promoted
 - STPs, as Accountable Care Systems, will have a single ‘one stop shop’ relationship with NHS England and NHS Improvement

9. Collecting income the NHS is owed (NHS Improvement lead)

- To allow the NHS to meet the Government target of recovering up to £500 million a year for the care of non-UK residents, twenty trusts will pilot new processes to improve the identification of chargeable patients
- The Department of Health will also amend the General Medical Service regulations to require GP practices to ask all new patients whether they hold a non-UK issued EHIC card, and then pass this information to NHS Digital for appropriate recharging. This move has been agreed with GP representatives

10. Financial accountability and discipline for all Trusts and CCGs (NHS Improvement and NHS England lead)

- 70 per cent of the national Sustainability and Transformation Fund will be tied to the delivery of trust-specific financial control totals. Additionally, Provider Trusts not agreeing control totals will lose their exemption from the default fining regime in the NHS standard contract, and CCGs missing their financial goals will lose access to the CCG Quality Premium
- From August 2017 the CQC will begin incorporating trust efficiency in their inspection regime
- Trusts and CCGs missing their individual or system control totals may be placed in the special measures regime

Strengthening our workforce

The document outlines the need to continue to improve productivity and grow the frontline workforce, especially in nursing, mental health, urgent and primary care. However, this means that the NHS needs to retain existing staff to reduce its dependence on agency and locum staff. Health Education England (HEE) forecasts at least 25,000 to 50,000 net additional clinical staff could be available for NHS employment by 2020. This will be achieved through the following actions:

Recruitment and training

- A further 1500-2000 nurses will be targeted for support to return to work over the next two years
- The creation of a Nurse First, similar to the Teach First programme, will be consulted on
- 500 extra places at undergraduate medical school will be added in 2018, with a further 1000 available from 2019
- HEE will train 15,000 GPs between 2015 and 2020
- £10 million will be made available for HEE to implement new plans with the Royal Colleges to improve support for doctors returning to training after maternity leave
- HEE will operate an accelerated programme to train non-medical endoscopists with the first 40 completing their training in 2017 and another 160 by the end of 2018
- 200 healthcare professionals will be trained in sonography by 2019/20
- Grow the number of new CCT holders from the current annual output of approximately 170 to 230 by 2021/22

Retention

- NHS Employers and the BMA will monitor providers to ensure doctors receive their proposed rota a minimum of eight weeks and final rota a minimum of six weeks in advance of starting new rotations
- NHS Improvement will publish guidance on electronic rostering to ensure high quality effective care at the bedside
- By the end of 2017/18 all Trusts will have a plan in place to improve the health and wellbeing of their workforce
- Leading STPs and ASCs will work with their staff and trade unions on ways of to support flexible working and de-risk service change

Patient safety

The document reflects on the NHS' journey "to become one of the safest healthcare systems in the world." It notes recent achievements including the overhaul of CQC standards, the introduction of the duty of candour alongside protection for NHS whistleblowers, and the introduction of the national Safety and Learning Service by the NHS Litigation Authority (soon to be renamed NHS Resolution). This will be achieved through the following actions:

Expanding work to prevent healthcare acquired infections

- Mandatory data collection will be extended
- Supporting guidance and tools will be developed by NHS Improvement
- Gram-negative infections will be given the same level of priority as MRSA and C.difficile infections
- By 2020/21 the level of such healthcare associated infections will fall by 50 per cent

Learning from deaths

- Services for people with learning disabilities and mental health problems will be seen as a key part data published (from April 2017) by Trusts on deaths likely to have been caused by care problems
- Support and communication for bereaved families will be improved, along with the standard and understanding of data

Improving inspections and investigations

- The Care Quality Commission (CQC) will develop regulation and inspection to take account of new care models and more complex providers
- Revised guidance for the investigation of serious incidents will be published by NHS Improvement

Other changes

- [Better Births](#) will be implemented by the 44 Local Maternity Systems for their STP areas from April 2017
- Plans will be developed to reduce medication error
- NHS Improvement will develop a new Patient Safety Incident Management system

Harnessing technology and innovation

The document outlines that an “agreed, costed and phased NHS technology plan” is in place to support improved uptake of technology and innovation in the health service, which is designed to “simplify patient access to care, in the most appropriate location, while supporting people in managing their own health”. This will be achieved through the following actions:

Helping people to manager their own health

- In spring 2017, NHS England will launch the NHS Digital Apps Library which will initially cover areas such as mental health and diabetes
- From April 2017, parents in London will have access to their children’s health records through an online resource
- Subject to approval from The Treasury, NHS England will continue with the next phase of free wi-fi rollout to GP surgeries

Digitising hospitals

- A new network of acute Global Digital Exemplars will be established, subject to funding from the Treasury
- Seven Mental Health Digital Exemplars will be established, subject to funding from the Treasury
- An NHS Digital Academy will be launched by September 2017, to “train a new generation of Chief Information Officers and Chief Clinical Information Officers”

Technology to support the NHS priorities

- Through 2017, NHS England will design online services to support NHS 111 Online, including the design of an online triage service that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional
- By December 2017, every Accident and Emergency Department, Urgent Treatment Centre and ePrescribing pharmacy will have access to extended patient data
- By summer 2017, GPs will be able electronically to seek advice and guidance from a hospital specialist, without the patient needing an outpatient appointment

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