



A summary of *The NHS long term plan*



Introduction

*The NHS long term plan*¹ (the Plan), published in January 2019, aims to make the NHS fit for the future and to get the most value for patients out of every pound of taxpayers' investment. The plan sets out a range of aims – making sure everyone gets the best start in life, delivering world class care for major health problems and supporting people to age well. The Plan provides a framework for local systems to develop plans, based on principles of collaboration and co-design.

This briefing for HFMA members, summarises the key points included in the Plan.

Key points

The NHS long term plan is split into seven chapters and one appendix (identifying how the Plan supports wider social goals), the key points in each chapter are summarised below.

Chapter 1: A new service model for the 21st century

The NHS long term plan sets out the pathway for a new service model fit for the 21st century. The aim is for patients to receive more options, better support and properly joined-up care at the right time in the optimal care setting.

The first aim of the new service model is **boosting out-of-hospital care**. It is based upon three years of testing alternative models in the *Five year forward view*² through integrated care vanguards and integrated care systems (ICSs) and promises to 'finally dissolve the historic divide between primary and community health services'¹. This aim is backed by a commitment to increase

¹ NHS, *The NHS long term plan*, January 2019

² NHS England, *Five year forward view*, October 2014

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, meaning at least a £4.5 billion more will be spent on these services in five years' time.

Emergency care services will also be expanded and reformed to help ensure patients get the care they need faster, relieve pressure on A&E departments and better offset pressures in demand over winter months. This includes fully implementing the urgent treatment centre model by autumn 2020, enabling all localities to have a consistent offer for out of hospital urgent care and the option of appointments booked through a call to NHS 111.

Over the next five years the NHS intends to increase support for people so that they have **more control over their own health and more personalised care when they need it**. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems. It includes the roll out of the NHS personalised care model across the country and the acceleration of personal health budgets. Details on how personalised care and personal health budgets work can be found in an HFMA briefing³.

In order to improve access to advice and care, it is intended that **digitally-enabled primary and outpatient care** will go mainstream across the NHS. A digital NHS 'front door' through the NHS App will provide advice, check symptoms and connect people with healthcare professionals. Outpatient services will also be fundamentally redesigned over the next five years in order to avoid up to a third of face-to-face outpatient appointments. This is expected to remove the need for up to 30 million outpatient visits a year. In order to facilitate this, there will be dedicated funding to capitalise on the opportunities provided by advances in digital technology, detailed in Chapter 5.

In June 2018, PwC and HFMA published a briefing⁴ exploring how financial flows could be redesigned to improve health outcomes. By way of response to the sector, the Plan promises to **focus on population health**, enabled by ICSs covering the whole country by April 2021. 'Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area'.

The move to ICSs will be supported by NHS Improvement taking a more proactive role in supporting collaborative approaches between trusts, and also by reforms to funding flows and contracting arrangements. A new ICS accountability and performance framework will provide a consistent and comparable set of performance measures and system-wide objectives will be agreed with the relevant NHS England/ NHS Improvement regional director.

The Plan also includes a commitment to support local approaches to blending health and social budgets where councils and CCGs agree it makes sense. There is a plan to review the better care fund (BCF) in early 2019.

Chapter 2: More NHS action on prevention and health inequalities

Alongside the important role played by local government *The NHS long term plan* sets out new commitments for action that the NHS itself will take to improve the prevention of ill-health. The renewed NHS prevention programme includes the following programmes:

- **To cut smoking:** By offering NHS funded tobacco treatment services to all hospital admitted patients who smoke, expectant mothers and their partners, long term users of specialist mental health services and learning disability services.
- **To reduce obesity:** Through measures including targeted support for patients with type 2 diabetes or hypertension with a BMI of 30+. There is also a commitment to double the NHS diabetes prevention programme funding over the next five years and also increase the profile of nutrition in professional education training.

³ HFMA, *How it works: Personal health budgets and integrated personal care*, November 2018

⁴ PwC and HFMA, *Making the money work in the health and care system*, June 2018

- **To limit alcohol related A&E admissions:** Over the next five years hospitals with the highest rate of alcohol dependence-related admissions will be supported to establish alcohol care teams.
- **To lower air pollution:** Through the redesign of care, including a greater use of virtual appointments, the NHS aims to cut business mileages and fleet air pollution emissions by 20% by 2023/24.

These measures are designed to contribute to the government's ambition of five years of extra healthy life expectancy by 2035.

In addition to preventing ill-health, *The NHS long term plan* takes a more concerted and systematic approach to previous plans in addressing unwarranted variations in care and reducing health inequalities. NHS England will continue to target a higher share of funding (£1 billion by 2023/24) towards geographies with high health inequalities and during 2019 all health systems will be expected to set out how they will reduce health inequalities by 2023/24 and 2028/29. The Plan aims to ensure that action to drive down health inequalities is central to everything the NHS does, including:

- continuity of carer models for the most vulnerable mothers and babies and specialist smoking cessation support offered to all women who smoke during pregnancy
- ensuring at least 390,000 people living with severe mental health problems have their physical health needs met by 2023/24
- ensuring people with learning disability and/ or autism get better support
- investing up to £30 million extra on meeting the needs of people experiencing homelessness
- continuing to support carers and their health needs, particularly those from vulnerable communities and young carers
- expanding NHS specialist clinics to help more people with serious gambling problems.

Chapter 3: Further progress on care quality and outcomes

Although performance in all major conditions is now measurably better than a decade ago, there remains a degree of unmet need and unwarranted variation for the biggest killers and disablers of the population, coupled with increasing opportunities for further medical advances.

The NHS long term plan sets out two clear areas for further progress on care quality and outcomes, firstly enabling a strong start in life for children and young people and secondly providing better care for major health conditions.

Children and young people represent a third of the population. The Plan sets out measures to address their current and future needs including: maternity and neonatal, mental health, learning disability, autism and cancer.

The Plan also goes further on the *NHS five year forward view's* focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia and extends to providing **better care for major health conditions** such as cardiovascular and respiratory conditions, learning disability and autism, among others.

Some improvements in these services have been framed as ten-year goals due to the extent of time required to expand capacity and grow the workforce.

Chapter 4: NHS staff will get the backing they need

The Plan makes it clear that workforce growth has not kept up with need, partly due to increasing demands on the NHS and partly because the NHS has not been a sufficiently flexible and responsive employer. Staff are feeling the strain, particularly due to substantial and unsustainable vacancies.

As recognised in the Plan, 'the challenge is substantial, but there are real opportunities to make improvements. More people want to train to join the NHS than are currently in education or training. Many of those leaving the NHS would remain if they were offered improved development opportunities and more control over their working lives'.

The NHS workforce implementation plan is due to be published later in the year when the education and training budget for Health Education England (HEE) is set. The Plan does include some actions that can be taken now, across eight key areas:

- **A comprehensive new workforce implementation plan:** a workforce implementation plan will be published later in 2019 and NHS Improvement, HEE and NHS England will establish a national workforce group to ensure that workforce actions agreed are delivered quickly.
- **Expanding the number of nurses, midwives, AHPs and other staff:** the national workforce group will agree action to increase supply to improve the nursing vacancy rate to 5% by 2028, including expanding the number of undergraduate places, increased funding for clinical placements, on-line nursing qualification, apprenticeships, 'earn and learn' support, a new post-qualification employment guarantee and national recruitment campaigns. Further information on using the apprenticeship levy can be found in an HFMA briefing.⁵
- **Growing the medical workforce:** As well as increasing medical school places from 6,000 to at least 7,500 per year and committing to a new state-backed GP indemnity scheme from April 2019, the workforce implementation plan will build on the *General practice forward view*⁶ with the aim to move from a dominance of highly specialised roles to a better balance with more generalist ones.
- **International recruitment:** The workforce implementation plan will set out new national arrangements to support recruiting overseas, which will be particularly important in the short-term before increased domestic training has an impact. NHS England and NHS Improvement will also directly monitor NHS staffing flows post-Brexit to consider consequential actions.
- **Supporting our current NHS staff:** The proportion of HEE's total budget spent on workforce development will increase and respect, equality and diversity will be central to the workforce implementation plan. The NHS chief people officer, working with the national workforce group, will take action for all NHS staff in a number of areas such as improving wellbeing, supporting flexibility and enabling staff to move more easily across NHS employers.
- **Enabling productive working:** Improved technology, including electronic roster or e-job plans, will be used to support staff. A review of NHS workforce data will also be commissioned to ensure it supports both day-to-day and strategic workforce decision making.
- **Leadership and talent management:** a new NHS leadership code will set out the cultural values and leadership behaviours of the NHS and will be used to underpin everything from recruitment practices to development programmes. The national workforce group will also look at options for improving the NHS leadership pipeline.
- **Volunteers:** The aim is to double the number of NHS volunteers over the next three years and as part of this at least £2.3 million of NHS England funding will be provided to the Helpforce programme to scale successful volunteering programmes across the country.

Chapter 5: Digitally-enabled care will go mainstream across the NHS

Technological advances are expected to provide new possibilities for prevention, care and treatment. Progress has already begun in recent years with the introduction of the NHS App, Electronic Prescription Service, NHS e-referral service and the Global Digital Exemplar Programme.

Technology will play a crucial role and in ten years' time, it is expected that the existing model of care will look markedly different. The NHS will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients want or need it. Primary care and outpatient services will have changed to a model of tiered escalation depending on need. Senior

⁵ HFMA, *Using the apprenticeship levy in England*, April 2018

⁶ NHS England, *General practice forward view*, April 2016

clinicians will be supported by digital tools, freeing trainees' time to learn. When ill, people will be increasingly cared for in their own homes, with the option for their physiology to be effortlessly monitored by wearable devices. People will be helped to stay well, to recognise important symptoms early, and to manage their own health, guided by digital tools⁷. Further consideration can be found in the HFMA response to the consultation on digital first primary care⁷.

The NHS long term plan sets out the approach to technology across the five key areas – empowering people; supporting health and care professionals; supporting clinical care; improving population health; and improving clinical efficiency and safety.

Recognising that digital advances will require time, infrastructure and the right environment to thrive, The Plan sets out key principles and milestones (**Table 1**). The principles include the need to create a digitally literate workforce, ensuring compliance with published open standards and clear development requirements that meet NHS wide needs and allow for future development.

Table 1: The NHS long term plan – milestones for digital technology

2019	Introduce controls to ensure new systems purchased by the NHS comply with agreed standards, including those set out in <i>The Future of Healthcare</i> ⁸ .
2020	Five geographies will deliver a longitudinal health and care record platform linking NHS and local authority organisations. (Three additional areas will follow in 2021)
2020/21	People will have access to their care plan and communications from their care professionals via the NHS App; the care plan will move to the individual's local health care record (LHCR) across the country over the next five years.
2021	By summer 2021, there will be 100% compliance with mandated cyber security standards across all NHS organisations in the health and care system.
2021/22	We will have systems that support population health management in every ICS in England, with a chief clinical information officer or chief information officer on the board of every local NHS organisation.
2022/23	The Child Protection Information system will be extended to cover all health care settings, including general practices.
2023/24	Every patient in England will be able to access a digital first primary care offer.
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.

Chapter 6: Taxpayers' investment will be used to maximum effect

Long term modelling underpinning the Plan is based on using the additional £20.5 billion for the NHS by 2023/24 for three areas: current financial pressures; continuing demand growth; and new priorities. To put the NHS on a sustainable financial path, the Plan sets out five 'stretching but feasible' commitments as covered below.

Test 1: The NHS (including providers) will return to financial balance

Over the next five years, NHS organisations must meet the following three objectives:

- continue to balance the NHS' books nationally across providers and commissioners
- reduce the aggregate provider deficit each year, with provider sector balance by 2020/21
- reduce, each year, the number of NHS organisations individually in deficit with all NHS organisations in balance by 2023/24.

⁷ HFMA, *Response to the engagement document on digital-first primary care*, September 2018

⁸ The Department of Health and Social Care, *The future of healthcare: our vision for digital, data and technology in health and care*, October 2018

The Plan sets out a number of changes (**Table 2**) including changes to payment arrangements; 2019/20 rebased control totals; an accelerated turnaround process; earned financial autonomy for ICSs; and a new financial recovery fund (FRF). The FRF will mean the end of the control total regime and provider sustainability fund for all trusts that deliver against their recovery plans by 2021 at the latest. Further information on the payment reforms for 2019/20 are summarised in an HFMA briefing⁹ and in the HFMA’s response to the 2019/20 payment reform proposals¹⁰.

Table 2: Changes to support a return to financial balance

Payment arrangements	To take better account of the costs of delivering efficient services locally an updated market forces factor will be phased in over the next five years. There will be a move to a blended payment model, beginning with urgent and emergency care, with a single set of financial incentives. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model.
Reforms to the payment system	Reforms will move funding away from activity-based payments and ensure a majority of funding is population-based. An appropriate level of volume related payments for elective care will remain for now, alongside new incentives for improvements in quality (including patient experience).
2019/20 rebased control totals	2019/20 control totals will be rebased, with a neutral aggregate impact, to take account of distributional effects from price relativities, the market forces factor and national variations to the tariff. There will also be greater flexibility for all STPs and ICSs to agree financially neutral changes to control totals within their systems.
Accelerated turnaround	Turnaround deployed for the 30 worst financially performing trusts.
Increased system autonomy	To support the move to system shared decisions about financial planning and prioritisation, local health systems will be given greater control over resources based on a track record of strong financial and performance delivery, assessed in part through the new ICS accountability and performance framework. Shared stories and tips on system decision making are the subject of an HFMA briefing. ¹¹
Financial Recovery Fund (FRF)	As a result of the FRF, it is expected that the number of trusts reporting a deficit in 2019/20 will reduce by half and by 2023/24 will be nil. The FRF will reduce in size over five years, replaced by recurrent efficiency improvements. Multi-year financial recovery plans will be agreed with NHS England and NHS Improvement. This will mean the end of the control total regime and provider sustainability fund for all trusts which deliver against their recovery plans by 2021 at the latest.

Test 2: The NHS will achieve cash-releasing productivity growth of at least 1.1% per year

The NHS has been set an objective of making efficiency and productivity gains of at least 1.1% a year over the next five years, to be retained and reinvested in the NHS. The Plan recognises that waste does remain in the system and there are opportunities for efficiency. Over the next two years the efficiency and productivity programme will focus on ten priority areas:

- 1. Improving the availability of clinical workforce, further reducing bank and agency costs:** By 2021, all clinical staff working in the NHS will be deployed using an electronic roster or e-job plan. By 2023, all providers will be able to use evidence-based approaches to determine how many staff they need on wards and in other care settings.
- 2. Procurement:** By 2022, the volume of products bought through Supply Chain Coordination Limited (SCCL) will double to 80%, the number of nationally contracted products will be extended and the way local and regional procurement teams operate will be consolidated.

⁹ HFMA, *2019/20 payment reform proposals: a summary*, October 2018

¹⁰ HFMA, *The HFMA’s response to the 2019/20 payment reform proposals*, November 2018

¹¹ HFMA, *How do you support effective system decision-making?*, November 2018

3. **Pathology and imaging networks:** By 2021, all pathology services across England will be part of a pathology network and, by 2023 diagnostic imaging networks will be introduced.
4. **Community health services, mental health and primary care:** The GIRFT programme has already started work in mental health and will be extended across to community health services and primary care from April 2019.
5. **Medicines:** Over the next five years, all providers will be expected to implement electronic prescribing systems to reduce errors by up to 30%.
6. **NHS administrative costs:** Further efficiencies will save over £700 million by 2023/24, comprising £290 million from commissioners and over £400 million from providers.
7. **Land, buildings and equipment:** National work with providers will reduce the amount of non-clinical space by a further 5% and by 2020, the aim is to reduce the NHS carbon footprint by a third from 2007 levels.
8. **Non-clinically effective interventions:** The NHS needs to ensure that the least effective interventions are not routinely performed, or only performed in more clearly defined circumstances; freeing up scarce professional time and allowing resources to be reinvested into patient care.
9. **Improving patient safety:** Measures include a new patient safety incident management system by 2020; a shared and consistent patient safety curriculum; and the development of a network of senior patient safety specialists.
10. **Patient, contractor, payroll, or procurement fraud:** The NHS Counter Fraud Authority will continue to tackle this including large scale patient eligibility checking services.

Test 3: The NHS will reduce the growth in demand for care through better integration and prevention

Chapters one to three of *The NHS long term plan* describe in detail how this is being done.

Test 4: The NHS will reduce unjustified variation in performance

As set out in the Plan, ‘reducing unwarranted variation will be a core responsibility of ICSs. We expect all ICSs, supported by our national programmes, to bring together clinicians and managers to implement appropriately standardised evidence-based pathways’ Further detail is provided in chapters two and three of the Plan.

Test 5: The NHS will make better use of capital investment and its existing assets to drive transformation

In 2017, the government announced an additional allocation of £3.9 billion to accelerate estates transformation, tackle critical backlog maintenance issues and support efficiency. The chancellor has confirmed that NHS long-term capital investment will be considered in the 2019 Spending Review. In return, the NHS has committed to maximise the productivity benefits generated from its estate such as through improving utilisation of clinical space; sustainable build and maintenance; improving energy efficiency; and releasing properties not needed. A number of reforms to the NHS capital regime are also being considered and these will be set out alongside the Spending Review capital settlement. The recent HFMA briefing on capital¹² sets out the characteristics a new capital regime should have.

Chapter 7: Next steps

The Plan sets out major reforms to the NHS architecture, payment systems and incentives, providing a long-term strategic framework for local planning. Building on the approach taken in developing it, a new operating model must be based on co-design and collaboration.

¹² HFMA, *NHS capital – a system in distress?*, October 2018

2019/20 is a transitional year with each NHS organisation to agree a single year organisational operating plan and contribute to a single year local health system-level plan by April 2019. A summary of the 2019/20 initial planning guidance provides further information for planning¹³ and the HFMA series on system finance and governance shares stories and top tips for aligning resource plans across systems¹⁴. By Autumn 2019, local five year plans should be published. These should build on existing plans and be based on engagement with the local communities; a comprehensive assessment of population need; the national list of essential interventions; and take account of the clinical standards review and the national implementation framework due to be published in the spring. To support this, local health systems will receive five-year indicative allocations for 2019/20 – 2023/4.

Local plans should be brought together in a detailed national implementation programme by autumn 2019. This will also take account of the government's Spending Review setting out details of the NHS capital budget, funding for education and training and the local government settlement to cover public health and adult social care services.

The Plan does not require changes to the law to be implemented. However, it recognises that amendment to legislation would significantly accelerate progress on service integration, administrative efficiency and public accountability.

ICSs will be central to the delivery of the plan with the aim that ICSs cover all of the country by April 2021. National support will be provided to each developing system to produce and implement a clear development plan and timetable. NHS England and NHS Improvement will implement a new shared operating model designed to support delivery of the Plan, based on a supportive and collaborative culture. NHS organisations too will be encouraged to support each other with a 'duty to collaborate'.

Building on the consultative approach taken in developing the Plan, an NHS Assembly will be established in early 2019, bringing together a range of organisations and individuals at regular intervals as a 'guiding coalition' to implement the plan.

Conclusion

The NHS long term plan sets out ambitious improvements for patients over the next ten years. Building on work already started, the challenge is for local NHS organisations to work with their partners to develop and implement local plans for their local population. The HFMA will work to support finance teams in developing local plans. These plans must overcome the challenges that the NHS faces, such as staff shortages and growing demand for services. The workforce implementation plan and social care green paper due to be published later this year will be key to realising these ambitions. While the scale of change required cannot be underestimated, the aim is to make the NHS fit for purpose for patients, their families and staff.

¹³ HFMA, *A summary for preparing for 2019/20 operational planning and contracting*, January 2019

¹⁴ HFMA, *How do you align resource plans across the system?*, October 2018