

The NHS Long Term Plan: DCP Commentary

The NHS plan, published on 7 January 2019, sets out key ambitions for the next 10 years. It celebrates 'the enduring success of the service and the shared commitment it represents'. It attempts to tackle the issues of major concern, funding, staffing, inequalities and pressures from a growing and ageing population. The Plan builds on previous policy work, in particular The NHS Five Year Forward View. The following provides a DCP view about the contents of the Plan's seven chapters.

A new service model. (Chapter 1)

The new model emphasises the importance of prevention and the development of community and primary care services. There will be £4.5 billion funding for expanded community teams aligned to primary care networks (populations 30-50,000). The networks will be expected to act proactively to improve the population's health. Input from these teams to care homes will grow. The emphasis is to reduce pressure on emergency services and to get patients home sooner. Initiatives in digital care are intended to help access services and offer new advice and treatment options.

This is positive but an emphasis on community and primary care services has been policy before and delivering on this agenda will prove a challenge. The primary care networks and the effectiveness of Integrated Care Systems (see below) will be crucial and both will require considerable development to get national coverage.

Prevention and health inequalities. (Chapter 2)

There is a strong emphasis on the NHS focussing on prevention and reducing health inequalities. Areas highlighted include smoking, obesity, alcohol, air pollution and anti-microbial resistance. The importance of addressing co-morbidities is stressed.

The issues of poverty (whilst mentioned) are inadequately addressed and the cuts to budgets during the austerity years are unsurprisingly not mentioned. The lack of a social care plan (as most strongly pointed out by the Kings Fund) is a both a missed opportunity and is likely to make aspects of the Plan difficult to deliver.

Care Quality and Outcomes. (Chapter 3)

The major policy thrust is to provide a strong start for children/young people and to tackle the 'biggest killers and disablers'. For children, there is an emphasis on improving maternity and neonatal care, and children's mental health, learning disability and medical (e.g. cancer) services. In terms of 'killers and disablers' of adults there is an emphasis on cancer, cardiovascular, stroke, diabetes, respiratory and mental health services. Within mental health there is specific mention of services for common and severe mental health problems, inpatient care and suicide prevention. The chapter finishes by stressing the importance of investment in research and innovation to drive health outcomes.

The key imperatives appear to be first, to develop a comprehensive service to children and young people (up to age 25) and second, to redesign community mental health services. The latter will include certain key elements, including psychological therapy, physical health care, personalised care and restoring substance misuse services.

Most of the content of the chapter is welcome and builds on what has come before. The challenge as far as mental health services are concerned will be ensuring that the money flows through to those services (often diverted in the past) and that we are training sufficient numbers of well qualified staff to deliver on the Plan

NHS Staff (Chapter 4)

The Plan acknowledges the scale of the challenge to ensure there are sufficient appropriately trained staff who are supported in their work. A new Workforce Implementation Plan will be produced (work already underway) and National Workforce Group established. The creation of a National Workforce Group and two new officers (Chief Midwifery Officer and People Officer) were announced to be part of the group alongside Chief Medical, Nursing and Professions Directors. There was an emphasis on the need to expand staff numbers (recruiting and retaining more) with sections addressing issues for nurses, midwives, AHPs, other staff and medics.

The Plan suggests a number of ways to ensure the aspiration of making the NHS a great place to work and finding productive and efficient ways to work. The importance of good leadership and the need to develop this at all levels was recognised although the Plan was a little short on specific ways that this might be achieved.

The Chapter was most disappointing in having no reference to the psychological professions and there is much work to do to ensure there is a strong presence in the implementation plan. There was also little mention of management and it is often the local management practices that create poor or good working environments. The acknowledgement of how many staff are finding the NHS a difficult place to work could have been more openly addressed given the recruitment and retention issues. It would provide a better platform for improving matters.

Digitally enabled care. (Chapter 5)

The Plan stressed the significance of reshaping the delivery of healthcare through digital innovation and technology. The developments will affect all areas in terms of workforce and service information to delivering assessments and interventions. There is reference to the importance of the Topol Review which was not published on the release of the Plan but is now available.

The financial future. (Chapter 6)

From 2010 to 2017 average real increase in NHS funding grew by just 1%. In June 2018 the PM announced a five year funding settlement which averages 3.4% annual inflation uplift over the next 5 years – getting close to historic 3.7% uplift but short of the 8.1% from 1997-2010.

It is a real increase over recent years but is less than the 4% many have argued is essential to keep pace with health inflation. There are some other important points in the finance Chapter (6) with five financial priorities, including an annual 1.1% cash releasing productivity growth, and a move away from activity based to population-based payments.

The structural change/development. (Chapter 7)

This addresses the implementation of the 'new' operational model. This Plan emphasises the future centrality of the Integrated Care Systems (ICS) and the plan for them to be all over the country by April 2021. The emphasis is on CCGs, Trusts and Local Authorities collaborating (with shared duties) to produce high quality services for specific geographical areas. NHS England and NHS Improvement will increasingly work together to oversee implementation working through the new Regional Boards (combining NHSE and NHSI).

This is a short but significant chapter. The state of ICS across the country is variable with some well established and some still operating as STPs. There is an emphasis on moving from a competitive to a collaborative way of working. One indicator of this is reducing the role of the Competition & Marketing Authority (CMA) in NHS services procurement and changing current procurement rules so that tendering is only required if there is reason to do so.

This is to try to reduce costs associated with tendering/re-procurement.

Thank goodness.

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