SUMMARY:
Five Year Forward View

October 2014
Why does the NHS need to change?

CHANGING NHS LANDSCAPE

1. Changing needs and personal preferences
   - Long term health conditions now take up 70% of the health service budget
   - Many people wish to be more informed and involved with their own care.

2. Improvements in treatments, technologies & care delivery
   - New technology and treatments are changing the way disease is predicted, diagnosed and treated
   - Emerging models of care are better able to deliver what people need and want.

3. Reduction in health service funding growth
   - As a result of the global recession, NHS spending growth is unlikely to return to the 6-7% real annual increases seen in the early 2000s.

EMERGING CHALLENGES

- Health & wellbeing gap
  - If the nation fails to get serious about prevention, the recent progress in healthy life expectancy will stall, health inequalities will widen and unacceptable variations in outcomes will persist.

- Care & quality gap
  - If the NHS fails to reshape care delivery and harness technology, then patients’ changing needs will go unmet and unacceptable variations in outcomes will persist.

- Funding & efficiency gap
  - If the NHS fails to match reasonable funding levels with wide-ranging efficiencies, the result will be some combination of worse services, fewer staff, deficits and restrictions on new treatments.
Five Year Vision: A new relationship with patients and communities

1. Getting serious about prevention
   - Implement a national diabetes prevention programme, linked where appropriate to the new Health Check; collaborate with Public Health England to expand this to other conditions
   - Support national prevention efforts including clear information and labelling, targeted personal support and wider changes to distribution, pricing and product formulation
   - Extend incentives for employers who provide effective, NICE recommended workplace health programmes for employees.

2. Empowering patients
   - Give all citizens access to their medical and care records (including in social care contexts) and the ability to share them with carers and others
   - Increase the direct control patients have over care provision, through integrated personal commissioning (IPC) and “year of care” budgets
   - Support people in managing their own health

3. Engaging communities
   - Develop a shorter national alternative to the standard NHS contract to reduce the time and complexity associated with securing local NHS funding
   - Work with voluntary organisations and GPs to identify carers and provide better support, including new volunteer programmes that could provide emergency help for carers

The Forward View makes the case for a more proactive approach to prevention and greater support for patients, carers and communities as a means of managing the increasing demand on NHS services.
Five Year Vision: New models of care

- The traditional divide between primary care, community services and hospitals is becoming an increasingly insurmountable barrier to personalised and coordinated health services.

- **The Forward View recognises the lack of public appetite for wholesale structural reorganisation, advocating for changes to be carried out within existing legislation instead.** The document supports the creation of a number of new care models which can be deployed in different combinations locally across England. These are as follows:

<table>
<thead>
<tr>
<th>Multispecialty Community Providers (MCPs)</th>
<th>Primary and Acute Care Systems (PACS)</th>
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<tbody>
<tr>
<td>• MCPs are groups of GPs, nurses, hospital specialists and other community health services that work together to deliver integrated out-of-hospital care</td>
<td>• PACS are vertically integrated organisations that provide NHS list-based GP and hospital services, together with mental health and community care</td>
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<td>• These providers aim to shift the majority of outpatient consultations and ambulatory care out of hospital settings</td>
<td>• Some hospitals will be permitted to open their own GP surgeries with registered lists. This enables foundation trusts to expand primary care in areas with high health inequalities</td>
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<tr>
<td>• MCPs could take over the running of local community hospitals and substantially extend existing services such as dialysis, chemotherapy and diagnostics</td>
<td>• Safeguards will be in place to ensure that PACS reinforce out-of-hospital care, rather than simply feeding into traditional in-hospital care</td>
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<td>• Community providers could in time take on delegated responsibility for managing the health service budget for their registered patients.</td>
<td>• PACS could take accountability for the whole health needs of a registered list of patients, under a delegated capitated budget.</td>
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## Five Year Vision: New models of care

### Urgent and emergency care networks
- Develop networks of linked hospitals to ensure patients with serious needs get to specialist emergency centres
- Ensure patients have access to seven day services where this makes a clinical difference to outcomes
- Implement new funding arrangements and innovative ways of measuring service quality
- Ensure funding and integration of mental health crisis services, including liaison psychiatry
- Strengthen clinical triage and advice services

### Viable smaller hospitals
- Consider whether adjustments are needed to the payment system to reflect the costs of delivering safe and efficient services for smaller providers
- Create new organisational models for smaller acute hospitals that enable them to gain the benefits of scale without necessarily having to centralise services, e.g. shared management structures, satellite arrangements
- Examine new models of medical staffing and sustainable cost structures

### Specialised care
- Drive consolidation of services through three-year rolling reviews
- Develop networks of services over a geography, by integrating different services and using innovative commissioning models e.g. prime contracting and capitated budgets
- Establish specialist centres for rare diseases to improve care coordination

### Modern maternity services
- Commission a review of future models of maternity units, to report by next summer
- Ensure that tariff-based NHS funding supports the choices women make
- Empower groups of midwives to set up their own NHS funded midwifery services

### Enhanced health in care homes
- Work with local authority social services departments to develop shared models of in-reach support, including medical reviews, medication review and rehabilitation services

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Five Year Vision: Primary care

In response to growing pressures on general practice, the Forward View commits to greater investment in primary care and outlines several immediate steps to strengthen services:

### A new deal for primary care

#### FUNDING:
- Stabilise core funding over the next two years while an independent review is undertaken to explore how resources can be fairly distributed to primary care in different areas
- Provide new funding through the Challenge Fund to support improved access and new ways of working
- Expand funding to upgrade primary care infrastructure and to extend services

#### COMMISSIONING:
- Give CCGs more influence over the wider NHS budget, enabling a shift in investment from acute care to primary and community services
- Work with CCGs to design new incentives that will encourage new GPs and practices to provide care in under-resourced areas while tackling health inequalities

#### WORKFORCE:
- Expand as fast as possible the number of GPs in training; train more community nurses and other primary care staff
- Increase investment in new roles and in returner and retention schemes, ensuring that current rules are not inflexibly putting off potential returners.

Build the public’s awareness of pharmacies and online resources to reduce demand on primary care
How will we get there?

Local solutions

- Progressively offer CCGs more influence over the total NHS budget for their local populations
- Define and champion a limited number of models of joint commissioning between the NHS and local government
- Maintain local organisational configurations unless reorganisation is required to deliver new models of care.

Modern workforce

- Support employers to retain and develop their existing staff, increase productivity and reduce waste
- Commission and expand new health and care roles, contributing to a more flexible workforce
- Consider how working patterns and pay can best evolve to fully reward high performance and support service redesign.

National leadership

- Create greater alignment between the local assessment, reporting and intervention regimes of Monitor, TDA and NHS England
- Develop a new risk-based CCG assurance regime
- Work across key NHS oversight organisations to share intelligence, agree action and monitor overall assurance on quality.

Information revolution

- Deliver transparency of performance data, including the results of treatment and patient/carer experience
- Develop interoperable electronic health records to which patients could have full access
- Expand the set of NHS-accredited health apps that patients can use to manage their own health.

Achieving the Five Year Vision

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Accelerating research and innovation

The Forward View commits to accelerating the pace of discovery and innovation with a view to supporting service transformation and enhanced outcomes. Specific steps the NHS will take to promote innovation include:

- Support the rollout of the **Clinical Practice Research Datalink** and efforts to enable its use to support observational studies and faster, lower-cost Randomised Controlled Trials (RCTs)
- Consult on a new approach to converging the assessment and prioritisation processes of the **Cancer Drugs Fund** with a revised approach from NICE
- Explore how to expand the **Commissioning through Evaluation** and the **Early Access to Medicines** programmes, potentially with costs supported by manufacturers
- Expand **NICE’s assessments of devices** and equipment, while decommissioning outmoded legacy technologies and treatments to help pay for high-value innovations.

- Develop a small number of ‘test bed’ sites alongside Academic Health Science Networks and Centres to integrate new technologies, bioinformatics and new payments models
- Expand NHS operational research, RCT capacity and other rigorous methods of supporting health services redesign
- Explore the development of **health and care ‘new towns’**, where urban developments offer the opportunity to design modern services from scratch, with fewer legacy constraints.
Meeting the affordability challenge

- A combination of growing demand, no further annual efficiencies and flat real terms funding could, by 2020/21, produce a NHS funding shortfall of nearly £30 billion a year
- Action will be needed on all three fronts to maintain a sustainable NHS. Less impact on any one of them will require compensating action on the other two.

**DEMAND**
- A more proactive prevention and public health agenda
- Greater support for patients, carers and community organisations
- New models of primary and out-of-hospital care

**EFFICIENCY**
- 2% net efficiency gains each year for the rest of the decade – possibly increasing to 3% over time (as a result of moderated demand)
- Investment in new care models while improving service quality and responsiveness

**FUTURE FUNDING SCENARIOS**

1. The NHS budget remains flat in real terms from 2015/16 to 2020/21 and the NHS delivers efficiencies of 0.8% a year. The combined effect is that the £30 billion gap in 2020/21 is cut by a third, to **£21 billion**.

2. The NHS budget remains flat in real terms and the NHS delivers stronger efficiencies of 1.5% a year. The combined effect is that the £30 billion gap is halved, to **£16 billion**.

3. The NHS receives an investment to rapidly move to new models of care, which enables demand and efficiency gains worth 2-3% net each year. Combined with staged funding increases close to ‘flat real per person’, the **£30 billion gap is closed by 2020/21**.

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