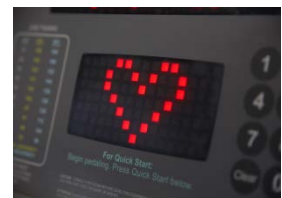
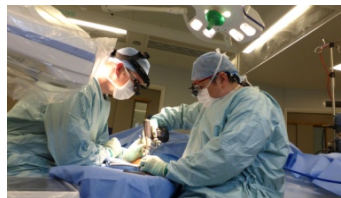


# NHS Long Term Plan

## Council of Governors

**17 January 2019**



# The document

- PM promised in June 2018 extra £20bn p.a. (real terms) by 2023 and called for a “Long Term Plan”. Published 7 January, 136 pages
- Many of the details, including developments in genomics, hi-tech surgery and artificial intelligence were widely trailed in advance
- Strengthening the role the NHS has in prevention and reducing health inequalities - “could save 500,000 lives”
- Comprehensive NHS workforce implementation plan will be published later this year.

# Headlines

- Integrated Care Systems to be rolled out nationally by April 2021
- Changing the “model of care” – eg plans to redesign outpatient services – to reduce up to a third of face-to-face outpatient visits.
- Page 97: “Virtual clinics with escalation to face-to-face appointments where needed, **such as the virtual fracture clinics run in Bradford** ... can replace follow-up appointments for many conditions”
- Focus on prevention – eg Cancer should be diagnosed in stages one or two in 75 per cent of cases by 2028, compared to 50 per cent currently

# Finance

- £114bn budget will rise by an average of 3.4% annually - but that is still less than the 3.7% average annual increase since 1948
- Expectation of cash-releasing productivity growth in the NHS of at least 1.1% a year over the next five years.
- Financial Recovery Fund (FRF) – the number of Trusts reporting a deficit is expected to halve in 2019/20, and by 2023/24 no Trust should be reporting a deficit.
- Reforms to payment system: move away from activity-based payments so that majority of funding is population-based.
- Funding for primary medical and community services will grow faster than the overall NHS budget.

# Delivering the plan's ambitions

Five ways the Plan proposes to overcome NHS challenges and deliver its ambitions :

- **Doing things differently** – eg giving people more control over their health and care services, encouraging more collaboration through primary care networks (Community Partnerships in Bradford), and through Integrated Care Systems.
- **Prevention and health inequalities** – NHS will contribute more to tackling causes of ill health including action on smoking, drinking and avoiding Type 2 diabetes.
- **Workforce** – plans to increase NHS workforce including thousands more clinical placements for undergraduate nurses, hundreds more medical places. Making NHS a better place to work, to improve retention.
- **Better use of data and digital technology**- including better access to services and information for patients, improved access to digital tools and patient records and using data to plan and deliver services more effectively.
- **Using taxpayers' money wisely** – including reducing duplication in how clinical services are delivered, making use of the combined buying power the NHS has and reducing admin costs.

# What it might mean for Bradford

- **Funding** – Bradford City CCG will get the largest % funding increase in the country in 2019/20
- **Airedale collaboration** - Plan says a “standard model of delivery” will be created for smaller acute hospitals who serve rural populations; NHSi will be more proactive when supporting collaboration approaches between Trusts
- **Hospital services** - impact of planned changes e.g. emergency care, cancer, outpatients. Plan describes moving to an Urgent Treatment Centre model, to be ‘fully implemented’ by autumn 2020.
- **CCGs** - Typically one commissioner of NHS services (CCG) per ICS area; CCGs will become leaner and more strategic organisations
- **Focus on integration** - expectation that much of the plan’s content will be delivered by the ICS or by WYAAT

# Next steps – the planning timetable



- The local plans for 2019/20 will use ‘place’, (in our case Bradford District and Craven), as the primary unit of planning.
- An editorial group will be established to oversee production of the local five-year plan for West Yorkshire and Harrogate.

# What the critics say...

## WORKFORCE & MONEY

- one in 11 NHS posts in England is vacant, according to NHSi - more than 100,000 staff in a workforce of 1.2 million
- *Nuffield Trust, King's Fund & Health Foundation* estimate 250,000 additional staff will be needed by 2030, to keep up with demand and allow some extra for improvement. This will more or less cost the £20bn the government has promised.
- Niall Dickson, Chief Executive of *NHS Confederation*, notes that the budget for staff training will be decided in the forthcoming spending review and is not covered by this increase in funding.



# What the critics say (2)

## ENABLERS

- *NHS Providers* make the point that the success of the plan will depend on a number of enablers, some of which are outside the control of the NHS. These include: the national workforce implementation plan, training and education funding, capital investment and a sustainable solution for social care funding.
- They make the point that the plan's aim of addressing the wider determinants of health are reliant on local authority support, which could be challenging given the significant cuts to public health budgets recently.

## CONSTITUTIONAL TARGETS

- *NHS Providers* note that the plan does not mention a trajectory for recovering performance against constitutional targets.
- A clinical review of these standards is expected to be published in 2019