



Better Bolton.

The NHS Long Term Plan - Summary



8th January 2019

System Reform

- Integrated Care Systems (ICS) to cover whole country (by April 2021) (p29)
- CCGs to be significantly streamlined into strategic organisations at system level – typically one per ICS (p29)
- Potential new licence conditions and system wide performance metrics for providers (p30)
- Contract reform including longer-term contracts with providers and new joint contract models. ICP contracts to be in use from 2019 (p30)
- New ICS accountability and performance framework, with ICSs agreeing system objectives with regional NHSE/I leads (p31)
- Range of governance options for pooling health and social care budgets including review of the BCF (by early 2019) (p32)
- All health systems to set out how they will reduce health inequalities by 2023/24 and 2028/29 (by end of 2019) – specific goals and menu of evidence-based interventions to support this (p40)
- Population health management solutions to support ICSs in understanding areas of health need and match commissioned services to these, using de-personalised data to support more evidence based approaches (by 2020/21) (p97)
- National 10 year patient safety strategy to be developed (by 2019) (p107)
- Recommendations for potential legislative change to support system reform: remove barriers to place-based commissioning, joint decision-making, support development of integrated care trusts, review competition and procurement rules, flexibility in pricing regime (p113 – 114)
- NHS needs to link better with wider determinants of health, including employment, justice system, veterans and the environment (see appendix)
- Role of NHS as an “anchor institution”, creating social value in local communities (p120)

Population Health and Prevention

- NHS and government to consider commissioning arrangements for sexual health, health visitors and school nurses – potential stronger NHS involvement (p33)
- Renewed NHS Prevention Programme focusing on smoking, poor diet, high blood pressure, obesity, alcohol and drug use, lack of exercise and air pollution (p33)
- All people admitted to hospital will be offered NHS funded smoking cessation (by 2023/24) (p35)
- Smoke free pregnancy pathway (p35)
- Universal smoking cessation offer for users of specialist mental health and LD services, including option to switch to e-cigs (p35)
- Access to weight management services in primary care for people with Type 2 diabetes and a BMI of 30+ with hypertension (p37)
- Treat a further 1,000 children a year for complications related to obesity (by 2022/23) (p37)
- Double the current Diabetes Prevention Programme, including digital option and targeting specific groups (i.e. BAME) (by 2023/24) (p37)
- Test very low calorie diets for obese people with Type 2 diabetes (p37)
- Hospitals with the highest rate of alcohol-related admissions will be supported to establish Alcohol Care Teams (p38)
- HPV vaccine to be rolled out to 12/13 year old boys (September 2019) (p54)
- Enhance the NHS Health Check, working with VCSE sector, community pharmacists and GP practices (p62)
- Expanded roll out of education and exercise based rehab for people with heart and lung disease (p68)

Primary Care

- Increase in overall spend on primary medical and community health by £4.5bn by 2023/24 (p14)
- Individual practices to enter into a network contract based on populations of 30-50,000 (p14)
- NHS 111 to start booking directly into GP practices and refer to community pharmacies (from 2019) (p15)
- Significant changes to QOF – Quality Improvement element to be added, review of indicators, increased focus on personalisation (p15)
- “Shared savings” scheme for primary care networks (p15)
- Full roll out of Enhanced Health in Care Homes (EHCH) model, including named general practice support (by 2023/24) (p16)
- Primary care networks to assess their population by risk of unwarranted health outcomes (by 2020/21) (p17)
- Right to digital-first primary care for every patient (by 2023/24) (p26)
- GP payment formulae, regulation and terms and conditions to be reviewed to in relation to “digital-first” offer (p26)
- Access to weight management services in primary care for people with Type 2 diabetes and a BMI of 30+ with hypertension (p37)
- 5 year action plan on antimicrobial resistance (p39)
- Primary care networks to help improve early diagnosis of patients in their neighbourhoods (by 2023/24) (p59)
- Enhance the NHS Health Check, working with VCSE sector, community pharmacists and GP practices (p62)
- National CVD prevention audit for primary care to be created (p62)

Primary Care (cont.)

- People with heart failure and heart valve disease to be supported through primary care networks in neighbourhoods (p62)
- Population-management approach in primary care networks to identify patients on the COPD register eligible for pulmonary rehab (p66)
- Expand access to MSK First Contact Practitioners nationally (p73)
- Increased funding to primary care networks to support expansion of pharmacy workforce (p82)
- Increase the number of doctors going into general practice, incentivised by a 2 year fellowship offer to secure employment and develop portfolio (p83)
- Every patient able to access digital first primary care by 2023/24 (p99)

Community Services

- Increase in overall spend on primary medical and community health by £4.5bn by 2023/24 (p14)
- Improve responsiveness of community health crisis response services within 2 hours of referral in line with NICE guidelines (by 2023/24) (p14)
- Deliver reablement care within two days of referral (by 2023/24) (p14)
- Expansion of structured education for people with diabetes, including digital self-management tools (p65)
- Hospitals to provide multidisciplinary footcare teams and diabetes inpatient specialist nursing teams for people with diabetes (p65)

Urgent Care

- Single multi-disciplinary Clinical Assessment Service (CAS) with integrated NHS 111, ambulance dispatch and GP OOH (by 2020/21) (p19)
- Urgent Treatment Centre (UTC) in all localities (by autumn 2020) (p19)
- Every type 1 A&E hospital to have model of ambulatory care across surgery and medicine for 12 hours a day/7 days a week (by 2019/20) (p22)
- Roll out Emergency Care Data Set (ECDS) to UTCs and ambulatory care (from 2020) and bring together data from all ambulance services nationally (p23)
- Acute frailty service available for at least 70 hours a week, to deliver clinical frailty assessment within 30 minutes of arrival (p24)
- Begin implementing emergency and urgent care standards from Clinical Standards Review (October 2019) (p24)
- Development of Integrated Stroke Delivery Networks (ISDNs) to support re-design of stroke services and meeting of 7 day standards and clinical guidelines (p64)
- Develop higher intensity models of stroke rehab, delivered primarily out of hospital and in partnership with VCSE (to begin in 2019) (p64)

Elective Care

- Remove a third of all face-to-face outpatient visits (30 million per year) through improved use of technology (p28)
- Expand genetic testing for familial hypercholesterolaemia (FH) to 25% of all people with FH (by 2023/24) (p68)
- Scale up and better market cardiac rehab services in line with NICE recommendations (by 2028) (p63)
- Expansion of Right Care processes to reduce variation in spirometry quality (p66)
- Expansion of pulmonary rehab over 10 years, including a population-management approach in primary care to identify patients for rehab (p66)
- Expanded roll out of education and exercise based rehab for people with heart and lung disease (p68)
- Roll out of online support for people to self-manage pain through exercise (p73)
- Sufficient funding committed to grow the amount of elective activity year on year to cut waits and reduce the waiting list (dependent on staff availability) (p74)
- Localities to continue to offer patients a range of providers to get treated quickly, including the independent sector where necessary (p74)
- RTT targets under review as part of Clinical Standards Review (due spring 2019) (p74)
- Re-introduction of fines for both the CCG and provider for 52 week waits (p74)
- NHSE supportive of moving to “cold” site operating model to protect elective capacity – where this is not possible localities should move to “A&E locals” model (p74)

Cancer

- Increase the proportion of cancers diagnosed early (stage 1 and 2) from a half to three-quarters (by 2028) (p44/57)
- All children with cancer to be offered whole genome sequencing for treatment (from 2019) (p54)
- HPV vaccine to be rolled out to 12/13 year old boys (September 2019) (p54)
- Bowel cancer screening – FIT to be rolled out nationally and screening age to be reduced from 60 to 50 (p58)
- HPV primary screening for cervical cancer (by 2020) (p58)
- NHSE to review cancer screening and diagnostic capacity (spring/summer 2019) (p58)
- Extend lung health checks (by 2022) – including deployment of more mobile lung CT scanners (from 2019) (p58)
- Primary care networks to help improve early diagnosis of patients in their neighbourhoods (by 2023/24) (p59)
- Roll out of faster diagnosis standard requiring diagnosis/ruling out of cancer within 28 days of referral/screening (from 2020) (p59)
- National roll out of Rapid Diagnostic Centres (RDCs) (from 2019) (p59)
- Innovation in cancer treatments including 5-ALA (brain tumours), radiotherapy, immunotherapy, proton beam treatment, molecular diagnostics and genomic testing (p60-61)
- Every person with cancer to have personalised care plan, including needs assessment and support (by 2021) (p61)
- Stratified follow up pathways for people worried about cancer recurrence (as clinically appropriate) (by 2023) (p61)

Mental Health

- Expanded access to IAPT service to enable 380,000 more adults to access services (by 2023/24) (p68)
- Set national standards for community mental health treatment access (p69)
- Localities to re-design core community mental health services to provide a holistic offer to people with severe mental illness (by 2023/24) (p69)
- 24/7 community based crisis response to be rolled out nationally (by 2020/21) (p70)
- All acute hospitals to have an all-age MH liaison service with 50% meeting “core 24” service standard (by 2020/21, with expansion to 70% meeting core 24 by 2023/24) (p70)
- Move towards a single point of access for MH crisis care (via NHS 111) (by 2023/24) (p70)
- Continue to support sanctuaries, safe havens and crisis cafes, working in partnership with VCSE providers to establish alternative provision to NHS services (p70)
- National waiting times for emergency MH services to be introduced (from 2020) (p70)
- End OAPs by 2021 (p71)

Learning Disabilities

- Universal smoking cessation offer for users of specialist mental health and LD services, including option to switch to e-cigs (p35)
- Increase by 110,000 people per year the number of people with LD or serious mental health conditions having physical health checks (by 2023/24) (p41) – 75% of eligible people to have health check annually (p52)
- National LD improvement standards to be rolled out nationally to services funded by the NHS, including independent sector (p52)
- Autism diagnosis to be incorporated into work on reducing waiting times for CYP MH services (p52)
- CYP with LD and/or autism with complex needs or identified as vulnerable to have a designated key worker (by 2023/24) (p52)
- Reduce inpatient provision to less than half of 2015 levels (by 2023/24). For every 1,000,000 adults, no more than 30 people with LD/autism to be cared for in an inpatient unit (by 2023/24) (p53)
- Each locality to have 7 day specialist multi-disciplinary crisis care (p53)
- Full implementation and monitoring against a 12 point discharge plan to support earlier transfer from inpatient care (p53)

Maternity

- Smoke free pregnancy pathway (p35)
- 75% of BAME women and those from deprived groups will receive continuity of care from their midwife throughout pregnancy and postnatally (by 2024) (p41)
- Half maternity related deaths including stillbirth, maternal and neonatal mortality and serious brain injury (by 2025) (p44)
- Roll out Saving Babies Lives to every maternity unit nationally (by 2019) (p47)
- Establish Maternal Medicine Networks to support women with medical problems throughout pregnancy (p47)
- Expansion of Saving Babies Lives to focus on preventing pre-term birth, including development of specialist pre-term birth clinics (by 2020) (p47)
- Continuity of care from midwife through pregnancy and postnatally – most women to have continuity by March 2021 (20% by 2019) (p48)
- Roll out of maternity digital care records – all women to access their notes electronically (by 2023/24) (p48)
- Improved support for perinatal mental health issues – additional support for 24,000 women (by 2023/24) (p48)
- All maternity services to begin accreditation process for evidence-based infant feeding programme (from 2019/20) (p49)

Children and Young People

- Separate CYP Transformation Plan to be published (p54)
- Treat a further 1,000 children a year for complications related to obesity (by 2022/23) (p37)
- Additional 345,000 CYP will be able to access NHS-funded MH services, including school and college based support teams (by 2023/24) (p50)
- Deliver the waiting time standard for CYP with eating disorders (1 week urgent, 4 weeks non-urgent) of 95% (by 2020/21) (p50)
- Expansion of age-appropriate crisis services (p50)
- Deliver 4 week waiting times for CYP needing specialist MH services, with new national standards to be introduced beyond this (p51)
- Expansion of CYP MH services to 25 year olds, including expansion of iThrive model (p51)
- All children with cancer to be offered whole genome sequencing for treatment (from 2019) (p54)
- Reduce children's A&E admissions by implementing integrated community model of care including health and social care, SLT, school nursing, oral health (p55)
- Re-design of paediatric critical care and surgical services (p55)
- All CYP services (including MH) to be designed for access up to and including 25 years old where appropriate (p55)

Personalisation and Choice

- Roll out NHS Personalised Care model nationally to reach 2.5m people (by 2023/24) (p25)
- 1,000 trained social prescribing link workers (by 2020/21) (p25)
- Expand PHBs to reach 200,000 people (by 2023/24) (p25)



Digital

- Right to digital-first primary care for every patient (by 2023/24) (p26)
- Roll out of maternity digital care records – all women to access their notes electronically (by 2023/24) (p48)
- Expansion of structured education for people with diabetes, including digital self-management tools (p65)
- Roll out of online support for people to self-manage pain through exercise (p73)
- “Digital first” to be default option for NHS care (by 2028/29) (p92). Every patient able to access digital first primary care by 2023/24 (p99)
- Mandated technology standards to be introduced (p92)
- Roll out of NHS App as a standard online way to access NHS (and wider health and care) services and access health records (by 2020/21) (p93)
- Develop a range of apps with wider providers (including VCSE) to support particular health and care needs and conditions (p93)

Workforce

- Workforce Implementation Plan to be released when training and education budget for HEE is agreed in 2019 (p78-79)
- Focus on expanding number of nurses, midwives and AHPs through recruitment and retention – reduce nursing vacancy rate to 5% by 2028 (p79)
- Increase nursing undergraduate places by 25% with funding for clinical placements for all places (by 2021) (p80)
- All graduating nurses and midwives to be offered a 5 year job guarantee in the region they qualify (p80)
- Re-design of undergraduate courses to make nursing degrees more accessible e.g. online, “earn and learn” (p80-81)
- Increase nursing apprenticeships further (a 50% increase from 2018 to 2019) (p81)
- All entry-level jobs to be offered as apprenticeships where possible (p81)
- Development of national AHP strategy (p82)
- Increased funding to primary care networks to support expansion of pharmacy workforce (p82)
- Increase medical school places with a focus on more generalist medical roles (p83)
- Increase the number of doctors going into general practice, incentivised by a 2 year fellowship offer to secure employment and develop portfolio (p83)
- Acknowledgement that international recruitment will need to continue in the short-medium term – commitment to arrangements to make this easier, including arrangements to EU staff post-Brexit (p84)
- HEE committed to increasing proportion of budget spent on workforce development to support retention and development of staff (p85)

Workforce (cont.)

- Seeking to develop a “modern employment culture” across the NHS, including flexible working, wellbeing and career development (p86)
- Investment of an additional £1m per year in the WRES to support equality and diversity for BAME staff (by 2025) (p86)
- Development of a “NHS leadership code” to set out cultural values and leadership behaviours (p89)
- Range of approaches to improve talent management and identify and support staff with leadership potential (p89)
- Specific workforce expansion and development requirements around cancer, mental health and stroke (p90)

Voluntary and Community Sector

- Commitment for NHS to partner with and commission from the VCSE sector to provide support to vulnerable and at risk groups (p43)
- Enhance the NHS Health Check, working with VCSE sector, community pharmacists and GP practices (p62)
- Develop higher intensity models of stroke rehab, delivered primarily out of hospital and in partnership with VCSE (to begin in 2019) (p64)
- Continue to support sanctuaries, safe havens and crisis cafes, working in partnership with VCSE providers to establish alternative provision to NHS services (p70)
- Develop a range of apps with wider providers (including VCSE) to support particular health and care needs and conditions (p93)
- Significant development and roll out of digital technology across workforce to support more efficient working (p94-95)

Finance / Sustainability

- Revenue funding to grow by an average of 3.4% in real terms per year over the next 5 years – a real terms increase of £20.5bn by 2023/24 (p100)
- All NHS organisations to be in financial balance by 2023/24 (p100-101)
- NHS nationally to achieve cash-releasing productivity growth of at least 1.1% per year (p100)
- Reduce growth in demand and reduce variation to support more consistent performance and sustainability (p100)
- Make better use of capital investment (p100)
- Payment reform away from activity-based payment and towards population-based payment (p101)
- Introduction of blended payment model, starting with urgent and emergency care in 2019/20 (p101)
- 2019/20 to be a transitional year with 1 year rebased control totals (p101)
- Local systems to receive 5 year indicative allocations until 2023/24 (p110)
- Financial Recovery Fund (FRF) to be created to support moving back into balance – number of trusts reporting a deficit in 2019/20 to be halved from 2018/19, with all trusts in balance by 2023/24 (p102)
- Make further efficiencies in NHS admin costs by simplifying contracting processes through payment reform (p106)

Next Steps

- All localities to be asked to produce local plans for implementing the commitments in the LTP (by 2019) (p110)
- NHSE/I to develop a shared operating model to support delivery of the LTP (p111)