

Long range reform of the British health system

The National Health Service's Long Term Plan

14 November 2019



NHS reform in England

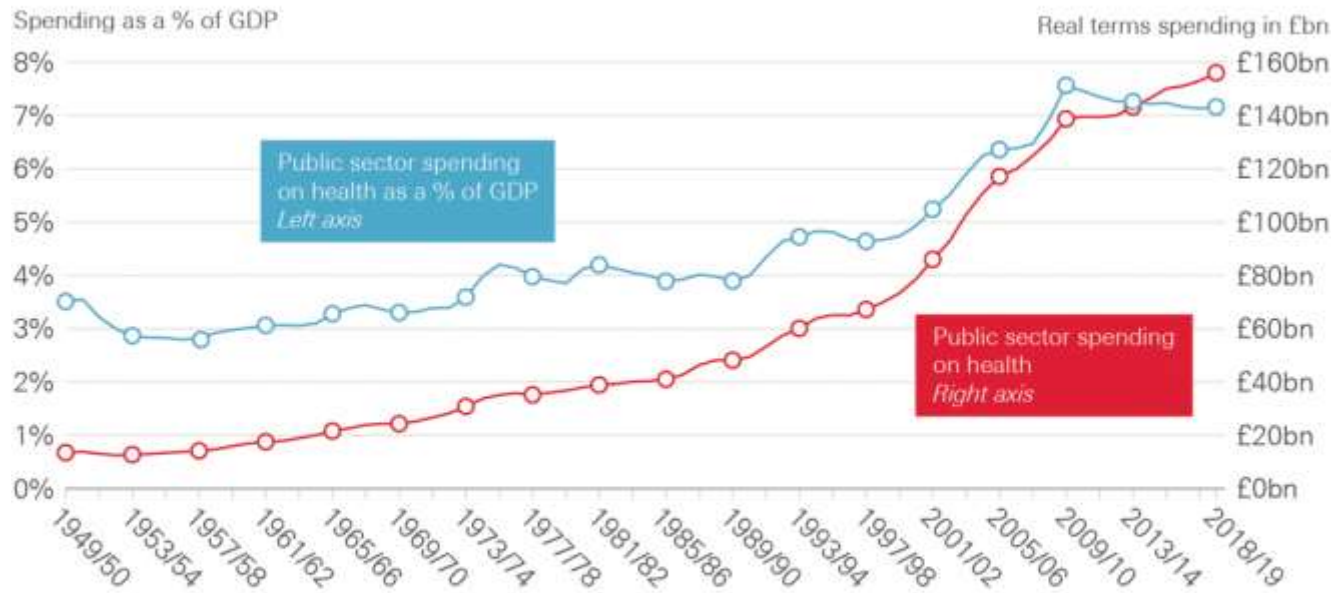
The context for the NHS Long Term Plan

The NHS

- Founded in 1948
- Universal access to comprehensive care
- Funded from general taxation, (mostly) free at point of use
- 1 million patient contacts every 24 hours
- Over 1.1 million staff in hospital and community services
- NHS England budget in 2018/19 - £114bn

UK public spending on health

Spending in real terms and as a percentage of GDP, 1949/50–2018/19



Note: Health spending is measured as public spending by health 'function', and includes all spending on the NHS in the UK, but excludes administrative costs. It also includes medical research, devolved administrations and local government spending on health.



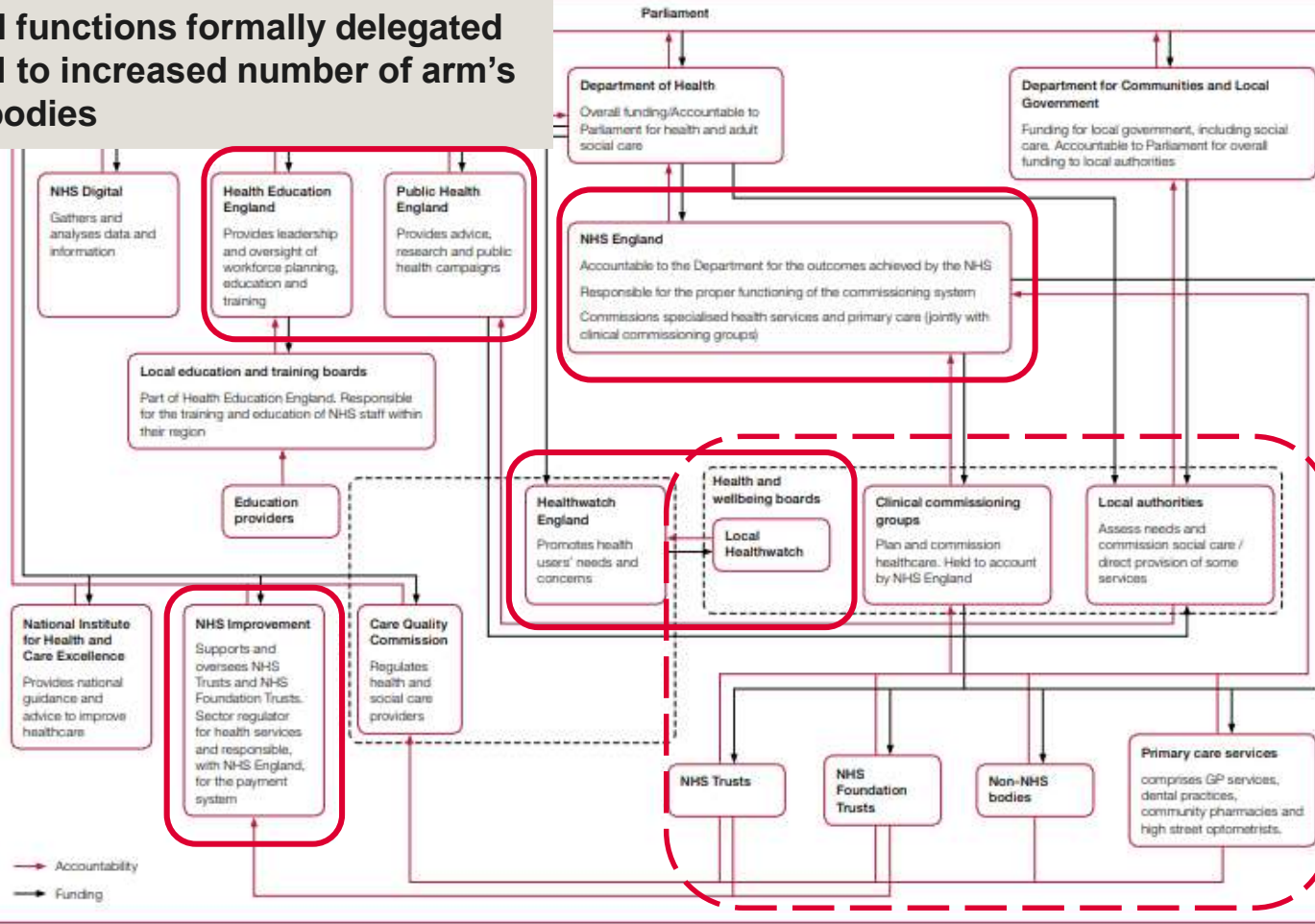
2010: Coalition reforms

'The headquarters of the NHS will not be in the Department of Health or [NHS England] but instead, power will be given to the front-line clinicians and patients'

NHS white paper, 2010



National functions formally delegated from DH to increased number of arm's length bodies

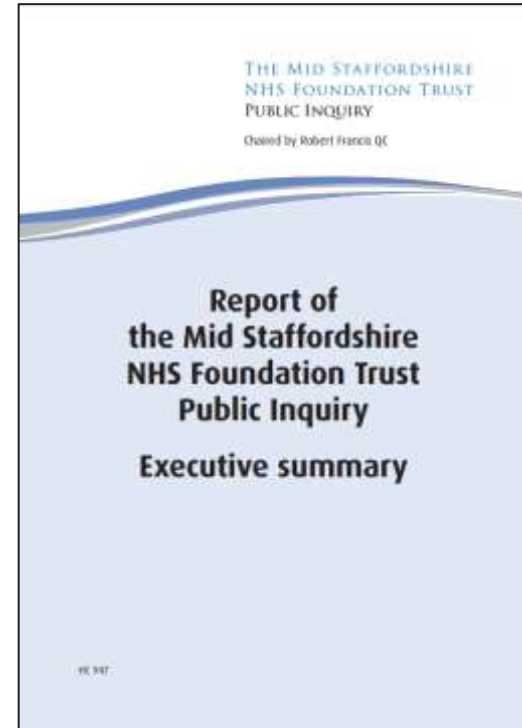


Patient choice and clinically-led commissioning

More autonomous NHS providers, acting more like private enterprises

More contestable market for NHS services

2012-13: Policy drift



2014: New direction

'The headquarters of the NHS will not be in the Department of Health or [NHS England] but instead, power will be given to the front-line clinicians and patients'

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'[NHS England is now] the headquarters of the NHS. The system is heading towards a very different sort of independent board to the one that Lansley envisaged'

Nick Timmins, 2018



2014-18: Reforms reformed

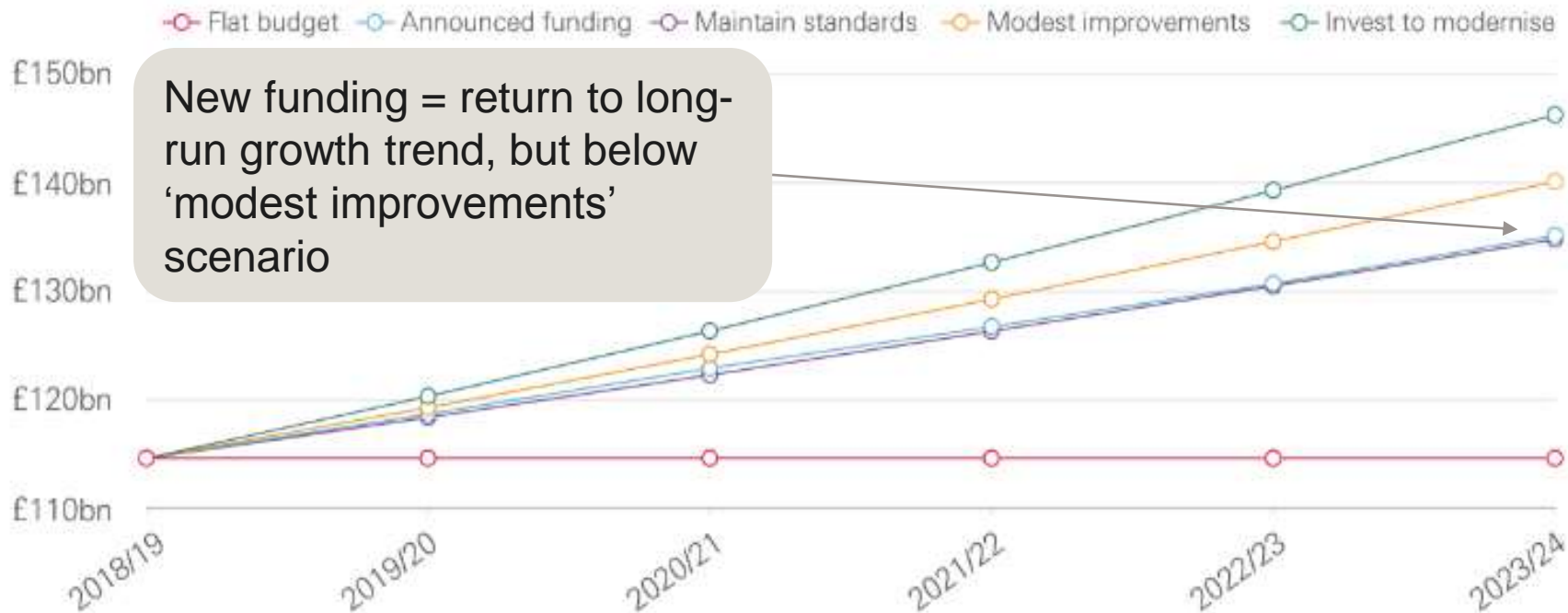
- Five Year Forward View
- New Care Models programme
- Sustainability and Transformation Partnerships
- New national clinical strategies:
 - Cancer
 - Mental health
 - Primary care
 - Maternity



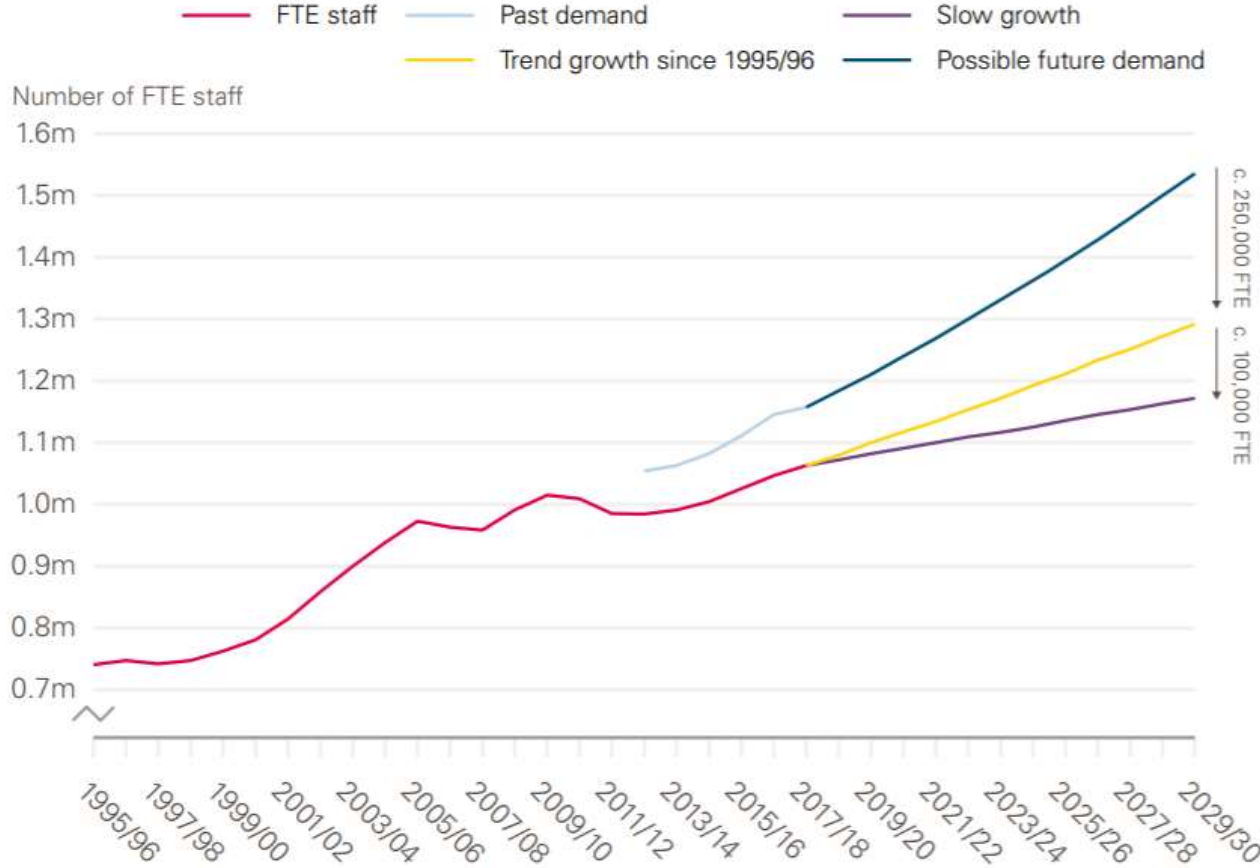
We send the EU **£350 million**

let's fund our  **instead**  Vo



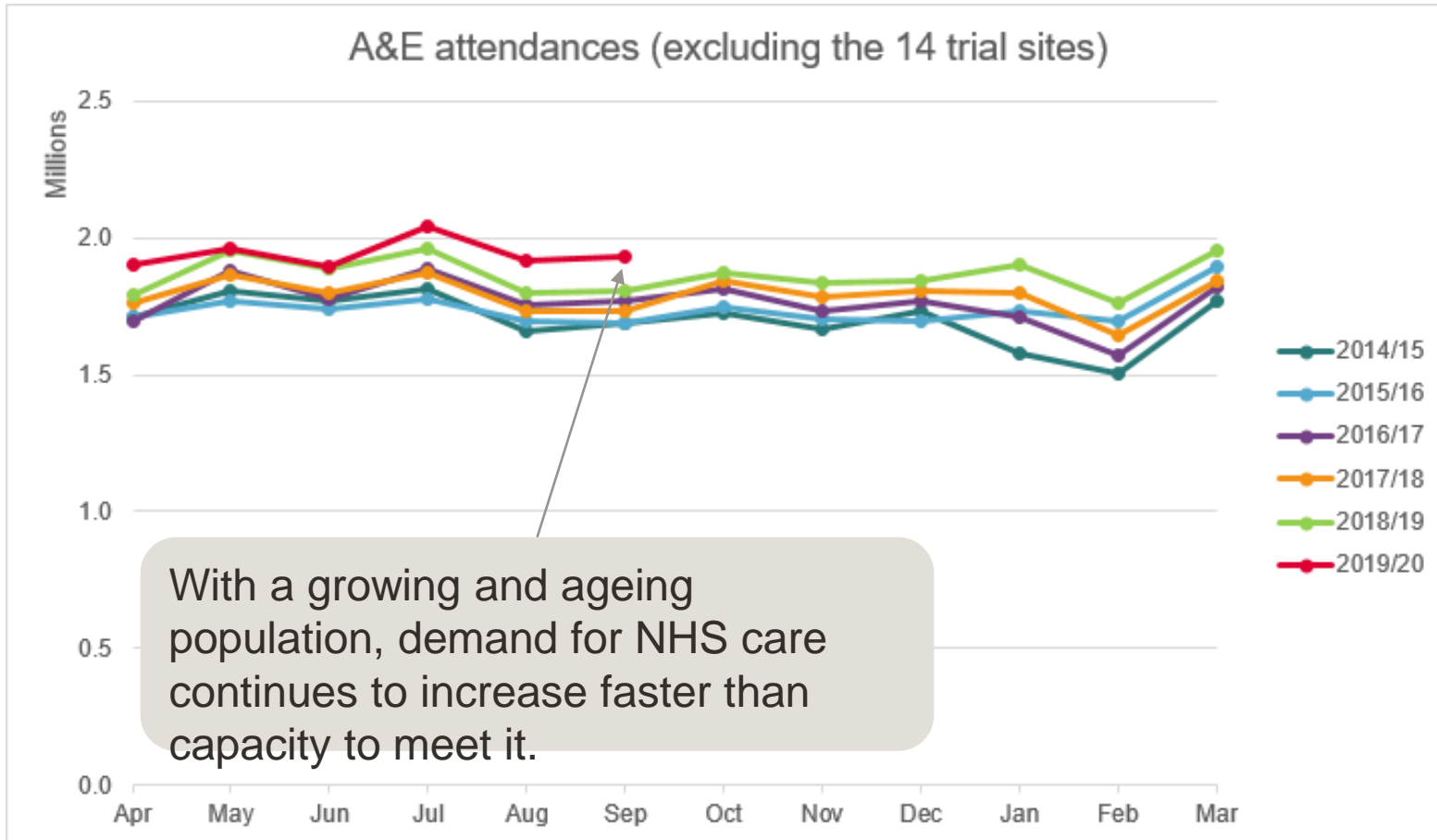


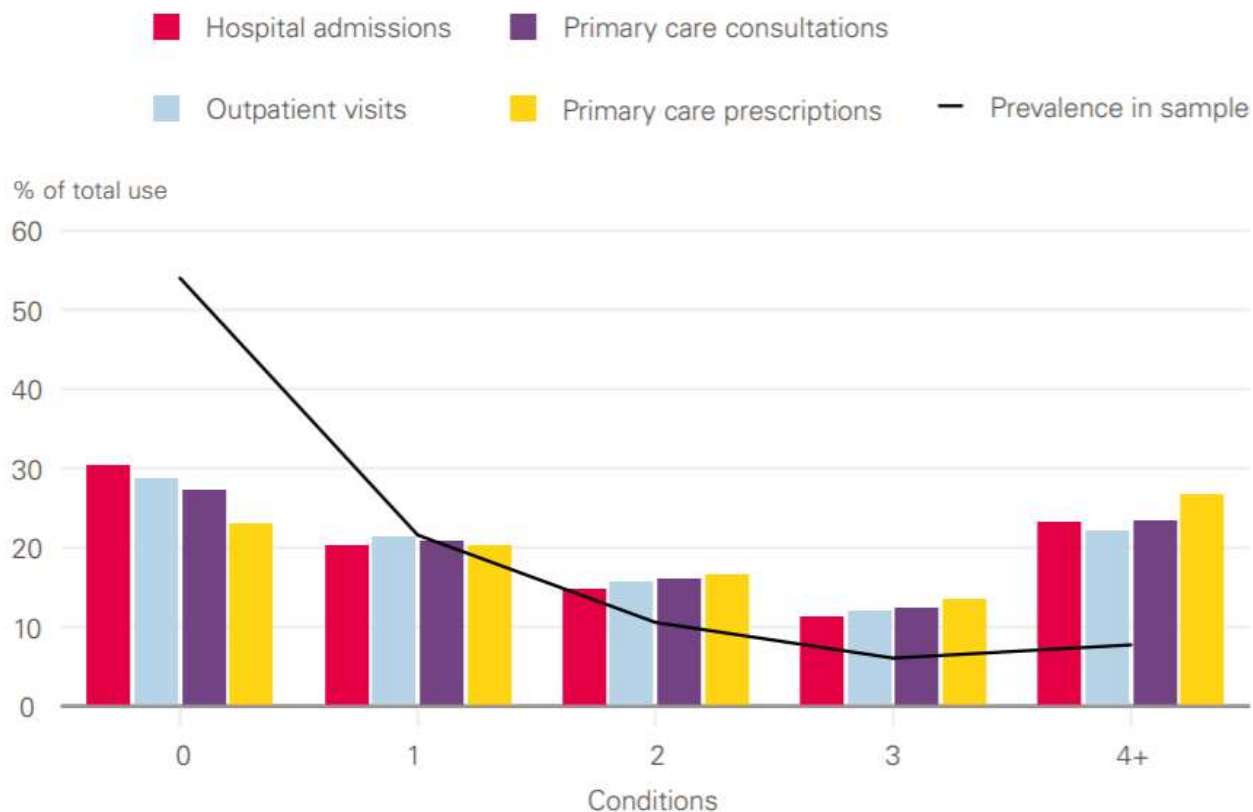
Note: 'Announced funding' indicates resource Departmental Expenditure Limit (RDEL) and does not include the impact of the pensions revaluation, which would increase both the budget and costs.



>100,000 vacancies in 2019, with gap between supply and demand projected to reach 250,000 FTE by 2029/30

Severe problems in nursing, particularly in mental health and community services





Growing prevalence of multimorbidity.

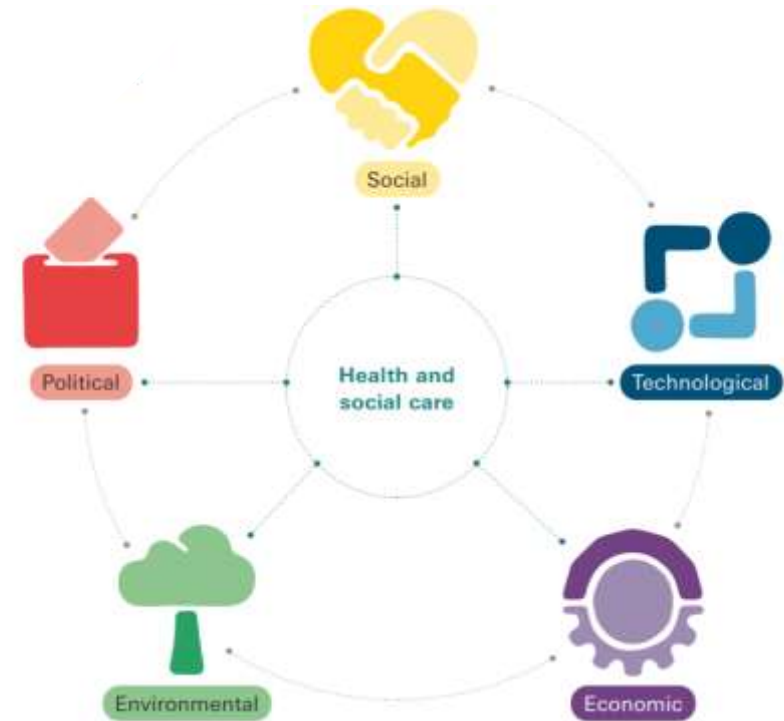
People with more than one health conditions account for 1 in 2 hospital admissions, outpatient visits, GP consultations and prescription.

Developing the plan

June 2018 to January 2019

Present and future

- Wealth of high quality, independent analysis about the state of the NHS, past and present.
- But long-term planning also needs long-term thinking about wider factors that will affect health services and health policy in the future.
- This is complex and identified as capacity where improvement is required in UK policymaking.



Set priorities

- ✓ Relatively low cost health system
- ✓ Generally makes efficient use of limited resources
- ✓ Low financial barriers to accessing care
- ✓ Access is in line with others
- ✓ Good clinical outcomes for some conditions, e.g. diabetes
- ✗ Poor clinical outcomes for other conditions, e.g. cancer and CVD

Specific clinical priorities for the NHS Long Term Plan determined with reference to Global Burden of Disease study.

Vertical and horizontal

Cancer

CVD and
Respirator
y

Learning
Disability
and
Autism

Mental
Health

Prevention,
Personal
Responsibility
and Health
Inequalities

Healthy
Childhood
and
Maternal
Care

Integrated and
Personalised
Care for Older
People

Workforce, Training and Leadership

Digital and Technology

Primary Care

Research and Innovation

Clinical Review of Standards

System Architecture

Engagement

No explicit national strategy on multimorbidity

New plans built on old foundations

Category of intervention	Example
Developing new ways of working	<ul style="list-style-type: none">• New models of community-based care for people with severe mental illness
Scaling up and spreading changes being piloted	<ul style="list-style-type: none">• National implementation of new care bundle being piloted in maternity services
Universalise existing good practice and proven interventions	<ul style="list-style-type: none">• Early detection and treatment optimisation for people at high risk of CVD• Implementing eRostering systems in all hospitals
More support for existing programmes of complex, large-scale change	<ul style="list-style-type: none">• Establishing rapid diagnostic centres for cancer

Can't 'cut and paste' in health care

Figure 4: Survey of adopters – adaptations during implementation

■ Yes ■ No ■ Don't know

Have you made adaptations to the intervention during the process of implementing it in your own setting?



If so, would you say these adaptations were necessary in order to implement the intervention successfully in your own setting?



Missing puzzle pieces

- ✓ NHS revenue settlement
- ✗ NHS capital settlement
- ✗ Education and training budget
- ✗ Public health budget
- ✗ Social care

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.



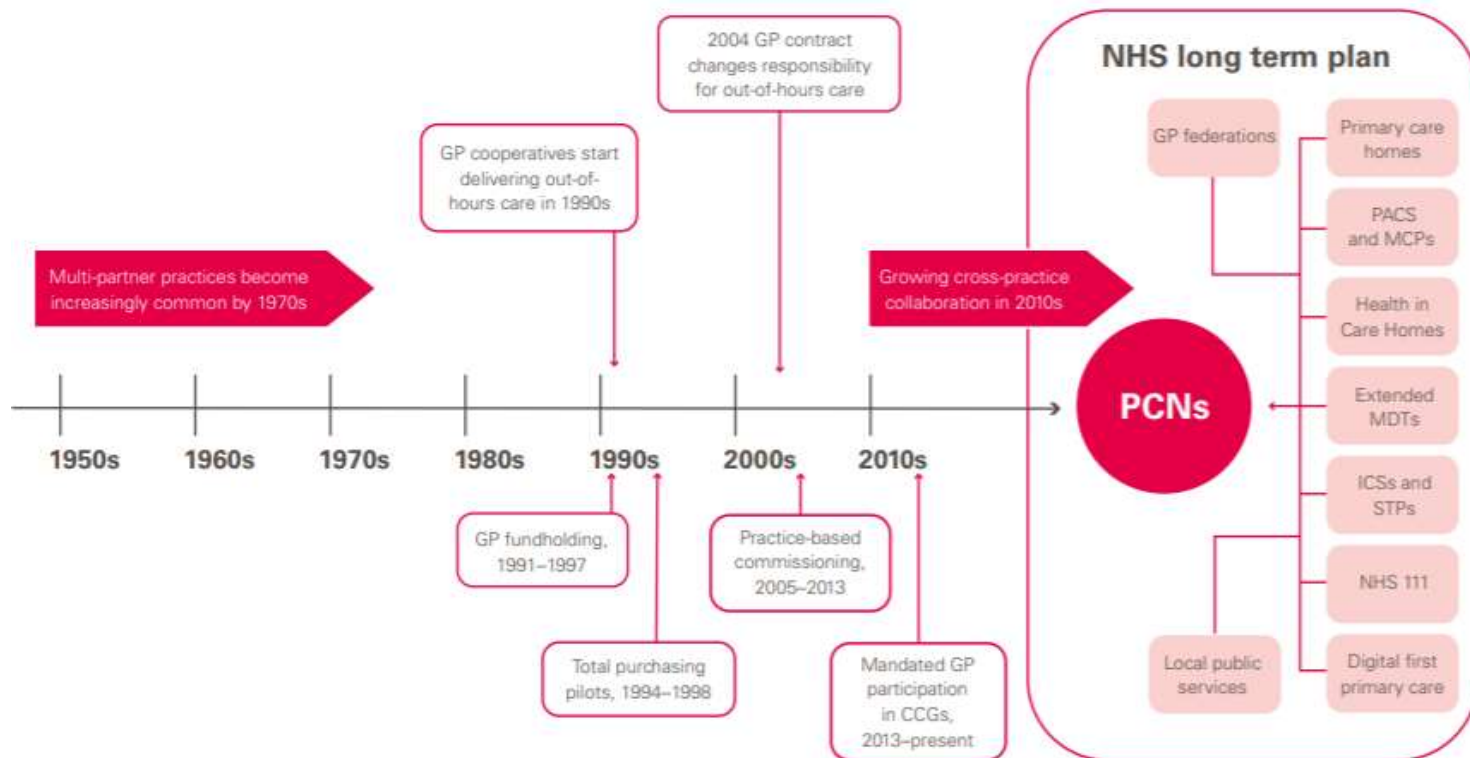
Widening access to quality work

The NHS is the UK's biggest employer, with 1.6 million staff.

The NHS Long Term Plan

Key policies and programmes

Primary care networks



Rolling out new care models

In particular, commitment to the Enhanced Health in Care Homes framework:

- Enhanced primary care support
- MDT support including coordinated health and social care
- Workforce development

Evaluation of some early adopter sites found promising signs of substantial reductions in emergency hospital utilisation – though model can take more than 12 months for change to take effect.

Improving digital access to care

- New right for every patient to access digital first primary care via own practice or from digital provider.
- Aim to reduce face-to-face outpatient appointments by one third via digital appointments and other alternatives.
- Limited experience of implementing these changes so far – watch this space...

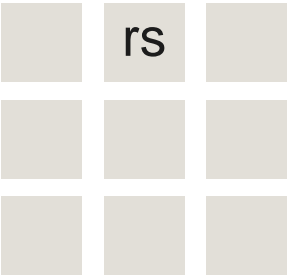
Statutory

Government

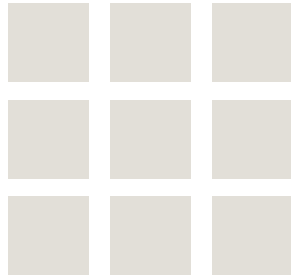
National bodies



Commissione



Providers



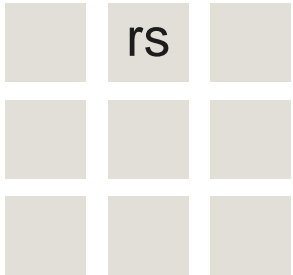
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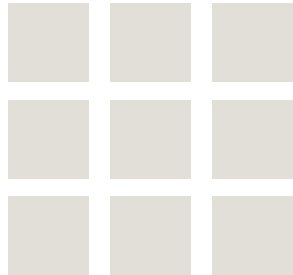
National bodies



Commissioners



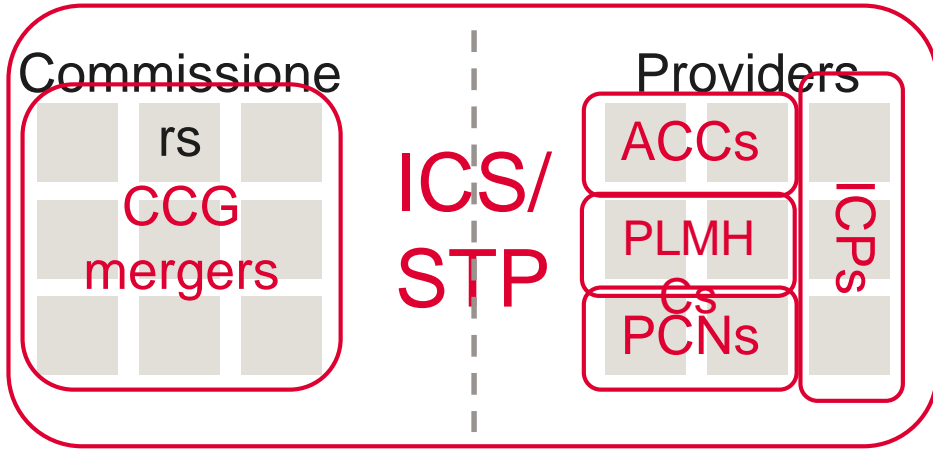
Providers



Statutory + Non-statutory

Government

National bodies



Summing up

- Long-term plans are useless, but long-term planning is indispensable
- We can't know the future, but we can understand drivers of change and be prepared for potential futures
- Work within a clear framework to involve the right people to co-produce proposals...but be ready for hard decisions
- Be informed by available evidence, but recognise the gaps...and consider targeted investment to test and develop new ideas
- Know your foundations and adapt, scale and spread shamelessly...and remember, there's no 'cut and paste'

Thank you

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