

April 2017

## PSNC Briefing 022/17: Next steps on the NHS Five Year Forward View

On 31st March 2017, NHS England published [Next steps on the NHS five Year Forward View](#), which reviews the progress made since the launch of the [NHS Five Year Forward View](#) (5YFV) in October 2014 and sets out a series of 'practical and realistic steps' for the NHS to deliver a more joined-up and responsive NHS in England.

An online version of the publication is also available on the [NHS England website](#).

This PSNC Briefing summarises the elements of the document that are of most relevance to community pharmacy teams and Local Pharmaceutical Committees.

### Key achievements, key deliverables and implementing changes

In the document, NHS England has set out its main national service improvement priorities over the next two years, within the constraints of what is necessary to achieve financial balance across the health service:

Urgent and emergency care	Mental health	Strengthening the NHS workforce
Primary care	Integrating care locally	Patient safety
Cancer	Funding and efficiency	Harnessing technology and innovation

### The NHS in 2017

#### Progress since the Forward View – a balanced (but not comprehensive) assessment

Since publication of the NHS 5YFV in 2014, NHS England notes that substantial progress has been made, including:

- Better health - action on prevention and public health, including plain packaging for cigarettes; introduction of the first national [diabetes prevention programme](#); a sugar tax agreed; vaccination of over one million infants against meningitis and an additional two million children against flu; and public health campaigns such as 'Be Clear on Cancer' and 'Act Fast'.
- Better care - agreed national blueprints for cancer, mental health, maternity, learning disabilities and GP services; better clinical outcomes such as higher cancer survival rates and increased dementia diagnosis rates; improving experiences of care; the first phase of fundamental care redesign is underway through 'Vanguard' new care models; and continuous improvements in patient safety.

#### Next steps – delivering for the next two years

The document says that 2017 marks the third phase of NHS England's life where the focus shifts decisively to supporting delivery and implementation of those key priorities (outlined above). It also affirms the shared vision of the NHS 5YFV and the approach to implementing it of the national leadership bodies of the NHS, including NHS England, NHS Improvement, the Care Quality Commission, Public Health England (PHE), Health Education England, NHS Digital and the National Institute for Health and Care Excellence, working closely with a number of patient, professional and representative bodies.

## Urgent and emergency care

### What's been achieved in England over the past three years?

- Cared for 23 million A&E attendances in 2016/17, 1.2 million more than three years ago;
- Boosted the capacity and capability of NHS 111, which now takes 15 million calls each year, up from 7.5 million three years ago;
- Developed an integrated urgent care model, offering a single point of entry for urgent care via NHS 111, and rolled it out to 20% of the population; and
- Increased NHS staff uptake of winter flu vaccinations from 49% last year to 63% this year – the highest ever.

### Key deliverables for 2017/18 and 2018/19

- Every hospital must have comprehensive front-door clinical streaming by October 2017, so that A&E departments are free to care for the sickest patients, including older people;
- By October 2017, every hospital and its local health and social care partners must have adopted good practice to enable appropriate patient flow, including better and more timely hand-offs between their A&E clinicians and acute physicians and seven-day discharge capabilities;
- Hospitals, primary and community care and local councils should also work together to ensure people are not stuck in hospital while waiting for delayed community health and social care;
- Enhance NHS 111 by increasing from 22% to 30%+ the proportion of 111 calls receiving clinical assessment by March 2018, so that only patients who genuinely need to attend A&E or use the ambulance service are advised to do this;
- By 2019, NHS 111 will be able to book people into urgent face to face appointments where this is needed;
- NHS 111 online will start during 2017, allowing people to enter specific symptoms and receive tailored advice on management;
- Roll out evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019;
- Strengthen support to care homes to ensure they have direct access to clinical advice, including appropriate on-site assessment; and
- Roll-out of standardised new 'Urgent Treatment Centres' (UTCs) which will open 12 hours a day, seven days a week, integrated with local urgent care services. They will offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine.

## Primary care

### What's been achieved in England over the past three years?

- More convenient access to primary care services, with 17 million people now able to access GP appointments at evenings and weekends;
- First steps to expand the primary care workforce, including an additional 300 GP trainees and 491 pharmacists working in GP practices;
- 560 new schemes completed and over 200 in progress to modernise GP surgery buildings, IT and equipment; and
- New 'Vanguard' models of scaled primary care across 23 areas, covering nearly 10% of the population, which have seen lower growth in emergency hospital admissions than the rest of England.

### Key improvements for 2017/18 and 2018/19

- More convenient patient access to GP services and a boost to GP numbers;
- By March 2018, the Mandate from the Government requires that 40% of the country will benefit from extended access to GP appointments at evenings and weekends, but NHS England is aiming for 50%; and

- Expand multidisciplinary primary care, namely through pharmacists working in GP practices, mental health therapists and physician associates.

### How changes will be implemented

- Continue to increase investment in GP services, so that by 2020/21, funding will rise by £2.4 billion, a 14% real terms increase;
- Encourage practices to work together in 'hubs' or networks. This is because a combined patient population of at least 30,000-50,000 allows practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. It also involves working more closely with community pharmacists, to make fuller use of the contribution they make (but no additional details or suggestions are included related to this point); and
- Contract reform – NHS England will develop and agree a successor to the Quality and Outcomes Framework, within the GP contract, which would allow the reinvestment of funding into improved patient access, professionally-led quality improvement, greater population health management, and patients' supported self-management, to reduce avoidable demand in secondary care.

## Cancer

### What's been achieved in England over the past three years?

- The highest cancer survival rates ever – latest survival figures show an estimated 7000+ more people surviving cancer after successful NHS cancer treatment compared to three years ago;
- A big expansion in cancer check-ups – over 1.7 million people urgently referred by their GP this year, up by 500,000 people compared to three years ago. 450,000 more people are being seen in under 14 days;
- New fast track funding for the most promising new cancer drugs approved by NICE; and
- 300,000 fewer smokers – the lowest smoking rate since records began, and plain packaging introduced.

### Key improvements for 2017/18 and 2018/19

- Better cancer survival;
- Expanded screening to improve prevention and early detection of cancer;
- Faster tests, results and treatment for people with worrying symptoms; and
- Access to the most modern cancer treatment in all parts of the country.

## Mental health

### What's been achieved in England over the past three years?

- Overall mental health funding up £1.4 billion compared to three years ago;
- 120,000 more people getting specialist mental health treatment this year than three years ago, including over 20,000 more children and young people;
- The dementia diagnosis rate increased from half of people to more than two thirds, enabling earlier care and support; and
- This year the NHS has introduced, and met, the first ever national waiting times standards for mental health services, 25 years after targets were set for surgical operations.

### Key improvements for 2017/18 and 2018/19

- Big increase in psychological ('talking') therapies;
- Better mental health care for new and expectant mothers;
- Improved care for children and young people;
- Reducing travel distances for treatments; and
- Better physical health for people with mental illness.

## Integrating care locally – Next steps for Sustainability and Transformation Plans (STPs) and Accountable Care Systems (ACS)

### New care models

Over the past 18-24 months, fifty areas around England, covering more than five million people, have been working to redesign care, focussing on:

- Better integration of the various strands of community services such as GPs, community nursing, mental health and social care, moving specialist care out of hospitals into the community ([‘Multispecialty Community Providers’](#) (MCPs));
- Joining up GP, hospital, community and mental health services ([‘Primary and Acute Care Systems’](#) (PACS));
- Linking local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency ([‘Acute Care Collaborations’](#)); and
- Offering older people better, joined up health, care and rehabilitation services ([‘Enhanced Health in Care Homes’](#)).

Compared to their 2014/15 baseline, both PACS and MCP vanguards have seen lower growth in emergency hospital admissions and emergency inpatient bed days than the rest of England.

### STPs

In making a transition to population-based integrated health systems, the NHS will be guided by several principles:

- [STPs](#) are not new statutory bodies, they supplement rather than replace the accountabilities of individual organisations, such as Clinical Commissioning Groups (CCGs);
- The way STPs work will vary according to the needs of different parts of the country;
- To succeed, all STPs need a basic governance and implementation ‘support chassis’; and
- The way to judge the success of STPs – and their constituent organisations – is by the results they are able to achieve.

### Community participation and involvement

As STPs move from proposals to more concrete plans, NHS England expects them to involve local people in what these plans are and how they will be implemented. Healthwatch has set out five steps to ensure local people have their say:

1. Set out the case for change so people understand the current situation and why things may need to be done differently;
2. Involve people from the start in coming up with potential solutions;
3. Understand who in your community will be affected by your proposals and find out what they think;
4. Give people enough time to consider your plans and provide feedback; and
5. Explain how you used people’s feedback, the difference it made to the plans and how the impact of the changes will be monitored.

### Accountable Care Systems

ACS will be an ‘evolved’ version of an STP that is working as a locally integrated health system. In time some ACS may lead to the establishment of an accountable care organisations - this is where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area. A few areas (particularly some of the MCP and PACS Vanguards) in England are on the road to establishing an ACO, but this takes several years. A list of likely candidates is available on the [NHS England website](#).

The complexity of the procurement process needed, and the requirements for systematic evaluation and management of risk, means the creation of ACOs will not be the focus of activity in most areas over the next few

years.

ACS can:

- Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services; and
- Deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self- management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme.

In return, the NHS national leadership bodies will offer ACS:

- The ability for local commissioners in the ACS to have delegated decision rights in respect of commissioning of primary care and specialised services; and
- A devolved transformation funding package from 2018, potentially bundling together national funding for the GP Forward View, mental health and cancer.

## Funding and efficiency

### The NHS' 10 Point Efficiency Plan

Free up 2,000 to 3,000 hospital beds	Reduce unwarranted variation in clinical quality and efficiency
Further clamp down on temporary staffing costs and improve productivity	Estates, infrastructure, capital and clinical support services
Use the NHS' procurement clout	Cut the costs of corporate services and administration
Get best value out of medicines and pharmacy	Collect income the NHS is owed
Reduce avoidable demand and meet demand more appropriately	Financial accountability and discipline for all trusts and CCGs

### Get the best value out of medicines and pharmacy (NHS England is the lead organisation)

- NHS England is co-funding pharmacists to work in GP practices to support GP prescribing and optimise medicines usage. Formulary decisions will now typically be made regionally rather than by each CCG;
- NHS RightCare will be used to drive improved uptake of NICE-recommended medicines that also generate downstream savings;
- Four regional Medicines Optimisation Committees will coordinate the pursuit of medicines optimisation opportunities, including in care homes, multiple prescribing, use of generics and biosimilars, and reducing medicines wastage;
- [NHS Clinical Commissioners](#) and CCGs are reviewing the appropriateness of expenditure on medicines, identifying areas of prescribing that are of low clinical value or are available over-the-counter often at a lower price - such as for minor conditions such as indigestion, travel sickness, cough remedies and upset stomachs. Following consultation, NHS England will support them in taking action on their top medicines of low clinical value that should not normally be prescribed (which cost £128 million a year) by developing national guidance with CCGs;
- NHS England will also work with CCGs, providers, patients and manufacturers to consider other medicines and products of low clinical value, to ensure that NHS funding is used on those things that have the most impact on outcomes for patients;
- NHS England's new commercial medicines team will directly negotiate with pharma companies, in conjunction with NICE where appropriate, on new win/win fast track reimbursement arrangements for selected drugs; and

- the Department of Health is ‘continuing to drive savings in the supply chain for dispensing medicines’.

## Reduce avoidable demand and meet demand more appropriately (PHE and NHS England lead with local authorities (LAs))

### Prevention

NHS England will now take action, including:

- Expanding the Diabetes Prevention Programme;
- Tackling obesity in particular in children through tougher action on sugar and junk food;
- NHS provider trusts will have to screen, deliver brief advice and refer patients who smoke and/or have high alcohol consumption;
- By 2018/19, PHE will lead work with LAs to reach over 2.8 million more people with an NHS Health Check;
- In 2017/18, PHE will expand the childhood flu vaccination to include children in school year 4 (N.B. childhood vaccination is not part of the Flu Vaccination Advanced Service);
- Further work on prevention of cardiovascular disease;
- A programme to promote healthy communities and support disabled people and those with long-term conditions to manage their own health, care and wellbeing;
- Further action to identify and support carers;
- Support for disabled people and people with complex health needs;
- Maintaining a focus on diagnosis and post-diagnosis support for people with dementia and their carers; and
- NHS England will support eight STP areas to take part in a new one year Building Health Partnerships programme to facilitate strong engagement with the voluntary sector and local communities on actions that improve wellbeing self-care.

### Reduce avoidable demand for emergency care and meet demand more appropriately

Looking into 2017/18, NHS England is seeking to accelerate progress in the following areas:

- A comprehensive plan to reduce the growth in ‘minor’ cases that present in A&E departments;
- Every part of the country will be measuring and managing emergency hospitalisation rates from April 2017; and
- 2017/18 national funding for each PACS, MCP or Urgent and Emergency Care Vanguard will be available to STPs as a funding source to pay for excess emergency admissions growth in their area.

## Patient safety

### What’s been achieved in England in the last three years?

- The introduction of the duty of candour and new protections for those who raise concern and whistle-blow; and
- Patient Safety Collaboratives, each established and led locally by an Academic Health Science Network, which deliver a locally-owned improvement programme in order to create safer systems of care, to learn from errors and reduce avoidable harm.

### Key improvements for 2017/18 and 2018/19

- Preventing healthcare acquired infections;
- Learning from deaths, and improving investigations and inspections;
- Reducing medication errors; and
- Patient Safety Incident Management systems will be designed for all healthcare settings and will make it ‘easy and rewarding’ to record patient safety incidents, provide feedback, and enhance learning from what has gone wrong.

## Harnessing technology and innovation

Over the next two years, NHS England will implement solutions that:

- Make it easier for patients to access urgent care online;
- Enable NHS 111 to resolve more problems for patients without telling them to go to A&E or their GP;
- Simplify and improve the online appointment booking process for hospitals;
- Make patients' medical information available to the right clinicians wherever they are; and
- Increase the use of apps to help people manage their own health.

### Helping people manage their own health

Progress has been made in enabling patients to access their GP record online: 95% of GPs offer online appointment booking, repeat prescriptions and access to their summary care record (SCR). Currently, 10.4 million people are registered for online services with 1.9 million repeat prescriptions ordered online in February 2017, 1.1 million appointments managed online and 1 million views of patient records in the same period.

- NHS apps: in spring 2017 NHS England will launch the NHS Digital Apps Library with the initial offer including at least 20 apps with categories for mental health and diabetes. This will comprise three tiers of application:
  - 'NHS approved' apps which have a published evidence base, assessed by a process developed with NICE, demonstrating that they can help a person manage and improve their health;
  - 'NHS connected' apps which means they have been tested and approved for connection to NHS systems, allowing users to download information from NHS systems in to the app; and
  - 'Health apps' which will be directory of other health applications that users may choose to use.
- Support for children's health: from April 2017, parents in London will have access to their children's health record through the online 'red book';
- Personal online access: By September 2017, NHS England will have upgraded NHS Choices to become NHS.UK which will offer a more personalised and tailored experience. It will then be possible for patients to book appointments and access their personal health record through NHS.UK; and
- Free WiFi in GP surgeries: a rollout to the remainder of GP surgeries over the next year, subject to HM Treasury approval.

### Technology to support the NHS priorities

#### Urgent and emergency care

- NHS 111 Online: Throughout 2017, NHS England will be working to design online triage services that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional, according to their needs. NHS England will be testing apps, web tools and interactive avatars in local areas and using detailed evaluation to define the best approach. By December 2017, all areas will have an NHS 111 online digital service available that will connect patients to their Integrated Urgent Care via NHS 111;
- By December 2018, there will be a clear system in place across all STPs for booking appointments at particular GP practices and accessing records from NHS 111, A&Es and UTCs supported by improved technology and clear standards; and
- During 2017, NHS England will begin the work with vendors to seamlessly route electronic prescriptions from NHS 111 and GP Out of Hours to pharmacies via the Electronic Prescription Service to speed up the supply of medicines, and significantly reduce the time and cost involved.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](mailto:Zainab.Al-Kharsan@psnc.org.uk).