

## PSNC Briefing 032/14: The Forward View into action: planning for 2015/16

Following on from [PSNC Briefing 023/14: NHS Five Year Forward View](#), this briefing provides details on [The Forward View into action: Planning for 2015/16](#) - guidance published by NHS leaders, which sets out the steps to be taken by national and local organisations during 2015/16 to start delivering the [NHS Five Year Forward View \(5YFV\)](#) vision. This PSNC Briefing summarises the elements of the guidance that are of most relevance to community pharmacy.

### The planning guidance

The planning guidance has been jointly developed by NHS England, Monitor, the NHS Trust Development Authority (TDA), the Care Quality Commission (CQC), Public Health England (PHE) and Health Education England (HEE). There are seven chapters:



### Chapter 1 – The NHS’s approach to partnership & planning for 2015/16

**Planning together with confidence – there is a powerful agreement among patient groups, clinicians, local communities, frontline NHS leaders and national organisations about how to sustain and lead the NHS over the next five years, and a shared desire to lead and support change.**

Key deliverables	<ul style="list-style-type: none"> <li>For 2015/16, the <a href="#">revised NHS Mandate</a> allocated an extra £1.83bn to NHS England, to which NHS England will reallocate a further £150m of its own resources, bringing the total of new money for front line services to £1.98bn. Although the financial position will continue to be very challenging in many local health economies, there is now a clear basis on which to commence local planning.</li> <li>The pace and scale of transformation over the next five years will partly depend on the scale of additional investment in, and uptake of, new care models. The first tangible steps in 2015/16, will be through a £200m investment fund in new care models, and a further £250m investment in primary care.</li> </ul>
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#### Maximising the value of local planning

Key deliverables	<ul style="list-style-type: none"> <li>For this planning round NHS organisations are asked to refresh their operational plans for 2015/16 only. There are few new national requirements for planning. The Mandate from the government to the NHS is broadly stable, apart from the introduction of new access standards for mental health.</li> </ul>
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- Rather than imposing a new top-down planning process for transformation, local areas are strongly encouraged to develop and progress their emerging vision for the future of health and care for their local populations.

## Chapter 2 – Creating a new relationship with patients and communities

### Getting serious about prevention

The sustainability of the NHS, and the country’s future economic prosperity, depend on a radical upgrade in prevention and public health. In 2015/16 there will be six different approaches to improving health and wellbeing:

1. CCGs should work with local government partners to set and share in 2015/16 quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing. These should be supported by agreed actions to achieve these, such as specifying behavioural interventions for patients and staff, in line with National Institute of Health and Care Excellence (NICE) guidance, with respect to smoking, alcohol and obesity, with appropriate metrics for monitoring progress.
2. NHS England will reiterate their support for comprehensive, hard-hitting, and broad-based national action on prevention. With the Local Government Association (LGA), they will develop and publish proposals for actions that local areas could take to go further and faster in tackling health risks from alcohol, fast food, tobacco and other issues.
3. NHS England will take action to allow England to become the first country to implement at scale a national evidence-based diabetes prevention programme, based on proven UK and international models, and linked where appropriate to the NHS Health Check. Local areas that have made the greatest strides in developing preventative diabetes programmes have been asked to register their interest in joining with NHS England as partners to co-design a new national programme led by PHE, NHS England and Diabetes UK. A national Prevention Board, chaired by PHE and bringing together NHS, local government and other stakeholders will oversee delivery of these commitments.
4. By autumn 2015, NHS England will have developed proposals for improving NHS services for helping individuals stay in work, or return to employment, while saving downstream costs at the Department for Work and Pensions.
5. In the same timeframe, NHS England will have examined and published their findings on the potential to extend incentives for employers in England who provide effective NICE recommended workplace health programmes for employees.
6. All NHS employers should take significant additional actions in 2015/16 to improve the physical and mental health and wellbeing of their staff, for example, by providing support to help them keep to a healthy weight, and ensuring NICE guidance on promoting healthy workplaces is implemented.

### Empowering patients

To give patients more direct control, NHS England expect CCGs to lead a major expansion in 2015/16 in the offer and delivery of personal health budgets to people, where evidence indicates they could benefit.

### Engaging communities

NHS England expect CCGs, alongside local authorities, to draw up plans to identify and support carers and, in particular, working with voluntary sector organisations and GP practices, to identify young carers and carers who themselves are over 85, and provide better support.

## Chapter 3 – Co-creating new models of care

NHS England recognises the different starting points of different local health and care economies. NHS England will avoid imposing a single rigid national blueprint, as well as the inefficiency of stimulating the development of

hundreds of different solutions to what are common problems and opportunities. NHS England’s approach to new care models combines three distinct elements: first, focused support for vanguard sites; second, a more permissive approach to change right across the country; and third, intervening to create the conditions for success in the most challenged systems.

<b>Delivering a new deal for primary care</b>	
Key deliverables	<ul style="list-style-type: none"> <li>• Primary care is central to the new population-based health care models described in the 5YFV. To tackle some of the immediate workforce issues, NHS England and HEE have been developing a plan to attract more training doctors into general practice, make better use of the wider clinical workforce in primary care, target measures to support retention and to support clinicians who have left general practice to return. NHS England will publish the plan in January.</li> <li>• A core component of this plan is the £1bn fund, over four years, made available in the Autumn Statement to improve premises and infrastructure. NHS England will provide further details in January.</li> <li>• Primary care is not just about general practice. During 2014, NHS England heard hundreds of views about how community pharmacy, dentistry and aspects of eye healthcare could develop to support better outcomes. Early in 2015, NHS England will set out their response, taking account of the best ideas in how to implement new models of care.</li> </ul>
<b>New care models: Urgency &amp; Emergency care, maternity, cancer and specialised services</b>	
Key deliverables	<ul style="list-style-type: none"> <li>• Commissioners and providers should prioritise the major strategic and operational task of how they will be implementing the urgent and emergency care review. Urgent and emergency care networks, which will build upon existing System Resilience Groups, should be established by April 2015, and oversee the planning and delivery of a regional or sub-regional urgent care system.</li> </ul>

## Chapter 4 – Priorities for operational delivery in 2015/16

### Improving quality and outcomes

A revitalised National Quality Board (NQB) will bring together system leaders and other national stakeholders. It will provide collective leadership for quality across the system, initially to review the current state of quality of care in the NHS, as assessed by the CQC and barriers to delivery of high quality care; to identify priorities for quality improvement, and; based on this assessment, develop new system-wide approaches for quality improvement. By summer 2015, the NQB will publish its priorities and work programme, taking steps towards building a single framework for consistently measuring quality across providers, commissioners and regulators.

### Improving patient safety

Resistance to antibiotics is spreading, and now constitutes a major threat to the delivery of safe and effective healthcare. In 2015/16 CCGs together with providers should develop plans to improve antibiotic prescribing in primary and secondary care.

## Chapter 5 – Enabling change

### Harnessing the information revolution and transparency – key deliverables

The new National Information Board (NIB) brings national health and care organisations together with clinical leaders, local government and civil society. It has recently published [Personalised Health and Care 2020: a Framework for Action](#), which builds on commitments in the 5YFV to use data and technology more effectively to transform outcomes for patients and citizens. From April 2015, all citizens will have online access to their GP records and a number of related steps are planned by the NIB for 2015/16 which will contribute significantly towards our aim of achieving a ‘paperless NHS’.

- 1st**
  - The NHS number will be used as the primary identifier in all settings when sharing information. Commissioners will need explicitly to include this change within their plans. To enforce this change, commissioners will be able, under additional powers proposed through the NHS Standard Contract for 2015/16, to withhold funding from providers unless these conditions are met.
- 2nd**
  - Patients should have access to an easy-to-use electronic prescription service (EPS). NHS England expect that at least 60% of practices will be transmitting prescriptions electronically to the pharmacy by March 2016. Full uptake of EPS is an important precursor to delivering a fully electronic ‘click and collect’ or ‘click and deliver’ service for prescriptions.
- 3rd**
  - The 2015/16 General Medical Services contract contains a further commitment to expand and improve the provision of online services for patients, including extending online access to medical records and the availability of online appointments.
- 4th**
  - Structured, coded discharge summaries should be available to health professionals electronically everywhere, as required. This will be a legally binding requirement by October 2015.

## Chapter 6 – Driving efficiency

### NHS funding in 2015/16

Key deliverables	<ul style="list-style-type: none"> <li>• £1.98bn of additional investment in the NHS in England was announced by the Chancellor of the Exchequer in the Autumn Statement, including £150m from NHS England through efficiencies and reprioritisation in its central budgets. This implies a real terms funding increase of 1.6%.</li> <li>• In deploying the additional funding NHS England is seeking to:             <ul style="list-style-type: none"> <li>- create momentum in the implementation of the 5YFV by providing a £200m investment fund to promote transformation in local health economies, with a particular focus on investment in the new models of care;</li> <li>- deliver on the promise of a new deal for primary care, ensuring that the overall level of total funding growth for primary care is in line with that provided for other local services;</li> <li>- ensure that mental health spend will rise in real terms in every CCG and grow at least in line with each CCG’s overall allocation growth;</li> <li>- accelerate progress towards bringing all CCGs receiving less than their target funding to within 5% of target by 2016/17 while also directing funding towards distressed health economies; and</li> <li>- reconfirm plans to deliver 10% cash savings in CCG and NHS England administration costs for redeployment to the front line.</li> </ul> </li> </ul>
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## Chapter 7 – Submission and assurance of 2015/16 plans

All health and social care organisations must work together to develop locally owned and agreed plans. For commissioners, this will mean ensuring that plans reflect the local Joint Health and Wellbeing Strategy and that providers and the local communities have been fully engaged in this process.

For LETBs, this will mean ensuring that their workforce plans reflect local plans to develop the workforce in general and the requirements of the new models of care in particular.

If you have any queries on this PSNC Briefing or you require more information, please contact [Rosie Taylor, Pharmacy and NHS Policy Officer](#).