

Pharmaceutical Services Negotiating Committee Agenda

For the meeting to be held on 7th February 2019

At CIWEM, 106-109 Saffron Hill, London, EC1N 8QS

Commencing at 9am

Members: Richard Bradley, David Broome, Mark Burdon, Peter Cattee, Ian Cubbin, Marc Donovan, Samantha Fisher, Mark Griffiths, Alice Hare, Jas Heer, Tricia Kennerley, Clare Kerr, Sunil Kochhar, Andrew Lane, Margaret MacRury, Fin McCaul, Has Modi, Lucy Morton-Channon, Garry Myers, Bharat Patel, Indrajit Patel, Prakash Patel, Umesh Patel, Jay Patel, Janice Perkins, Adrian Price, Sian Retallick, Anil Sharma, Stephen Thomas, Faisal Tuddy, Gary Warner

Chairman: Sir Mike Pitt

1. Welcome from Chair 09:00
2. Apologies for absence
3. Conflicts or declaration of interest
4. Minutes of the October and November meetings
5. Action list from October and November meetings ([Appendix 01/02/2019](#))
6. Matters Arising

Action:

7. Chairman's Report and Chief Executive's Report 09:15 – 09:45
8. Brexit 09:45 – 10:30
- Coffee break 10:30 – 10:45
9. Long Term Plan ([Appendix 02/02/2019](#)) 10:45 – 11:45
10. Guest speaker - Julie Wood, CEO NHS Clinical Commissioners 11:45 – 12:30
- Lunch 12:30 – 13:30
11. General Funding - Presentation 13:30 – 14:30
12. Re-shaping the sector 14:30 – 15:30

Reports:

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| 13. Resource Development & Finance subcommittee report | 15:30 |
| 14. Legislation and Regulatory Affairs subcommittee report | |
| 15. LPC and Contractor Support subcommittee report | |
| 16. Funding & Contract subcommittee report | |
| 17. Service Development subcommittee report | |
| 18. Communications and Public Affairs subcommittee report | |
| 19. Reminder of Confidentiality | |
| 20. Any Other Business | 16:00 |

Action list from October PSNC Meeting 2018

	Action	Actioned by	Date completed/update
Action 1	We need to improve the way we communicate the complexity of the funding mechanism (and the reality of the current situation) to contractors – a webinar would be planned to do just this and Zoe Long, Director of Communications, would explore further ideas to get the messaging across	Mike Dent and Zoe Long	30 October 2018
Action 2	The PSNC team would draw together a challenging agenda for the Planning Meeting next month which would include amongst other items, a focus on Prevention as well as what was possible within the current funding envelope	Simon Dukes and team	13-14 November 2018
Action 3	Ensure that we feed in to discussions with HM Government for 2019/20 current issues surrounding tax and business rates	Negotiating Team	Ongoing
Action 4	Share with the Committee the summary slide of the CEOs Roundtable with NHSE	Shiné Brownsell	18 October 2018
Action 5	Circulate CPCF presentation	Mike Dent	10 October 2018
Action 6	Circulate sums from margins results	Mike Dent	Still under negotiation
Action 7	Circulate the response to Jeannette Howe	Simon Dukes	15 October 2018

Action 8	Chief Executive to provide an updated proposal on the format of the meetings.	Simon Dukes	15 November 2018
Action 9	To agree detail of the new subcommittee and membership out of committee	Zoe Long	14 November 2018
Action 10	The PSNC Constitution and Rules to be revised as agreed	Gordon Hockey	Completed
Action 11	Prepare information on KPIs for the organisation, for RDF and PSNC to review	Simon Dukes	13 November 2018
Action 12	Circulate finalised accounts which need to be approved by the committee	Mike Dent	6 December 2018

Action list from November PSNC Planning Meeting 2018

	Action	Actioned by	Date completed/update
Action 1	Send revised final version of the meeting schedule to the committee	Simon Dukes	15 November 2018
Action 2	Summarise the feedback and actions from the funding discussions and circulate to the committee.	Mike Dent	4 December 2018
Action 3	Summarise the feedback and actions from the technology discussions and circulate to the committee.	Gordon Hockey	4 December 2018
Action 4	Summarise the feedback and actions from the local vs national discussions and circulate to the committee, along with a proposal.	Leadership team	4 December 2018

Subject	The NHS Long Term Plan
Date of meeting	7th February 2019
Committee/Subcommittee	Committee
Status	Open
Overview	<p>The following two briefings (which are also available on the PSNC website) summarise the aspects of the NHS long term plan and the NHS Operational and Contracting Guidance 2019/20 which are most relevant to community pharmacy.</p> <p>They are provided as background material to prepare members for a discussion on the implications of the plan and the actions which PSNC needs to take following its publication.</p>
Proposed action(s)	Discuss the implications of the plan and agree the actions which PSNC needs to take following its publication.
Author(s) of the paper	Zainab Al-Kharsan Alastair Buxton

PSNC Briefing 002/19: The NHS Long Term Plan

On 7th January 2019, NHS England published the [NHS Long Term Plan](#), setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be used.

This PSNC Briefing summarises the aspects of the Plan which are most relevant to LPCs and community pharmacy.

A new service model for the 21st century

Implementation of the plan will ensure that the NHS will be more joined-up and co-ordinated in its care, more proactive in the service it provides and more differentiated in its support offered to individuals.

The five major practical changes to the NHS service model over the next five years will be:

1. Boosting out of hospital care to dissolve the divide between primary and community health services

A commitment has been made to increase investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24. This is likely to be further supplemented by Clinical Commissioning Groups (CCGs) and [Integrated Care Systems](#) (ICSs). This investment guarantee will fund demand pressures, workforce expansion, and new services to meet relevant goals.

Over the next five years, all parts of the country will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most. Urgent response and recovery support will be delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams. Extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.

£4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new [primary care networks](#) (PCNs) based on neighbouring GP practices. As part of contract changes, individual general practices in a local area will enter into a network contract as an extension of their current NHS contract, and have a designated single fund through which all network resources will flow. Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs, joined by social care and the voluntary sector. In many parts of the country, functions such as district nursing are already configured on network footprints and this will now become the required norm.

Fully integrated community-based healthcare will be created and supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 will start direct booking of appointments into GP practices across the country, as well as referring on to community pharmacies to support urgent care and promote patient self-care and self-management. CCGs will also develop pharmacy connection schemes for patients who don't need primary medical services. PCNs will be offered a 'shared savings' scheme so they can benefit from actions to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication through pharmacist conducted reviews.

Significant changes will be made to the GP Quality and Outcomes Framework (QOF); the least effective indicators will be retired and the revised QOF will support more personalised care.

A fundamental review of GP vaccinations and immunisation standards, funding and procurement will be undertaken to support the goal of improving immunisation coverage.

NHS support to all care home residents will be upgraded by 2023/24 in line with the [Enhanced Health in Care Homes](#) model rolled out across the whole country. Care home residents will get regular clinical pharmacist-led medicine reviews where needed. PCNs will also work with emergency services to provide emergency support, including where advice or support is needed out of hours. The NHS will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHSmail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients.

PCNs will from 2020/21 assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed. Based on their individual needs and choices, people identified as having the greatest risks and needs will be offered targeted support for both their physical and mental health needs, which will include musculoskeletal conditions, cardiovascular disease, dementia and frailty.

The connecting of home-based and wearable monitoring equipment will increasingly enable the NHS to predict and prevent events that would otherwise have led to a hospital admission.

The NHS will provide better support for people with dementia through a focus on supporting people in the community through the enhanced community multidisciplinary teams. The NHS will support the Alzheimer's Society to extend its Dementia Connect programme which offers a range of advice and support for people following a dementia diagnosis.

2. Redesigning and reducing pressure on emergency hospital services

Over the period of the plan, by expanding and reforming urgent and emergency care services, the practical goal is to ensure patients get the care they need fast, relieve pressure on A&E departments and better offset winter demand spikes.

To support patients to navigate the optimal service ‘channel’, the NHS will embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20. This will provide specialist advice, treatment and referral from a wide array of healthcare professionals, encompassing both physical and mental health supported by collaboration plans with all secondary care providers.

The NHS will fully implement the Urgent Treatment Centre (UTC) model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111. UTCs will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

The NHS and social care will continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications.

3. More personalised care to help people gain more control over their health when they need it

As part of a wider move to ‘shared responsibility for health’, over the next five years the NHS will ramp up support for people to manage their own health. This will start with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online

therapies for common mental health problems.

As part of this work, through social prescribing the range of support available to people will widen, diversify and become accessible across the country. Link workers within PCNs will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

4. Digitally-enabled primary and outpatient care

Building on progress already made on digitising appointments and prescriptions, a digital NHS ‘front door’ through the [NHS App](#) will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations. Patients will be able to access virtual services alongside face-to-face services via a computer or smart phone.

The NHS will continue to invest in the [nhs.uk](#) platform so that everyone can find helpful advice and information regarding their conditions. As technology advances, the NHS will also trial the use of innovative devices such as smart inhalers for better patient care and remote monitoring of conditions and will continue to support the development of apps and online resources to support good mental health and enable recovery.

Over the next five years every patient in England will have a new right to choose the option of having ‘digital-first’ contact through telephone or online consultations – usually from their own practice or, if they prefer, from one of the new digital GP providers.

5. Increasing focus by local NHS organisations on population health and local partnerships with LA-funded services, through ICSs

The NHS will continue to develop ICSs, building on the progress the NHS has already made. By April 2021, ICSs will cover the whole country, growing out of the current network of [Sustainability and Transformation Partnerships \(STPs\)](#). Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level; this will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.

A new Integrated Care Provider (ICP) contract will be made available for use from 2019, following public and provider consultation. It allows for the first time the contractual integration of primary medical services with other services and creates greater flexibility to achieve full integration of care.

A new ICS accountability and performance framework will consolidate the current amalgam of local accountability arrangements and provide a consistent and comparable set of performance measures. It will include a new ‘integration index’ developed jointly with patients groups and the voluntary sector which will measure from patient’s, carer’s and the public’s point of view, the extent to which the local health service and its partners are genuinely providing joined up, personalised and anticipatory care.

ICSs will agree system-wide objectives with the relevant NHS England/NHS Improvement regional director and be accountable for their performance against these objectives. This will be a combination of national and local priorities for care quality and health outcomes, reductions in inequalities, implementation of integrated care models and improvements in financial and operational performance.

The NHS will continue to support local approaches to blending health and social care budgets where councils and CCGs agree this makes sense. The government will set out further proposals for social care and health integration in the forthcoming Green Paper on adult social care.

The [Better Care Fund](#) has provided an opportunity for councils and the NHS to work together to reduce delays, but this will now be reviewed by NHS England, the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government.

More NHS action on prevention and health inequalities

The plan sets out new commitments for action that the NHS itself will take to improve prevention whilst recognising the responsibility of individuals, companies, communities and national Government. Action by the NHS is a complement to, but cannot be a substitute for, the important role of local government.

In addition to its wider responsibilities for planning, education, housing, social care and economic development, in recent years local government has also become responsible for funding and commissioning preventive health services, including smoking cessation, drug and alcohol services, sexual health, and early years support for children such as school nursing and health visitors. These services are funded by central government from the public health grant, and funding and availability of these services over the next five years which will be decided in the next Spending Review. As many of these services are closely linked to NHS care, and in many cases provided by NHS trusts, the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.

The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England. The top five are: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use. Air pollution and lack of exercise are also significant. These priorities guide the renewed NHS prevention programme.

Smoking

Firstly, the NHS will make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. Secondly, the model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments. Thirdly, a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. On the advice of Public Health England (PHE), this will include the option to switch to e-cigarettes while in inpatient settings.

Obesity

The NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity).

The NHS is also committing to funding a doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option to widen patient choice and target inequality. The NHS will also test a programme supporting very low calorie diets for obese people with type 2 diabetes.

Antimicrobial resistance

The NHS will continue to support implementation and delivery of the government's new five-year action plan on Antimicrobial Resistance.

Stronger NHS action on health inequalities

NHS England will continue to target a higher share of funding towards geographies with high health

inequalities, estimated to be worth over £1 billion by 2023/24. For the five-year CCG allocations that underpin this Long Term Plan, NHS England will introduce from April 2019 a more accurate assessment of need for community health and mental health services, as well as ensuring the allocations formulae are more responsive to the greatest health inequalities and unmet need.

To support local planning and to ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in the plan.

The NHS will invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.

Carers will continue to be identified and supported, particularly those from vulnerable communities. The NHS will ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it. Up to 100,000 carers will benefit from ‘contingency planning’ conversations and have their plans included in Summary Care Records, so that professionals know when and how to call those plans into action when they are needed.

Further progress on care quality and outcomes

The plan sets out clear and costed improvement priorities for the biggest killers and disablers of our population using the latest epidemiological evidence from the GBD study for England, supplemented by the views of patients and the public on their priorities for improvement. These confirm that the Plan needs to stick with and make further advances on the current NHS improvement agenda for cancer, mental health, multimorbidity and healthy ageing including dementia, while intensifying the NHS’ focus on children’s health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.

Learning disability and autism

Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people. To help do so, the NHS will improve uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, so that at least 75% of those eligible have a health check each year. The NHS will also pilot the introduction of a specific health check for people with autism, and if successful, extend it more widely.

The Stopping over medication of people with a learning disability autism or both and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes will be expanded to stop the overmedication of people with a learning disability, autism or both.

Redesigning other health services for children and young people

From 2019/20 clinical networks will be rolled out to ensure the NHS improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes. This will be achieved through sharing best clinical practice, supporting the integration of paediatric skills across services and bespoke quality improvement projects.

Better care for major health conditions

The latest GBD study shows that the top five causes of early death for the people of England are: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm. The NHS has used these findings to help frame the improvement priorities in the plan:

Cancer

The plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. The NHS will modernise the Bowel

Cancer Screening Programme and implement human papillomavirus primary screening for cervical cancer across England by 2020.

Cardiovascular disease (CVD)

Early detection and treatment of CVD can help patients live longer, healthier lives. Working with LAs and PHE, the NHS will improve the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions. Working with voluntary sector partners, community pharmacists and GP practices will also provide opportunities for the public to check on their health, through tests for high blood pressure and other high-risk conditions.

Where individuals are identified with high risk conditions, appropriate preventative treatments will be offered in a timely way. The NHS will support pharmacists and nurses in PCNs to case find and treat people with high-risk conditions. The creation of a national CVD prevention audit for primary care will also support continuous clinical improvement.

Fast and effective action will help save lives of people suffering a cardiac arrest. The chance of survival from a cardiac arrest that occurs out of hospital doubles if someone receives immediate resuscitation (CPR) or defibrillation. This will be supported by educating the general public, including young people of school age, about how to recognise and respond to cardiac arrest. The NHS will also work with partners such as the British Heart Foundation to harness new technology and ensure the public and emergency services are able to rapidly locate life-saving equipment in an emergency.

Respiratory disease

The NHS will do more to detect and diagnose respiratory problems earlier. From 2019 the NHS will build on the existing NHS RightCare programme to reduce variation in the quality of spirometry testing across the country. PCNs will support the diagnosis of respiratory conditions. More staff in primary care will be trained and accredited to provide the specialist input required to interpret results.

The NHS will do more to support those with respiratory disease to receive and use the right medication. Pharmacists in PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers and contributing to multidisciplinary working. As part of this work, they can also support patients to reduce the use of short acting bronchodilator inhalers and switch to dry powder inhalers where clinically appropriate, which use significantly less fluorinated gases than traditional metered dose inhalers. Pharmacists can also support uptake of new smart inhalers, as clinically indicated.

NHS staff will get the backing they need

To make this Long Term Plan a reality, the NHS will need more staff, working in rewarding jobs and a more supportive culture.

New NHS roles and careers will be shaped to reflect the future needs and priorities set out in the rest of this Plan. As the NHS invests in its workforce, it needs to ensure the NHS has primary care and generalist skills, to complement what has been a major move to more specialised hospital-based care in recent decades. To date workforce planning has been too disjointed at a national and local level. This will now change as Health Education England (HEE) is better aligned nationally with NHS Improvement which now has lead responsibility for the NHS workforce. Locally, the Local Workforce Action Boards will become more accountable to health service and social care employers.

A comprehensive new workforce implementation plan

The funding available for additional investment in the workforce, in the form of training, education and continuing professional development (CPD) through the HEE budget has yet to be set by government. A workforce implementation plan will therefore be published later in 2019. NHS Improvement, HEE and NHS England will establish a national workforce group to ensure that such

workforce actions agreed are delivered quickly. This will include the new NHS Chief People Officer, the NHS National Medical Director, the Chief Nursing Officer, the Chief Midwifery Officer and the other Chief Professions Officers. The group will show how the future challenges can be addressed for the total workforce, as well as looking at each group individually. The group will also have representatives from staff side organisations, the Social Partnership Forum, Royal Colleges, The King's Fund, Health Foundation and Nuffield Trust.

Expanding the number of nurses, midwives, Allied Health Professionals and other staff

The funding for the new PCNs will be used to substantially expand the number of clinical pharmacists working in general practices and other environments, such as care homes. In community pharmacy, the NHS will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.

Digitally-enabled care will go mainstream across the NHS

Technology will play a central role in realising the Long Term Plan, helping clinicians use the full range of their skills, reducing bureaucracy, stimulating research and enabling service transformation. People will have more control over the care they receive and more support to manage their health, to keep themselves well and better manage their conditions, while assisting carers in their vital work.

Citizens have access to high quality NHS information and digital services through the transformed nhs.uk website. and the national roll-out of the NHS App has begun, which will provide citizens with access to NHS 111 online, their GP record, the ability to book appointments, update data sharing preferences and register for organ donation.

The Local Health and Care Record (LHCR) programme has started the work to create integrated care records across GPs, hospitals, community services and social care.

In ten years' time, the existing model of care is expected to look markedly different. The NHS will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients want or need it. Primary care and outpatient services will have changed to a model of tiered escalation depending on need. When ill, people will be increasingly cared for in their own home, with the option for their physiology to be effortlessly monitored by wearable devices. People will be helped to stay well, to recognise important symptoms early, and to manage their own health, guided by digital tools.

Empowering people

People will be empowered, and their experience of health and care will be transformed, by the ability to access, manage and contribute to digital tools, information and services.

The NHS Apps Library, NHS App and NHS login will enable easy access to personalised content and digital tools and services. The NHS App will create a standard online way for people to access the NHS. The app will work seamlessly with other services at national and local levels and, where appropriate, be integrated into patient pathways.

NHS England will work with the wider NHS, the voluntary sector, developers, and individuals in creating a range of apps to support particular conditions.

Support for people with long-term conditions will be improved by interoperability of data, mobile monitoring devices and the use of connected home technologies over the next few years. By 2020, every patient with a long-term condition will have access to their health record through SCR accessed via the NHS App. This will also be available to all urgent and emergency care services, with appropriate permission. By 2023, the SCR functionality will be moved to the Personal Health Records held within

the Local Health and Care Record systems, which will be able to send reminders and alerts directly to the patient.

Patients' Personal Health Records (PHRs) will hold a care plan that incorporates information added by the patient themselves, or their authorised carer. The PHRs will also hold data that the patient chooses to share with the NHS, including from monitoring devices. Patients who choose to join a condition monitoring programme will be able to benefit from insights from these data and will be monitored for combinations of symptoms that may indicate clinical events and result in contact from a health adviser or clinician to help the individual stay well. Patients and clinicians will also be able to add information about living circumstances which may require reasonable adjustments to be made.

Supporting clinical care

Patients, clinicians and the carers working with them will have technology designed to help them. They will have a digital service for managing their interactions with the NHS, a view of their record, care plan, expectations, appointments and medications, to enable care to be designed and delivered in the place that is most appropriate for them.

If people need NHS advice or care, they will have increasing digital options. A secure NHS login will provide access and a seamless digital journey. The NHS App and its browser-based equivalent will enable people to follow a simple triage online to help them manage their own health needs or direct them to the appropriate service. If needed they will be able to be connected with their local services; get an appointment with an urgent treatment centre, out of hours services or GP, or be prescribed medicine to be collected from their nearest pharmacy. Increasingly, automated systems and AI will make these services smarter, but in-person services will always be there to do what computers can't and provide personal contact for those who need or want it.

Improving population health

During 2019, the NHS will deploy population health management solutions to support ICSs to understand the areas of greatest health need and match NHS services to meet them.

Over the coming years these solutions will become increasingly sophisticated in identifying those groups of people who are at risk of adverse health outcomes and predict which individuals are most likely to benefit from different health and care interventions, as well as shining a light on health inequalities.

Taxpayers' investment will be used to maximum effect

The new funding settlement announced by the Prime Minister in June 2018 promised NHS England's revenue funding would grow by an average of 3.4% in real terms a year over the next five years delivering a real terms increase of £20.5 billion by 2023/24.

Putting the NHS back onto a sustainable financial path is a key priority in the Long Term Plan and is essential to allowing the NHS to deliver the service improvements in this Plan.

This means:

- The NHS (including providers) will return to financial balance
- The NHS will use the five-year funding settlement to ensure rigorous and disciplined financial management across all NHS organisations.

Beyond 2019/20 the NHS will introduce further financial reforms that will support ICSs to deliver integrated care.

The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care.

Despite the overall efficiency of the NHS, there is still waste and an opportunity to improve efficiency. Up to 10% of hospital admissions in the elderly population are medicines-related, so pharmacists will routinely work in general practice helping to relieve pressure on GPs and supporting care homes. Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.

The NHS will reduce the prescribing of low clinical value medicines and items which are readily available over the counter to save over £200 million a year. This aim is supported by agreed measures to manage branded health service medicines through the new statutory and voluntary pricing and access schemes. The new voluntary scheme has been agreed between industry, DHSC and NHS England, and is intended to ensure access to innovative new medicines coupled with affordability.

The NHS will use digital technology to ensure that best practice is followed, generics are used where possible and duplication is eliminated. Augmented intelligence to analyse data on medicines prescribing will also help to eliminate fraud.

The existing National Reporting and Learning System (NRLS) is uniquely able to detect themes, patterns and issues that are not recognised locally but require national action. A new Patient Safety Incident Management System will replace the current NRLS by 2020. The NHS will use machine learning from incident data, which has the potential to create better insights from the data collected and introduce a more effective system of Patient Safety Alerts.

Next steps

2019/20 will be a transition year, with every NHS trust, foundation trust and CCG expected to agree single year organisational operating plans and contribute to a single year local health system-level plan.

ICSs will be central to the delivery of the Long Term Plan and by April 2021, NHS England wants ICSs covering all of the country. As local systems are in different states of readiness, the NHS will support each developing system to produce and implement a clear development plan and timetable.

The collaborative work which will need to underpin the development of local plans, and the detailed understanding of the services that each provider will need to deliver to meet the trajectory of outcomes, will be supported by the new regional teams. In particular, these teams will play a key role in ensuring the system is securing the best value from its combined resources to deliver the Long Term Plan.

The NHS will build on the open and consultative process that this Plan is built on, and strengthen the ability of patients, professionals and the public to contribute, by establishing an NHS Assembly in early 2019. The NHS Assembly will bring together a range of organisations and individuals at regular intervals, to advise the boards of NHS England and NHS Improvement as part of the ‘guiding coalition’ to implement this Long Term Plan. The Assembly membership will bring insight and frontline experience to the forum where stakeholders discuss and oversee progress on the Long Term Plan.

PSNC Briefing 006/19: A summary of the NHS Operational and Contracting Guidance 2019/20

In January 2018, NHS England and NHS Improvement published [NHS Operational and Contracting Guidance 2019/20](#), which sets out system planning expectations, the financial settlement, full operational plan requirements and the process and timescales around the submission of plans. This replaces the previously-published [guidance](#) covering 2017-19.

Similar to the 2017-19 guidance, this guidance document focusses on set priorities identified by NHS England (published in the [Long Term Plan](#)), system controls and efficiency. This guidance however places greater emphasis on emerging structures such as [Integrated Care Systems \(ICSs\)](#), [Primary Care Networks \(PCNs\)](#) and technology.

This PSNC Briefing summarise the aspects of the guidance that are most relevant to community pharmacy and which LPC members will wish to be aware of to inform their conversations with local commissioners.

System planning

The NHS guidance stipulates a single operational planning process for commissioners and providers, with clear accountabilities and roles at national, regional, system and organisational level.

For 2019/20, every NHS Trust, NHS Foundation Trust and Clinical Commissioning Group (CCG), will need to agree organisation-level operational plans which combine to form a coherent system-level operating plan which is submitted by early April 2019. This will provide the starting point for every [Sustainability and Transformation Partnership \(STP\) and ICS](#) to develop five-year Long Term Plan implementation plans, covering the period to 2023/24; these plans need to be agreed by Autumn 2019.

The organisations within each STP/ICS will be expected to take collective responsibility for the delivery of their system operating plan, working together to ensure best use of their collective resources.

The system operating plan will have two elements:

1. An overview setting out how the system will use its financial resources to meet population needs, and what the system will deliver in 2019/20, which should include direct commissioning (e.g. primary care contracts); and
2. A system data aggregation (activity, workforce, finance, contracting) demonstrating how all individual organisational plans align to the system plan.

System efficiency

The guidance notes that STPs/ICSs are increasingly finding efficiency opportunities that can only be delivered through their combined efforts. These include providers working together to improve productivity and clinical effectiveness, CCGs commissioning at-scale and sharing corporate services, and providers and commissioners working together to design more effective models of care. STPs/ICSs are expected to focus on the cost-effectiveness of the whole system, not cost-shifting between organisations. The minimum efficiency ask of the NHS in the next five years is 1.1% per year.

Financial settlement

Financial framework for CCGs

The document says that allocations for 2019/20 have been set to fund a stretching but reasonable level of activity. Allocations will also ensure CCGs are able to meet commitments to the mental health

investment standard, and increase investment in primary medical and community services, sufficient to meet the Long Term Plan commitments.

CCGs are expected to deliver a 20% real-terms reduction against their 2017/18 running cost allocation in 2020/21; this is their contribution to the overall £700m administrative savings requirement for commissioners and providers by 2023/24.

Underlying financial assumptions

All systems will be expected to work with the [NHS RightCare programme](#) to implement national priority initiatives for cardiovascular and respiratory conditions in 2019/20. They will also be expected to address variation and improve care in at least one additional pathway outside of the national priority initiatives.

All CCGs should ensure the availability of the innovations approved as part of the Innovation and Technology fund. From 2019/20 all CCGs will be expected to offer flash blood glucose monitoring devices to people with type 1 diabetes who meet relevant clinical criteria.

In December 2017, NHS England and NHS Clinical Commissioners (NHSCC) issued guidance for CCGs on 18 items which should not be routinely prescribed in primary care. This was followed by further guidance for CCGs on conditions for which over the counter items should not be routinely prescribed in primary care. The estimated savings for CCGS from both these initiatives are accounted for in the underlying financial assumptions, providing a driver for CCGs to ensure the guidance is implemented.

Specialised services and other direct commissioning

The direct commissioning of specialised services will focus on delivering several priorities over the next two years, including:

- Helping people with cancer to benefit from innovative, specialised cancer treatments;
- Providing high quality specialised mental health services that are integrated with local health systems and are delivered as close to home as possible;
- Supporting patients with a range of long-term conditions, including those with Hepatitis C, which NHS England aims to eliminate ahead of the World Health Organization's goal; and
- Enabling patients to benefit from the latest advances in genomics and personalised medicine.

Primary care and community health services

The guidance states that the continued investment in primary medical care, as set out in the Spending Review and underpinning the commitments in the [General Practice Forward View](#), provides local systems with both the means and the focus for delivery over the remaining two years of the transformation programme (2019/20 to 2020/21).

Building on the £3 per head CCG investment in primary care transformation during 2017/18 and 2018/19, NHS England will be requiring CCGs to commit £1.50 per head recurrently to developing and maintaining PCNs, so that the target of 100% coverage is achieved as soon as is possible and by 30th June 2019 at the latest. More guidance on the future direction for PCNs will be published soon.

STPs/ICSs must include a primary care strategy as part of the system strategy that will be developed by Autumn 2019 in response to the Long Term Plan. This strategy will need to set out how they will ensure the sustainability and transformation of primary care and general practice as part of their overarching strategy to improve population health and which engages CCGs and primary care providers in its implementation.

This must include specific details of their:

- local investment in transformation with the local priorities identified for support;

- PCN development plan; and
- local workforce plan which supports the development of an expanded workforce and multidisciplinary teams and sets out the strategy to recruit and retain staff within primary care and general practice.

STPs/ICSs must ensure that PCNs are provided with primary care data analytics for population segmentation and risk stratification, according to a national data set, complemented with local data indicator requirements, to allow PCNs to understand in depth their populations' needs for symptomatic and prevention programmes including screening and immunisation services.

Data and technology

The Local Health and Care Record Exemplar programme will continue to expand, with more organisations and localities coming on-stream and in 2019. In addition, core standards (across interoperability, cyber security, design, commercial etc.) will be mandated for all technology across the NHS and additional controls will be introduced to ensure that all new technology and systems meet these mandated standards.

The NHS App will provide a secure way for citizens to access digital NHS services. STPs/ICSs, providers and commissioners are asked to support in increasing its uptake, enabling more people to manage their interactions with the health service digitally. NHS England will also enable digital access to the [NHS Diabetes Prevention Programme](#) and will ask providers and commissioners to support people to use this.

Longer-term deliverables

A number of areas relating to long-term transformation, and detailed in the Long Term Plan, will require consideration and preparation during 2019/20. Key elements include:

System architecture	Work towards every area of the country being part of an ICS by April 2021.
Health inequalities	All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29.
Maternity	<ul style="list-style-type: none"> Offer all women who smoke during their pregnancy, specialist smoking cessation support to help them quit. Maternity digital care records are being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by October 2019.
Mental health	<ul style="list-style-type: none"> By 2020/21, the NHS will ensure that at least 280,000 people living with severe mental health problems have their physical health needs met.
Learning disability and autism	<ul style="list-style-type: none"> Expand the STOMP-STAMP programmes to stop the overmedication of people with a learning disability, autism or both by 2023/24.
Cancer	<ul style="list-style-type: none"> From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer. Extend lung health checks (already piloted in Manchester and Liverpool).