NHS England Delivery Plan: On-the-day briefing
31 March 2017

Key messages

- Four national service improvement priorities for 2017/18 and 2018/19 identified as urgent and emergency care, primary care, cancer and mental health.
- Acknowledgement that the need to deliver financial balance will require some trade-offs, including more pressure on waiting times for elective care.
- STPs are now referred to as sustainability and transformation partnerships’, with the best given the opportunity to evolve into accountable care systems (ACSs).
- A ten-point efficiency plan lays out the steps trusts and CCGs must take to cut waste and improve efficiency.
- NHS England and NHS Improvement commit to joint working at both a national and regional level, while still retaining their distinct statutory responsibilities.

NHS Confederation viewpoint

NHS England deserve credit for producing an ambitious plan for reform and transformation. The plan clearly sets out the challenge facing the NHS and wider health and care system – to continue to deliver high quality care today, while fundamentally transforming services to deliver the best possible care in the future, all against a background of financial pressures and growing demand.

The NHS Confederation believes that this is the right approach and the right direction of travel, however we are realistic about the scale of the task and the pressure this places on NHS organisations and our partners.

The plan sets out a twin-track approach to what are now being termed sustainability and transformation partnerships, with those areas that have made the most progress moving towards the development of accountable care systems (ACS), while the other areas will continue the process of building stronger relationships, reshaping services, engaging stakeholders (including the public) and refining their plans.

We believe that the task facing both is a huge one. It is therefore essential that the national bodies provide the right support to both. It’s imperative that they are all given the time and resources to bring about the changes which are required. For those evolving into ACSs this must be bespoke support at all stages of this complex process. For those continuing to work on their STPs, it means practical support to build durable relationships and engage staff, clinicians, politicians and the public.
The NHS Confederation will work to ensure that NHS England and the other national bodies put this support in place to help all local areas make the progress required.

The plan also sets out plans for NHS England and NHS Improvement to work more closely together, with joint approaches to many of their functions, including the work of their regional teams. This is something the NHS Confederation and our members have long called for and over the coming months we will push both organisations to make this a reality to avoid unnecessary duplication and conflicting priorities across the system.

Finally we believe it is important that we are clear with the public about the change which is planned and the limitations as to what the NHS can deliver and the public can expect. Commissioners and providers must be supported when they have to make difficult choices.

This is an ambitious plan, which requires all parts of the NHS and the wider system to work together in the interests of the system and, most importantly, the people who use NHS services.

**Introduction**

This follow-up to the Five Year Forward View aims to ‘take stock’, assessing progress towards its aims and laying out the priorities and trade-offs facing the NHS over the next few years. It explores the progress of local areas in achieving integration and sets out the path for the future as some evolve into accountable care systems. It also looks at efficiencies, launching a ten-point plan through which the NHS can move closer to financial sustainability.

**Priorities and trade-offs**

The document sets out the four national service improvement priorities for the NHS over the next two years:

**Urgent and emergency care**

Rising demand for urgent and emergency care, along with declining performance on targets need to be addressed. The plan restates the requirements in the 2017/18 NHS Mandate – 90 per cent of emergency patients to be seen within four hours by September 2017, the majority of trusts to meet the 95 per cent standard by March 2018 and a return for the NHS overall to the standard of 95 per cent during 2018.

Key improvements for 2017/18 and 2018/19:

- Comprehensive front-door clinical screening at every hospital by October 2017.
- Adoption of good practice to enable appropriate patient flow by October 2017.
- Hospitals, primary care, community care and local authorities working together to address delayed transfers of care. This will include ensuring that a proportion of the £1bn provided for adult social care in the Spring Budget is used to address delayed discharges, freeing up 2,000-3,000 acute hospital beds.
Increasing specialist mental health care in A&Es.
Enhancing NHS 111, including the launch of 111 online in 2017.
Expanding evening and weekend GP appointments to 50 per cent of the public by March 2018, then 100 per cent by March 2019.
Strengthening support to care homes to avoid admissions.
Roll out of around 150 standardised ‘urgent treatment centres’ to offer diagnostic and other services to patients who do not need to attend A&E.
Implementing the recommendations of the Ambulance Response Programme.

This will be achieved through:

- £100 million in capital funding will be made available to support the changes in A&E and there will be clearer local performance incentives related to the Sustainability and Transformation Fund (STF).
- NHS England also state that there will be complete alignment between themselves and NHS Improvement in this area, with a single named regional director holding both CCGs and Trusts to account.

**Primary care**

Key improvements for 2017/18 and 2018/19 include:

- Building on improvements to more convenient patient access to GP services. As stated in the Mandate, extended access to GP services (evening and weekend appointments) will be available to 40 per cent of the country by March 2018 and 100 per cent by March 2019.
- Various measures to boost GP numbers, with an extra 5,000 doctors working in general practice by 2020, and action to boost GP retention.
- Expanding multidisciplinary primary care through increasing the number of clinical pharmacists (from 491 currently co-funded by NHS England, to 900 by March 2018 and 1,300 by March 2019). Increasing numbers of mental health therapists will also be placed in primary care (800 by March 2018, 1500 by March 2019). In addition HEE will support the training of 3,000 physician’s assistants by 2020, and hope to incentivise up to 1000 of them to work in general practice.

This will be achieved through:

- Greater investment – a 14 per cent real-terms increase by 2020/21.
- There will also be greater encouragement for GP practices to work together in networks to share capacity and pool responsibility for extended access.

**Cancer**

Key improvements committed to for 2017/18 and 2018/19 include:

- More than 5,000 additional people a year surviving cancer
- Expanded screening and early detection, including a new bowel cancer screening test.
• Expanded diagnostic capacity, focusing specifically on the referral-to-treatment standard.
• Improved access to modern cancer treatment across the country, including the largest radiotherapy upgrade programme in 15 years.

This will be achieved through:
• Targeted national investment, including £130 million for radiotherapy modernisation, as well as a National Cancer Diagnostics Capacity Fund.
• Expanding the cancer workforce.
• Greater transparency around performance goals for CCGs and providers using the new cancer dashboard.
• Sixteen cancer alliances, coterminous with their constituent STPs
• Three cancer vanguards creating population cancer budgets.
• A single national programme management team to align NHS England, NHS Improvement, HEE, PHE and the voluntary sector.

Mental health

Improvements targeted for 2017/18 and 2018/19 include:
• Increases in psychological therapies, with 60,000 more people receiving them for common mental health problems by the end of 2017/18 and 200,000 more by the end of 2018/19.
• Better perinatal mental health, including four new mental health mother and baby units and 20 new or expanded specialised perinatal mental health teams.
• Better care for children and young people, with an additional 35,000 children to be treated in the community next year, growing to 49,000 additional in two years’ time
• 150-180 new tier 4 CAMHS specialist inpatient beds in certain parts of the country to reduce travel distances.
• More specialist mental health care in A&Es, with 24-hour mental health teams to be available at more than a quarter of acute hospitals by March 2018 and nearly half by March 2019.
• An extra 140,000 physical health checks for those with severe mental illness.

This will be achieved through:
• Targeted, earmarked national investment.
• Expanding the mental health workforce.
• Reform of mental health commissioning so that local mental health providers control specialist referrals.
• Mental health providers to work with local authorities to reduce delayed discharges.
• New mental health dashboard to improve transparency, with clear performance goals for CCGs and mental health providers.
• Single national programme management across all relevant national bodies.
Trade-offs

The plan notes that the NHS is constrained by a need to deliver financial balance. It is acknowledged that there are “limits to what can and cannot be done” and pressure on waiting times for elective care are likely to grow, including breaches to the 18-week target.

Integrating care

In this section, STPs are now referred to as sustainability and transformation partnerships. These partnerships will facilitate areas to move towards population-based, integrated health systems.

Their principles are stated below:

- They are not new statutory bodies, supplementing, rather than replacing individual organisational accountabilities.
- They will work in different ways in different parts of the country.
- All will require basic implementation and governance support – from an STP board, an STP chair and appropriate programme management support. The plan states that NHS England will work with partners, including the NHS Confederation, in the development of STPs and the policy framework they will operate in.
- They will be able to propose changes to their geographical boundaries where appropriate.
- This less prescriptive approach is based on the concept that they will be judged on the results they are able to achieve, not their form.

The genuine involvement of patients and communities is stated to be essential for the success of STPs and they are expected to adhere to Healthwatch’s five steps to ensure local people have their say. In addition, they will be expected to meet certain conditions where any proposed reconfiguration will result in significant hospital bed closures – including sufficient alternative provision being provided.

The plan sets out a twin-track approach for STPs. Some are expected to ‘evolve’ into accountable care systems (ACSs), systems where NHS organisations, often in partnership with local authorities, can choose to on collective responsibility for resources and population health.

Potential ACSs would need to be able to:
- Agree an accountable performance contract with NHS England and NHS Improvement that commits them to making faster improvements on key deliverables.
- Manage funding for their defined population together, with shared performance goals and control totals.
- Create collective decision making and governance structures.
- Demonstrate how providers will integrate horizontally.
• Demonstrate how they will also operate as a vertically integrated system, partnering with local GP practices formed into clinical hubs.
• Use population health management to improve prevention, enhance patient activation, manage demand and reduce unwarranted variation.
• Establish clear mechanisms to support patient choice and the use of personal health budgets.

In return they would be offered:
• Delegated decision rights for commissioning of primary care and specialised services.
• A devolved transformation funding package from 2018.
• A ‘one-stop shop’ regulatory arrangement with NHS England and NHS Improvement.
• The ability to redeploy funding and staff from NHS England and NHS Improvement to support the ACS.

The transition to an ACS is described as ‘complex’ and requiring careful management with staged implementation. The plan lists a series of suggested candidates to start this transition, including vanguards, devolution areas and STPs. It suggests that these areas may in time develop in accountable care organisations, where a contract is held with a single organisation for the provision of the majority of health and care services, as well as population health, in the area.

Areas that are not ready to progress immediately to ACS status (the majority) will be expected to continue working to transform care, refine plans, engage stakeholders and build sustainable relationships. The plan is not clear what structures will be in place to support these areas.

**Ten-point efficiency plan**

The delivery plan puts forward an extensive list of opportunities to cut waste and improve efficiency across the NHS. These will be mandatory requirements for every trust and CCG in 2017/18.

1. **Free up 2,000 to 3,000 hospital beds** – hospital trusts to work with local authorities, primary and community services to reduce delayed transfers of care to free up beds, assisted by the use of new funds for adult social care.
2. **Further clamp down on temporary staffing costs and improve productivity** – make a further cut in agency and temporary staffing costs in 2017/18 to build on good progress.
3. **Use the NHS’s procurement clout** – NHS Improvement to standardise and improve trust procurement, releasing £350 million savings in 2017/18. All trusts required to participate in the Nationally Contracted Products programme.
4. **Get the best value out of medicines and pharmacy** – NHS England to co-fund more pharmacists in general practice to support prescribing and medicine optimisation, Right Care to drive improved uptake of NICE recommended medicines, four regional Medicines Optimisation Committees to coordinate opportunities, work with NHSCC to
review appropriateness of expenditure and identity areas of low clinical value, NHS England commercial medicines team to directly negotiate with pharma and a £20 million budget impact threshold for new spending.

5. **Reduce avoidable demand and meet demand more appropriately** – reduce unwarranted variation in care, particularly through the Right Care programme, expand prevention efforts including the Diabetes Prevention Programme and expansion of NHS Health Checks and reduce avoidable demand for emergency care and elective care.

6. **Reduce unwarranted variation in clinical quality and efficiency** – use getting it right first time (GIRFT) methodology, reducing complications and litigation to the value of £400 million in 2017/18. Support proposals that seek to split emergency and urgent care from planned surgery facilities to allow more efficient use of beds and avoid risk of cancelled operations.

7. **Estates, infrastructure, capital and clinical support services** – improve deployment of pathology and imaging services, saving up to £130 million annually, dispose of £2 billion of surplus assets through the Naylor review.

8. **Cut the costs of corporate services and administration** – move to consolidate back office services across STP areas, with savings of over £100 million in 2017/18, reduction of costs of litigation through changes in NHS Resolution, another £150 million to be cut from NHS England and CCG running costs, and greater streamlining of NHS England and NHS Improvement, while retaining their distinct statutory responsibilities.

9. **Collect income the NHS is owed** – target of recovering up to £500 million a year, with twenty trusts piloting new processes to identify chargeable patients.

10. **Financial accountability and discipline for all trusts and CCGs** – each provider trust and CCG to be set a control total which must be met, 70 per cent of STF will again be tied to delivery against trust-specific financial control totals.

**Workforce**

Key improvements targeted for 2017/18 and 2018/19:

- Growth in the number of registered nurses, facilitated by the expansion in nurse training places between 2013 and 2016, a new nurse retention collaborative run by NHS Improvement and NHS Employers, 1500-2000 nurses to be supported to return to work, a new fast track ‘nurse first’ programme to support graduates from other related disciplines to become registered nurses, support for new Advanced Clinical Practice nurse roles and better use of e-rostering and effective job planning.
- For the medical workforce, undergraduate medical school places will grow by 25 per cent, adding an additional 1500 places by 2019. There will also be effort to expand GP numbers and tackle the pressures on doctors in training.
- Specific staff shortages will be addressed – in emergency medicine, endoscopy, ultrasonography and radiology.
• New professional roles will continue to be developed, including doubling the number of nursing associates, growing the number of physician’s associates and expanding clinical pharmacists and mental health therapists within primary care.
• Action on NHS staff health and wellbeing – all trusts to have a plan in place to improve health and wellbeing in 2017/18 with CQUIN incentive payments for improvements in 2018/19.
• Further efforts to become a better and more inclusive employer.
• Working through leading STPs and ACSs to look at ways of encouraging flexible working and ‘de-risking’ service change for individual staff.

Patient safety

Key improvements targeted for 2017/18 include:

• Action to prevent healthcare acquired infections, with levels falling by 50 per cent by 2020/21.
• Forty-four local maternity systems in place from April 2017 to deliver better maternity safety.
• Better arrangements for learning from deaths – trusts will be expected to publish data on all deaths likely to have been caused by problems in care along with their learning from them.
• A more targeted, responsive and collaborative approach to regulation from the CQC
• The introduction of the new Healthcare Safety Investigation Branch, undertaking up to 30 investigations.
• Plans to reduce the level of medication error.
• NHS Improvement will develop a new Patient Safety Incident Management System.

Technology and Innovation

Building on recommendations of the Wachter review, the NHS will use technology to:

• Help people manage their own health – through the use of apps, with the launch of the NHS Digital apps library and personal online access.
• Digitise hospitals – Global Digital Exemplar trusts will be partnered with ‘fast-followers’ who will begin deploying their footprints. There will also be a search for mental health digital exemplars and an NHS Digital Academy will be launched to train a new generation of Chief Information Officers.
• Supporting urgent and emergency care – launching NHS 111 online and improving telephone 111, as well as ensuring that A&E’s and emergency treatment centres can access patient data. A clear system to be in place across all STPs for booking GP appointments by December 2018 and routing of electronic prescriptions from NHS 111 and GP out of hours through the Electronic Prescription Service.
• Supporting elective access – GPs able to seek advice and guidance from a hospital specialist electronically, an updated patient appointment system and expansion of the NHS E-referral service so that all referrals are made by this route by October 2018.

• Innovation for future care improvement – roll out of new treatments funded by NHS England specialised commissioning, an implementation plan for NHS England’s contribution to the UK Strategy for Rare Diseases, expansion of the NHS genomics capability, enhancing the Health Research Authority to create a better environment for clinical trials.