



Developing the long term plan for the NHS

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Introduction

The NHS has just celebrated its 70th birthday.

A lot has changed since it was created in 1948, and as a result the NHS is responding to changes in society that were never expected, let alone planned for, when it was set up 70 years ago. But the NHS is also a dynamic and innovative institution that has continuously evolved over the last 70 years. Those who use it and work in it know that evolution needs to continue if the changing needs of patients are to be met when the NHS is celebrating its 80th birthday. With the recent government announcement of additional funding for the NHS we can face the immediate future with renewed certainty; able to plan for the next five years confident of guaranteed budget increases.

The NHS is now working on a plan setting out our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement. As part of that process it is vital that all those who rely on and work in or alongside the NHS have the opportunity to contribute their ideas, experiences and insights.

This discussion guide is intended to help stimulate those ideas and understand views across three key themes – **life stage, clinical priorities and enablers of improvement** – each covering a number of different areas which we believe have the greatest potential to deliver improvements to the way the NHS provides care. In each section we provide an overview of some of the key challenges and a series of questions that we would encourage you to answer to provide us a consistent way of understanding peoples' feedback.

You may choose to provide responses for every topic, or just the ones that are important to you or the group you represent. Where possible, we would encourage organisations to collate responses from their members into a single submission. In addition to the specific questions posed in each section, you may also want to consider the following overarching questions:

1. What are the core values that should underpin a long term plan for the NHS?
2. What examples of good services or ways of working that are taking place locally should be spread across the country?
3. What do you think are the barriers to improving care and health outcomes for NHS patients?

So that we can best process responses, feedback should be provided via the online feedback form at <https://www.england.nhs.uk/ltpviews/>

We are also interested in making use of existing research and evidence that you may have undertaken that relates to the topics set out in this document. This can be sent to england.ltp@nhs.net

The deadline for submissions is 30th September 2018.

Thank you for playing your part in shaping the future of the NHS in England.

1. Life stage programmes: Early life

We know that promoting **healthy childhoods, maternal health and perinatal mental health** is an investment in the country's future. In March 2015, an independently-led National Maternity Review was established to work with experts and representative bodies to provide an assessment of maternity services in England, and recommendations for how they can better meet the changing needs of families.

Better Births, the Review's report, found that quality and outcomes of maternity services have improved significantly over the last decade - stillbirth and neonatal mortality has fallen by over 20% and maternal mortality reduced by 35%. But while overall numbers are low, variations remain across the country, with some of these attributable to public health factors such as obesity and diabetes, smoking and drinking during pregnancy trends, including by organisations beyond the NHS.

Children also continue to have specific needs throughout the different stages of their early lives, such as childhood cancers and complex conditions. We have world-leading children's hospitals, but all of the NHS needs to be geared to meet these needs through new models of care that are coordinated around the person not the service.

Two other challenges are emerging: the fact that 2.5 million children in England are overweight or obese; and the rising prevalence of mental health problems among children and young people. It is clear that more needs to be done to reverse these trends, including by organisations beyond the NHS.



Questions

- 1.1 What must the NHS do to meet its ambition to reduce still-births and infant mortality?
- 1.2 How can we improve how we tackle conditions that affect children and young people?
- 1.3 How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?
- 1.4 How can we ensure children living with complex needs aren't disadvantaged or excluded?

1. Life stage programmes: Staying healthy

Advances in health care have helped people in England to live longer than ever before. However some of us accumulate health problems which lead to unexpectedly greater care needs throughout life – including long term conditions like depression, hearing loss, dementia, and diabetes - and increased vulnerability to complications following acute illness or injury. International evidence such as the Global Burden of Disease 2015 study suggests that 40% of the burden of disease in England is potentially preventable.

Over the past decade a wide range of prevention initiatives have been rolled out, including: the implementation of the largest Diabetes Prevention Programme in the world, further action on childhood obesity, NHS Health Checks to identify people at risk of common diseases and hospitals taking increasing action on unhealthy food and drinks, smoking and excessive alcohol consumption.

We are also helping people to have **greater choice and control of their own conditions and health needs**. For example by:

- Proactively supporting people living with long term conditions to develop the knowledge, skills and confidence to manage their health and wellbeing so they can live independently
- Involving people in decisions about their health and care when their health changes
- Widening access to personal health budgets including in maternity and for people with a learning disability and those with autism
- Providing greater access to health records via the internet

We need to ensure that health and care services provide proactive and co-ordinated support for people living with long term conditions, and that people who live with multiple long term conditions are provided with co-ordinated care that supports them to live well and minimises the intrusion into their lives from their treatment.

By working with statutory and voluntary sector partners, positive progress has been made in **tackling health inequalities** in some areas, but we recognise that there is still more to do to systematically address inequalities that are evident between groups of people with different characteristics, and across geographies. Evidence shows that better outcomes and experiences, as well as reduced health inequalities, are possible when people actively shape their own care and support.

This can be realised when services pay attention to health literacy and ‘patient activation’ and signpost people to community support through social prescribing. The NHS and others will need to build on this work over the next ten years if we want not just to continue raising life expectancy, but to ensure people are living happier and healthier lives, reducing the likelihood of an over reliance on NHS care.

1. Life stage programmes: Staying healthy



Questions

- 1.5 What is the top prevention activity that should be prioritised for further support over the next five and ten years?
- 1.6 What are the main actions that the NHS and other bodies could take to:
 - a) Reduce the burden of preventable disease in England?
 - b) Reduce preventable deaths?
 - c) Improve healthy life expectancy?
 - d) Put prevention at the heart of the National Health Service?
- 1.7 What should be the top priority for addressing inequalities in health over the next five and ten years?
- 1.8 Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?
- 1.9 How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?
- 1.10 What is the best way to measure, monitor and track progress of prevention and personalisation activities?

1. Life stage programmes: Ageing well

Supporting individuals to age well by preventing the start of **frailty** and slowing its progression is critical. In 2017 the NHS in England became the first health system in the world to begin routine identification and assessment of older people living with frailty so that we can proactively identify those with the greatest needs, to target and plan their care and support in ways which prioritise what matters most to them.

New approaches to meeting their needs have also been put in place across the country through new models of care and then by Sustainability and Transformation Partnerships. For example, by bringing different services like GPs, hospitals, community and social care services together to integrate care around the person, based on 'what matters' to them, their individual strengths and needs. Now we want to help local NHS and social care leaders go further in implementing their plans to bring care together to meet the needs of people in their area.



Questions

- 1.11 What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?
- 1.12 How can we build proactive, multi-disciplinary teams to support people with complex needs to keep well and to prevent progression from moderate to severe frailty for older people?
- 1.13 What would good crisis care that helps prevent unnecessary hospital admissions for older people living with various degrees of frailty look like?
- 1.14 What would be the right measures to put in place to know that we are improving patient outcomes for older people with various degrees of frailty?
- 1.15 How can we ensure that people, along with their carers are offered the opportunity to have conversations about their priorities and wishes about their care as they approach the end of their lives?
- 1.16 What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?
- 1.17 What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?

2. Clinical priorities: Cancer

We all know someone affected by **cancer**. One in two of us born after 1960 will be diagnosed with cancer in our lifetimes. Our cancer survival rates are higher than ever and fewer people are dying from their cancer thanks to advances in our understanding of cancer, diagnosis and treatment.

But we know that there is more to do. Through better prevention, earlier diagnosis and new treatments and technology, we can reduce the number of people developing cancer and ensure more people survive their cancer and live well during and after their treatment.

Cancer remains a priority. The long term plan for the NHS presents a chance to build on the foundations set by the Five Year Forward View and the report of the Independent Cancer Taskforce (2015). Over the next ten years we want to build on the progress that has been made so far, accelerate what we know works and embrace research and innovation, so that every person diagnosed with cancer has the highest chance of survival.



Questions

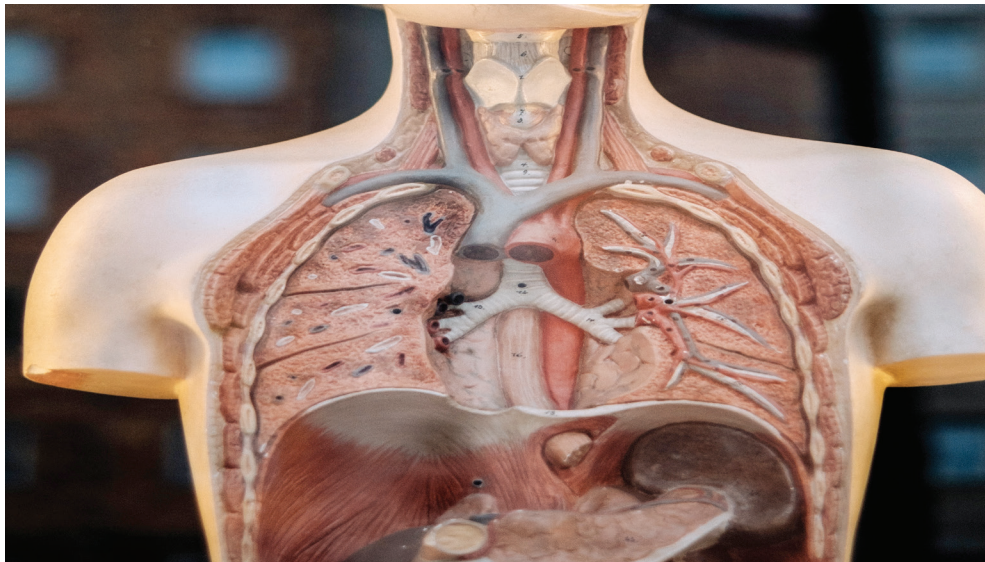
- 2.1 What should the top priority for improving cancer outcomes and care over the next five and ten years be?
- 2.2 What more can be done to ensure that:
 - a) More cancers are prevented?
 - b) More cancers are diagnosed early and quickly?
 - c) People can maintain a good quality of life during and after treatment?
 - d) People with cancer have a good experience of care?
- 2.3 How can we address variation and inequality to ensure everyone has access to cancer diagnostic services, treatment and care?

2. Clinical priorities: Cardiovascular and Respiratory

Cardiovascular and respiratory conditions are amongst the leading causes of premature death in England, as well as long term ill health for many. In common with some cancers, many conditions are linked to lifestyle and are therefore preventable. Where conditions are caught early enough, relatively simple interventions can slow or halt the progression of illness.

A number of programmes with the aim of improving outcomes and raising the standard of care are already underway. For example, the NHS Rightcare programme is supporting local health systems to put in place effective interventions across a range of conditions associated with stroke, cardiovascular disease and chronic obstructive pulmonary disease.

The NHS is also working with partners to improve stroke care, including prevention, treatment and rehabilitation. The long term plan for the NHS now gives us the opportunity to assess how big a difference we can make in outcomes for this range of conditions over the next decade and what further actions need to be taken locally and nationally to achieve these ambitions.



Questions

- 2.4 What actions could be taken to further reduce the incidence of cardiovascular and respiratory disease?
- 2.5 What actions should the NHS take as a priority over the next five to ten years to improve outcomes for those with cardiovascular or respiratory disease?

2. Clinical priorities: Mental Health

As a result of our hard-working staff, the contributions of service users and partner organisations, and the investment and objectives set out in the Five Year Forward View for **Mental Health** and the independent taskforce report, one million more people of all ages will have access to high quality care for their mental health need.

In the past year alone, we've seen a record high recovery rate for people with depression and anxiety, with improved access to services, meaning 7,000 extra women getting perinatal mental health care and thousands more young people getting timely help with eating disorders.

However, there remains a long way to go and achieving parity between mental and physical health will take time. Our goal post-2021 remains to deliver world-class mental health care and the long term plan for the NHS provides an opportunity to think about what more needs to be done – including addressing gaps in care and taking a more preventative approach, reducing the likelihood of mental ill health and providing the right level of support at the right time to avoid people getting to crisis point wherever possible.



Questions

- 2.6 What should the top priority for meeting peoples mental health needs over the next five, and ten years be?
- 2.7 What gaps in service provision currently exist and how do you think we can fill them?
- 2.8 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?
- 2.9 What are the major challenges to improving support for people with mental health problems; and what do you think the NHS and other public bodies can do to overcome them?
- 2.10 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?

2. Clinical priorities: Learning Disability and Autism

Over the last few years there has been increased focus on improving services and therefore outcomes, for people with a learning disability, autism or both. Under the banner of Building the Right Support and more recently, the Transforming Care programme, the NHS has been working with other public bodies and stakeholders to deliver a step change in the availability and quality of community-based services and a better alternative to hospital-based care for people with the most complex needs. As a result, the number of people with a learning disability, autism or both in hospital care in England has fallen and the majority of people have had their care reviewed to ensure they are receiving the most appropriate services for their needs.

Specific programmes have been seeking to ensure that more people with a **learning disability, autism or both** have their physical health needs met through regular health checks and that we reduce the over-prescribing of medicines which can have a negative impact on people's physical health, all with the aim of tackling the health inequalities faced by this group.

Over the next ten years we want to continue building on these foundations, taking further steps to ensure that the right specific support is available where it is needed and that children, young people and adults with a learning disability, autism or both, and their families, don't face barriers to accessing both specific and more general health, education and care services.



Questions

- 2.11 What more can the NHS do, working with its local partners, to ensure that people with a learning disability, autism or both are supported to live happy, healthy and independent lives in their communities?
- 2.12 How can we best improve the experiences that people with a learning disability, autism or both have with the NHS, ensuring that they are able to access the full range of services they need?

3. Enablers of improvement: Workforce

There is no NHS without the dedicated, professional and compassionate staff who are there to provide care and ensure services are planned and delivered. However, we know that while the **workforce** is growing overall, there are staff shortages in certain areas of the country and we struggle to recruit to some roles.

A number of programmes are already underway to increase recruitment and retention of staff, including the largest ever NHS recruitment campaign. This long term plan provides an opportunity for the NHS to think about how it can make best use of the skills and experience of its workforce to deliver care in a better way for patients. It is a chance to look at how we make the NHS a better, more inclusive and modern place to work, which attracts and retains more staff.



Questions

- 3.1 What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services that we would like to see?
- 3.2 How should we support staff to deliver the changes and ensure the NHS can attract and retain the staff we need?
- 3.3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

3. Enablers of improvement: Primary Care

The vast majority of people who use the NHS are seen and treated by **primary care services** such as their local doctors' surgery or local pharmacy. There are over 300 million patient consultations each year in general practice alone and last winter local pharmacies provided over one million flu jabs. Local NHS services continue to evolve and this includes closer working in local networks to offer improved services.

The primary care workforce is expanding to offer a greater range of treatment options for patients, including clinical pharmacists, advanced nurse practitioners, physiotherapists and mental health therapists. Increasingly, more diagnostics and minor surgery services are available, which would have previously only been provided in hospital. Also there is increased access to evening and weekend GP appointments and digital options to book GP appointments and order repeat prescriptions online.

With a growing population and more patients with complex conditions, the pressure on these services continues. Ensuring our primary care services are supported so they can continue to provide the best care and support for all patients, providing better access to services in local communities and reducing health inequalities and reliance on hospital services, is therefore essential to a strong and sustainable NHS.



Questions

- 3.4 How can the NHS help and support patients to stay healthy and manage their own minor, short-term illnesses and long-term health conditions?
- 3.5 How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?
- 3.6 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere and how might they be supported to do so?
- 3.7 How could prevention and pro-active strategies of population health management be built more strongly into primary care?

3. Enablers of improvement: Digital Innovation and Technology

As with any organisation looking to the future, it is vital that the NHS does as much as possible to implement the **digital and technological innovations** that have the most potential to change the way that care is provided to patients, to improve outcomes and experience and modernise how the NHS operates.

We know that the digital revolution is transforming how the public interact with many different services they receive. The NHS is no different and needs to take advantage of the latest ways in which people access services, in our case their health and care. This could mean a fundamental revolution in how services are provided but it is important we plan carefully so that the public and the NHS understand how to get the best from these changes, better supporting our workforce in their role but also the public in preventing illness and accessing their care.



Questions

- 3.8 How can digital technology help the NHS to:
 - a) Improve patient care and experience?
 - b) Enable people and patients to manage their own health and care?
 - c) Improve the efficiency of delivering care?
- 3.9 What can the health and care system usefully learn from other industries who use digital technology well?
- 3.10 How do we encourage people to use digital tools and services? (What are the issues and considerations that people may have?)
- 3.11 How do we ensure we don't widen inequalities through digital services and technology?

3. Enablers of improvement: Research and Innovation

Continuing to support **research and innovation** will be critical to meeting many of the ambitions which will be set out in the long term plan. The NHS is a world leader in this field and in the most recent development the 100,000 Genomes Project - which involved 70,000 people with rare diseases and cancer in a study of how best to use genomics in future NHS care - has provided the foundation for a new era of personalised medicine. This will benefit patients through the ability to develop targeted therapies tailored to people's individual health needs based on improved understanding of our genetic makeup.

The NHS's ambition is to continue to be one of the best health systems in the world in which to research, develop and trial new treatments and services that can make meaningful differences for patients. We will also be looking into how we can go further to attract researchers and innovators, while at the same time maintaining the confidence of patients in trials and the use of their data to support vital research.



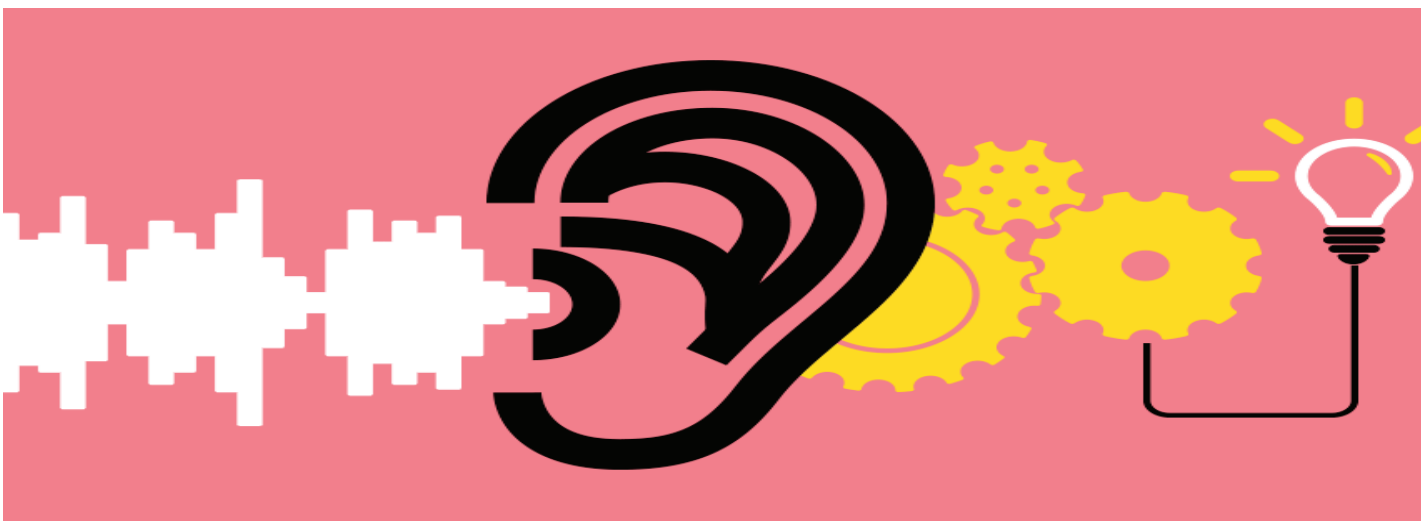
Questions

- 3.11 How can we increase opportunities for patients and carers to collaborate with the NHS to inform research and also encourage and support the use of proven innovations (for example new approaches to providing care, new medical technologies, use of genomics in healthcare and new medicines)?
- 3.12 What transformative actions could we take to enable innovations to be developed and to support their use by staff in the NHS?
- 3.13 How can we encourage more people to participate in research in the NHS and do so in a way that reflects the diversity of our population and differing health and care needs?
- 3.14 How can we increase research in topics that have traditionally been under-examined?
- 3.15 What should our priorities be to ensure that we continue to lead the world in genomic medicine?

3. Enablers of improvement: Engagement

Ongoing **engagement** with stakeholders, staff, patients and partner organisations will be central to the long term success of the plan. As well as the current engagement on the content of the long term plan, we will also be developing our thinking around how we build on existing processes and functions to create a space that encourages regular, meaningful and effective engagement opportunities that:

- Embed people's experiences into evaluation of performance against the plan's ambitions and,
- Ensure that the NHS continues to respond to the needs of patients, including those whose voices often go unheard as the plan is delivered.



Questions

- 3.16 How can the NHS encourage more people to share their experiences in order to provide an evidence base for checks on whether changes introduced under the long term plan are driving the changes people want and need?
- 3.17 How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world's largest learning organisation?