

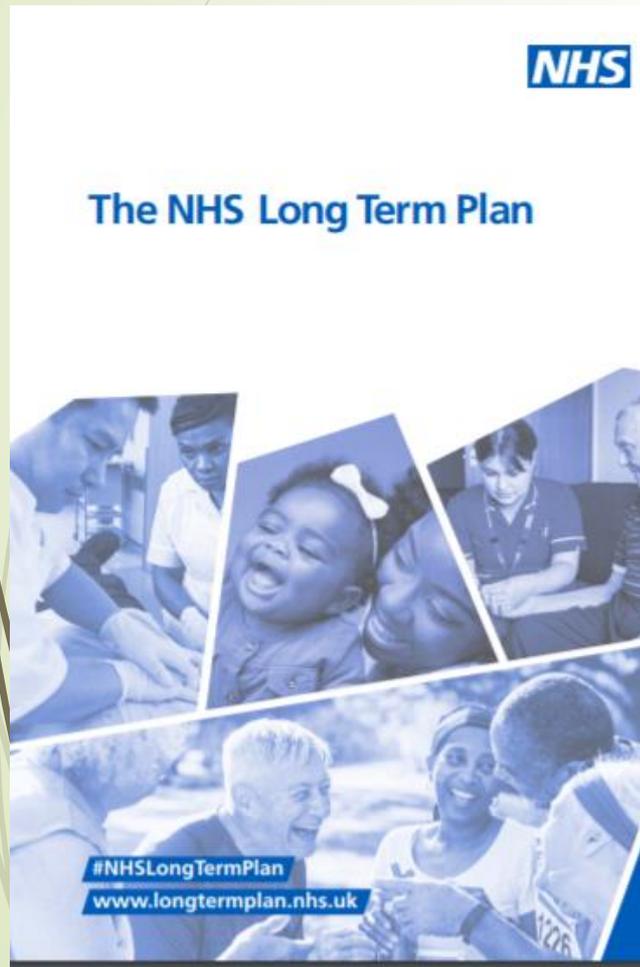
# Implications of The Long Term Plan

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# TLTP

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A strategic plan at a point when



- there is an uplift in funding for the NHS, averaging 3.4%/y for 5y years (from 2.2%);
- there is consensus about the changes needed - confirmed by patients' groups, professional bodies and NHS Leaders who've all helped shape the plan (200 events, >2,500 separate responses, insights from 85,000 members of the public and from organisations representing >3.5m people);
- work that followed the NHS 5YFV is now beginning to bear fruit (?analysed), providing practical experience of how to bring about the changes;



# **TLTP** The Headlines: 1e and community services get a major boost as part of a drive towards integrated care and population health

- ▶ a £4.5 billion uplift to primary medical and community health services
- ▶ all of England will be covered by integrated care systems (ICSs) by April 2021
- ▶ primary care networks (PCNs) (these are formed of GP practices typically covering 30-50,000 patients)
- ▶ So a strong emphasis on Place-based population health



# **TLTP** The Headlines: Detailed proposals on a set of clinical priorities

- ▶ There is a major push on a range of clinical priorities including children and young people (itself made up of five further sub-areas), cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health
- ▶ The commitments themselves are a mix of high-level indicators (e.g. by 2028, the NHS will diagnose 75% of cancers at stage 1 or 2)
- ▶ Detail on many medical specialties is of course lacking but every area will be affected by changes in infrastructure changes

# TLTP The Headlines: Workforce is the key risk

- There is little detail on how to estimate, train and supply an adequate workforce - **yet**
- the workforce training and continuing professional development budget (CPD) will only be settled in the 2019 Spending Review
- To come - a new Workforce Implementation Plan, supported by a new national workforce group drawing the various stakeholders
- Central investment in education and training has dropped from 5% of health spending in 2006/7 to 3% in 2018/19. Had the previous share of health spending been maintained, investment would be £2bn higher

*Across NHS trusts there is a shortage of more than 100,000 staff. Based on current trends, we project that the gap between staff needed and the number available could reach almost 250,000 by 2030. If the emerging trend of staff leaving the workforce early continues and the pipeline of newly trained staff and international recruits does not rise sufficiently, this number could be more than 350,000 by 2030 – **The King's Fund***



# TLTP The Headlines: Digital development

- ▶ In Primary Care over the next five years every patient will get the right to telephone or online consultations, usually with their own practice, with the emphasis on digital access
  - ▶ For outpatients, technology will be used to redesign services to avoid up to a third of outpatient visits – that's 30m visits a year
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## The Headlines: Strategic principles

- ▶ the plan commits the NHS to a greater focus on prevention and on health inequalities but recognises that even at its best, the NHS is only part of the answer to better, fairer health
  - ▶ As the plan says, we cannot 'treat our way out of health inequalities'
- ▶ Green Paper on Social Care and the promised Green Paper on Prevention both to come
- ▶ The Spending Review this year will also set out the answer on NHS capital funding, the training and CPD budget, social care and public health funding
- ▶ There's a clear thread leading from the [NHS five year forward view](#) toward more integrated, place-based care; a recognition of the challenges facing the NHS workforce and a plan for a plan to alleviate them; **and often great detail on what will happen next in specific areas that underlines deep engagement with the experts**



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## Outpatients

- TLTP states '*...the traditional model of outpatients is outdated and unsustainable....*'
- TLTP objective to *.....*' *...redesign services so that over the next 5 years patients will be able to **avoid up to a third of face-to-face outpatient visits**, removing the need for up to 30m outpatient visits/year....*'
- The idea is to '*...save patients time and inconvenience, free up significant medical and nursing time, allow current outpatient teams to work differently, and avoid spending an extra £1.1 billion a year on additional outpatient visits (were current trends to continue).....*'

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## Integrating 1e and 2e Care

Doctors' views on the need for integration of primary and secondary care. Percentage of doctors agreeing with the following statements:

Doctors' views on the need for integration of primary and secondary care. Percentage of doctors agreeing with the following statements:

- ▶ Collaboration between primary and secondary care doctors will improve the quality of patient services **94%**
- ▶ GPs and hospital doctors should work together more directly in a collaborated and coordinated manner **93%**
- ▶ There should be shared pathways across primary and secondary care, with resources fairly directed to where care is delivered **92%**

*Source: British Medical Association. Caring, supportive, collaborative? Doctors' views on working in the NHS. November 2018.*

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## MSK-specific relevant initiatives

- ▶ Short waits for planned care
  - ▶ Low back and neck pain is the greatest cause of years lost to disability with chronic joint pain or osteoarthritis affecting over 8.75 million people in the UK.
  - ▶ Over 30 million working days are lost due to musculoskeletal (MSK) conditions every year in the UK and they account for 30% of GP consultations in England.
  - ▶ ***To ensure patients will have direct access to MSK First Contact Practitioners (FCP).***
    - ▶ 98% of STPs have confirmed pilot sites for FCP and 55% of pilots are already underway.
  - ▶ ***To expand the number of physiotherapists working in primary care networks,***
  - ▶ To expand access to support such as the online version of ESCAPE-pain (Enabling Self-management and Coping with Arthritic Pain through Exercise), a digital version of the well-established, face-to-face group programme