NHS Five Year Forward View

NHS England has published its 5 year plan covering 2016/17 to 2020/21 and this will have far reaching implications for the general practice.

For the full text of the document click [here](#).

Below are a few of the important issues that are included in the plan

**Summary**

The recent Government spending review has increased the NHS budget by £8.4bn in real terms by 2020. It also recognises the current financial pressures and frontloads the increase, starting with an additional £3.8bn in 2016/7.

This additional investment has to deliver 3 core objectives:

1. To implement the Five Year Forward View (5YFV).
2. To restore and maintain financial balance.
3. To deliver core access and quality standards for patients.

The 5YFV refers to health and wellbeing gap, the care and quality gap and the finance and efficiency gap, but what does this really mean?

**Health and well being gap**

Public health data shows a 10 – 15 year gap in life expectancy between the highest and lowest areas. It can also be shown that certain groups of patients die at a younger age and suffer more ill health.

There are many factor involved in these figures and they include the provision of health care but also have significant social factors.

Any attempt to address these gaps needs to involve both health and social care and the benefits will be maximised if health and social care work together.

**Care and quality gap**

Evidence demonstrates the NHS provides high quality, cost effective care but there is significant variability in the care provided and the quality of that care. Many factors including the funding available, the workforce, the clinical leadership, the organisational and managerial support provided influence the quality of care provided.

**Finance and efficiency**

Currently hospitals are funded by the activity they manage where as general practice and community services are funded largely by a sum of money to look after a population. This imbalance has lead to a disproportionate part of the total NHS budget being invested in hospital-based services at the expense of other services, particularly general practice.

Financial balance will not be achieved by giving an increasing % of the budget to hospitals, this will require transformation – just doing more of the same will not work.

**Planning**

Over the next few months the NHS is being required to produce two plans:
1. A five year sustainability and transformation plan (STP), which is place based and drive the SYFV.

2. A one year operation plan for 2016/7 that is organisational based but is consistent with the emerging STP.

Local Health Systems and producing the Sustainability and Transformation Plan (STP)

Every local health care system is being asked to create a plan by October 2016, to accelerate the implementation of the SYFV covering the period 2016 – 2021.

This plan must focus on quality, access and financial stability.

Place based-planning

Planning in the past has largely been organisational based with little regard to the needs of local populations. Payment by results – (payment by activity) was a crude way to fund activity but has placed many barriers to change and add numerous perverse incentives. The future will be focused on commissioning for a local population with a focus on outcomes and expected collaboration between providers of care.

The STP will have little impact if it becomes a process outsourced and the outcome is a stand-alone document.

The STP is expected to involve 5 things:

1. Local leaders coming together as a team.
2. Developing a shared vision with the local community, involving local government as appropriate.
3. Detailing the activities to make this happen.
4. Executing against plan.
5. Learning and adapting.

The plans that are most credible and compelling will receive additional funding from April 2017.

Agreeing “transformation footprints”

The STP will be an umbrella plan and will contain a number of delivery plans, some of which will have a different geographical footprint depending on the service, for example urgent and emergency care may have a different geographical focus to primary care.

National “must do’s”

By March 2017 it is expected at 25% of the population will be covered by acute hospitals services that comply with four priority clinical standards every day of the week and 20% of the population will have enhanced access to primary care.

These are the challenged related to delivering a 7-day service.

For out of hospital care this includes:

- Improving access to out of hours by better integration and redesign of the 111, minor injury units, urgent care centres and GP out of hours services.
- Improving access to primary care at weekends and the evenings where patients need it by increasing the capacity and resilience of primary care over the next few years.

All areas will need to detail in their STP plans for a 7 days service.

The nine “must do’s” for 2016/7 for every local health system:

Develop and agree an STP.

- Return the system to aggregated financial balance.
- Develop and implement a plan to address the sustainability and quality of general practice, including workforce and workload issues.
- Get back on track in terms of A/E and ambulance targets.
Ensure 92% of non-urgent referrals meet the 18-week referral to treatment targets.

Deliver the 62-day cancer target (from urgent referral by GP to first treatment) – by securing adequate diagnostic access, continue with the two week waits and 31 day cancer standard (all cancers should commence treatment within 31 days of the decision to treat).

Achieve and maintain two mental health standards:

1. More than 50% of people presenting for the first time with psychosis should start treatment within 2 weeks.
2. More than 75% of patients presenting with common health problems will be seen by iAPT within 6 week and 95% within 18 weeks. Continue to meet the dementia diagnostic rate at least at a level of 2/3 of the estimate number of people with dementia.

Deliver local plans to improve the care for patients with learning disabilities.

Develop and implement affordable plans to deliver quality improvements. Each trust is expected to publish data on avoidable mortalities.

It is expected that the New Care Models (Vanguards, MCPs etc.) will feature prominently in the STP.

Financial allocations

Primary care is to receive between 4-5% growth each year for the next 5 years.

Returning NHS provider sector to balance

In 2016/7 the NHS will receive a £3.8bn uplift, of this £1.8bn will be used to support financially challenged Trusts on the bases of agreed transformation plans agreed with NHS England.

This “sustainability” funding will be released to Trusts on a quarterly basis dependent on their delivery of:

- Deficit reduction
- Access standards
- Progress on transformation

The conditions attached to this are strict and failure to deliver on the above will mean funds will not be released and sanctions applied.

Related guidance...

GPFV & STPs

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CQC Statement of Purpose

Please see the following link to the CQC website for guidance on writing a statement of...

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