The future NHS

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Why a Forward View?

- Crystallise the latent consensus
- Provide leadership *but* offer a compass not a map
- Join-up the national bodies
- Shape the debate
The NHS has achieved a lot

☑️ Currently ranked #1 healthcare system in the world

☑️ More than 2/3 UK public believe the NHS “works well”

☑️ Cancer survival is at its highest ever

☑️ Operation waiting lists are down - from 18 months to 18 weeks

☑️ Early deaths from heart disease are down over 40%

☑️ 160,000 more nurses, doctors and other clinicians

☑️ Single Sex Wards implemented

☑️ Delivering more care today than 5 years ago – e.g. 22,000 more outpatient appointments each day
The future NHS

The core argument made in the Forward View

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<th>Health &amp; wellbeing gap</th>
<th>Radical upgrade in prevention</th>
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<td>• Back national action on major health risks</td>
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<td>• Targeted prevention initiatives e.g. diabetes</td>
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<td>• Much greater patient control</td>
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<td>• Harnessing the ‘renewable energy’ of communities</td>
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<th>Care &amp; quality gap</th>
<th>New models of care</th>
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<td></td>
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<td>• Neither ‘one size fits all’, nor ‘thousand flowers’</td>
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<td>• A menu of care models for local areas to consider</td>
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<td>• Investment and flexibilities to support implementation of new care models</td>
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<th>Funding gap</th>
<th>Efficiency &amp; investment</th>
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<td>• Implementation of these care models and other actions could deliver significant efficiency gains</td>
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<td>• However, there remains an additional funding requirement for the next government</td>
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<td>• And the need for upfront, pump-priming investment</td>
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New models of care

- Blending primary care and specialist services in one organisation
- Multidisciplinary teams providing services in the community
- Identifying the patients who will benefit most, across a population of at least 30,000

Multispecialty Community Providers

- Integrated primary, hospital and mental health services working as a single integrated network or organisation
- Sharing the risk for the health of a defined population
- Flexible use of workforce and wider community assets

Integrated primary and acute care systems

- Coordinated care for patients with long-term conditions
- Targeting specific areas of interest, such as elective surgery
- Considering new organisational forms and joint ventures

New approaches to smaller viable hospitals

- Multi-agency support for people in care homes and to help people stay at home
- Using new technologies and telemedicine for specialist input
- Support for patients to die in their place of choice

Enhanced health in care homes
Critical ‘enablers’ to underpin care model change

Greater alignment across national bodies
- Greater strategic coherence
- Deploy incentives and powers in a more aligned way, across health economies

A ‘new deal’ for primary care
- Recruitment and retention
- Greater funding
- Shape a longer-term future

A modern & flexible workforce
- Move towards a different balance
- Greater flexibility across roles, e.g. GPs with admitting rights

Digital from the start
- Digital records accessible by patients
- Transparency of data
- Greater use of digital channels

Make innovation easier
- Focus on value of new therapies & technologies
- Establish a number of test-bed sites focused on innovations in combination
Implementation approach

We will be supporting transformation through the following principles:

1. **A structured and serious programme of support** – identify an ‘vanguard’ group that can help us prototype new care models and solve common problems

2. **Harnessing bottom-up enthusiasm** – work with enthusiasts and back our best leaders visibly

3. **Build a modern out of hospital sector** – increase use of digital technologies and supported primary care at the heart of the patient experience

4. **Conditional investment** – technical expertise and implementation support, but also cover non-recurrent costs of change in return for progress

5. **Collective national leadership** – just as we ask local providers to work together in new ways so too do national bodies