The principles set out in the Five Year forward view

Building strong partnerships of future transformation with intense focus on achieving performance standards backed by clear transparent and consistent incentives. Local and national organisations working together to address:

<table>
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<tr>
<th>Health &amp; wellbeing gap</th>
<th>A radical upgrade in prevention</th>
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<tr>
<td>• Backing national action on major health risks</td>
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<td>• Targeted prevention initiatives e.g. diabetes</td>
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<tr>
<td>• Ensuring much greater patient control</td>
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<td>• Mobilising and harnessing the assets of local communities</td>
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<tr>
<th>Care &amp; quality gap</th>
<th>New models of care</th>
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<tbody>
<tr>
<td>• Neither ‘one size fits all’, nor ‘thousand flowers’</td>
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<tr>
<td>• A menu of care models for local areas to consider</td>
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<tr>
<td>• Investment and flexibilities to support implementation of new care models</td>
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<tr>
<th>Funding gap</th>
<th>Efficiency &amp; investment</th>
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<tr>
<td>• Implementing care models and other actions to deliver significant efficiency gains</td>
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<tr>
<td>• Agreeing plans for assembly and use of additional funding and where pump-priming funding is required</td>
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## Prototyping and testing new models of care (I)

### Multispecialty community providers

- Larger GP practices that could bring in a wider range of skills – including hospital consultants, nurses and therapists, employed or as partners
- Shifting outpatient consultations and ambulatory care out of hospital
- Potential to own or run local community hospitals
- Delegated capitated budgets – including for health and social care
- By addressing the barriers to change, enabling access to funding and maximising use of technology

### Primary & Acute Care Systems

- A new way of ‘vertically’ integrating services
- Increased flexibility for Foundation Trusts to utilise their surpluses and investment to kick-start the expansion of primary care
- Contractual changes to enable hospitals to provide primary care services in some circumstances
- At their most radical they could take accountability for all health needs for a register list – similar to Accountable Care Organisations
Prototyping and testing new models of care (II)

<table>
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<th>Smaller viable Hospitals</th>
<th>Enhanced health in care homes</th>
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<tr>
<td>• Testing options to sustain local hospital services where they provide the best clinical solution, are affordable and have both community and commissioner support</td>
<td>• Developing in-reach support and services through partnerships with social care and care homes</td>
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A differentiated national approach will be taken

The Forward View is not an exhaustive list of new models; NHS England and providers will avoid imposing a single rigid national blueprint as well as the inefficiency of stimulating hundreds of different solutions to common problems and opportunities.

Our approach to new care models combines three distinct elements:

1. **Forerunner**
   - Focused support for a number of select leading health organisations and areas to **rapidly progress prototypes & learning**

2. **All areas**
   - Building the **foundations for early adoption** making it easier for all local areas to implement change both in terms. Having the critical conditions for transformation e.g. stable, ambitious, collective leadership; and reviewing local medium term strategies e.g. community services re-procurements in the context of MCPs.

3. **Challenged Health Economies**
   - For a minority of health economies that have faced significant difficulties a **“success regime”** will be applied to create the conditions for success with NHS England, Monitor and the NTDA more jointly engaged. Detailed guidance expected early in 2015.

*Forerunner sites might also be leading health organisations in areas facing significant difficulties*
Forerunner sites will have the following characteristics

Sites will need to be both committed to addressing local needs and becoming a successful prototype that can be adapted elsewhere, designed from the outset to be replicated by subsequent cohorts.

These sites will already have in place:

- an **ambitious vision** of what change they want to achieve the model of care, in order to meet clear identified needs and preferences for their local population;
- a record of already having made **tangible progress** towards new ways of working in 2014;
- a **credible plan to move at serious pace** and make rapid change in 2015;
- funded **local investment in transformation** that is already agreed;
- effective managerial and clinical **leadership**, and the **capacity and capability to succeed**;
- strong, diverse and active **delivery partners**, such as voluntary and community sector organisations; and
- **positive local relationships**, All partnership for example the support of local commissioners, communities and staff.
Planning guidance confirms that the selection process will rely on existing information rather than long written applications.

**Timescales outlined for forerunner sites**

- **February**
  - Deadline for expressions of interest for the forerunner sites was 2nd February 2015
  - Nationally 261 expressions of interest including 41 bids for London
  - Regional review panels during February

- **March**
  - The first support programmes will be in place in March 2015
  - National selection in early March
Forerunner sites will receive a national support offer

The national strategy directorate will co-design with forerunner sites, a structured programme of support to accelerate change, assess progress and demonstrate proof of concept:

- Support programmes for the different care models will be interlinked and co-ordinated by a national **New Models of Care Board** co-chaired by NHS England and Monitor

- Work with sites to share peer learning, identify and **remove barriers to change**

- Provision of **technical expertise** and **practical support** for example - using digital technology to rethink care delivery or capitated payment arrangements.

- **Target the transformation fund** on the costs of implementing new care models, with some investment contingent both on progress made and giving support to the next wave of adopters. Establishing processes for GPs to bid against the £250m fund (recurrent for 4yrs) intended to improve primary care and out of hospital infrastructure.
Underpinned by a new deal for primary care

| Workforce | • NHS England and Health Education England worked with RCGP and GPC all published point a plan which sets out how primary care will:  
| • Attract more training doctors into general practice  
| • Make better use of the wider clinical workforce in primary care  
| • Target measures to support retention  
| • Support clinicians who have left general practice to return  
| • Locally in London HEE NHS England and CCG’s working collaboratively to develop a London programme and establish community Education provider Networks (CEPNs) |
| Co-commissioning | • Will enable CCGs to have greater primary care commissioning power and influence |
| Investment | • An extra £100 million will be available to improve access to general practice through the second wave Prime Minister’s Challenge Fund  
| • A £1bn fund, over four years, will be to improve premises and infrastructure |
| Community pharmacy, dentistry and eye healthcare | • New models of care will be set out in during 2015 |
### And other system transformation Initiatives

#### Urgent & Emergency Care Reviews
- Incentivised and supported through the CCG quality premium and the CQUIN framework
- Urgent and emergency care networks should be established by April 2015, and oversee the planning and delivery of a regional or sub-regional urgent care system.

#### Maternity Services
- NHS England will complete a review – including perinatal mental health - by autumn 2015
- Mothers will have more choice about their care and birthing experience without compromising on safety.

#### Cancer Services
- Better prevention and swifter access to diagnosis, and
- Better treatment, care and aftercare for all those diagnosed with cancer.
- A new national cancer strategy

#### Specialised Services (trauma, stroke and some surgery)
- Continue to move towards consolidated centres of excellence
- Initiate a first round of service reviews, working with local partners.
- Prepare to implement the new standards for congenital heart disease services for children and adults
- Finalise the standards, and implement in full from April 2016.
Other Priorities for operational delivery in 2015/16

**Improving quality and outcomes**
- Improvement against the NHS Outcomes Framework, a revitalised National Quality Board, further published consultant outcomes data

**Improving patient safety**
- A major national and local focus on improving patient safety – ongoing response to Francis, Winterbourne & Berwick Reports; tackling sepsis and acute kidney injury, improved antibiotic prescribing, implementation of clinical standards for 7 day working

**Meeting NHS Constitution standards**
- Achieving minimum performance standards for timely access to care, making realistic and aligned assumptions about the likely activity levels for elective and emergency care.

**Achieving parity for mental health**
- New access and waiting times, early intervention in psychosis services, investment in liaison psychiatry, £30m investment for children and young people with eating disorders

**Transforming care of people with learning disabilities**
- Demonstrable progress in reducing reliance on inpatient care. Enhanced data collections.
Critical ‘enablers’ to underpin care model change

To deliver the pace and scale of change required we will also take steps to:

**Develop a modern workforce**
- Designing and commissioning new and more flexible roles to support the future NHS
- Ensure the NHS become an exemplar in workplace health programmes
- Investing in both the current and future workforce

**Exploit the Information Revolution**
- Achieving minimum performance standards for timely access to care, making realistic and aligned assumptions about the likely activity levels for elective and emergency care.

**Accelerate innovation**
- Developing new methods for innovating such as ‘test bed’ and ‘new towns’, as well as testing innovations through trials and evaluations

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# Driving Efficiency

<table>
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<tr>
<th>More productive and efficient</th>
<th>We need to achieve a 2-3% efficiency per year across total NHS expenditure. This is to come from: closing the efficiency gap between providers, technology, preventative approaches and new care models.</th>
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<tbody>
<tr>
<td>NHS Funding in 2015/16</td>
<td>There will be £1.98bn additional investment, a real terms increase of £1.6%.</td>
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<td>Joint working between commissioners and providers</td>
<td>Commissioners must confirm the level of activity they wish to commission from providers in the 2015/16 standard contract, whilst providers must align the capacity they have in order to meet demand in a safe and sustainable way</td>
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<td>NHS England and Monitors proposals on the national tariff</td>
<td>The 2015/16 Tariff, consulted on in December 2014, is withdrawn at the current time on the basis of the threshold of objections raised. NHS England and Monitor have jointly written to NHS Providers asking them to consider whether they wish to continue using the 2014/15 default Tariff option (DTO) or an enhanced 2015/16 Tariff option (ETO). The deadline for Trusts to respond is 4&lt;sup&gt;th&lt;/sup&gt; March. This is an exceptional arrangement for this year only pending further developments around the original 2015/16 Tariff. In the event that a 2015/16 Tariff is introduced part-way through the current year, this would not be backdated.</td>
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<td>NHS England's requirements for commissioners in key areas</td>
<td>Better Care funds should be reviewed. All commissioners must set aside 1% non-recurrent spend for strategic plans such as new care models. CQUINs will offer providers up to 2.5% of their annual contract value</td>
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