



Introduction

Developed between April and October 2014, the NHS Five year forward view sets out the vision of NHS England, and primarily of its Chief Executive, Simon Stevens, for the NHS from 2015/16 to 2020/21.

Whilst it has been produced for the NHS it covers a wide range of related services including Public Health, social care and wider determinants of health and wellbeing in UK society.

The full document is available at <http://www.england.nhs.uk/ourwork/futurenhs/>.

This document summarises the forward view and signposts different stakeholders to relevant information within it. Within each section are tags to indicate which stakeholders may find it of particular interest and these can be navigated to directly from the contents.

Readers should note that this is simply a summary that paraphrases the original document, it is not a commentary. Some responses can be found by following these links:

- Care Quality Commission <http://www.cqc.org.uk/content/nhs-five-year-forward-view>
- Royal College of Nursing http://www.rcn.org.uk/newsevents/news/article/uk/rcn_reponds_to_nhs_five_year_forward_view
- British Medical Association <http://bma.org.uk/news-views-analysis/news/2014/october/nhs-five-year-plan-echoes-bma-concerns> and <http://web2.bma.org.uk/pressrel.nsf/wall/32433ED9270C4A1580257D7A00343014?OpenDocument>
- Health Education England <http://hee.nhs.uk/2014/10/23/nhs-five-year-forward-view-published/>
- NHS Employers <http://www.nhsemployers.org/news/2014/10/nhs-employers-welcomes-five-year-forward-view>
- The Kings Fund <http://www.kingsfund.org.uk/press/press-releases/no-escaping-financial-challenge-facing-nhs-our-response-nhs-englands-five-year>
- Royal College of General Practitioners <http://www.rcgp.org.uk/news/2014/october/rcgp-response-to-nhs-england-road-map-for-the-future-of-the-health-service.aspx>
- NHS Confederation <http://www.nhsconfed.org/media-centre/2014/10/five-year-forward-view>
- Local Government Association http://www.local.gov.uk/media-releases/-/journal_content/56/10180/6649392/NEWS



Contents

Getting serious about prevention	6
Incentivising and supporting healthier behaviour	7
Tags: Suppliers.....	7
Local democratic leadership on public health	7
Tags: Local authorities.....	7
Targeted prevention.....	7
Tags: Diabetes, Suppliers	7
NHS support to help people get and stay in employment	7
Tags: Mental health.....	7
Workplace health	8
Tags: NHS Staff, Employers, Health and wellbeing	8
Empowering patients	8
Tags: Patients, Carers, Long term conditions, Community voluntary sector, Local authorities	8
Empowering communities.....	9
Supporting carers	9
Tags Carers, Community voluntary sector, GP practices, NHS employers, NHS staff.....	9
Encouraging community volunteering.....	9
Tags Carers, Community voluntary sector, NHS organisations.....	9
The NHS as a local employer	9
Tags NHS employers, NHS staff, Equality and diversity, Mental health, Learning disabilities....	10
The NHS as a social movement.....	10
Support for people with dementia.....	10
Tags Carers, NHS organisations, Community voluntary sector, Local authorities.....	10
Emerging models	11
Tags GP practices, Nursing and residential homes, Social prescribing, Community voluntary sector, Local authorities.....	11
One size fits all?	11
A new deal for primary care	11
Tags GPs, Community services, Clinical commissioning Groups (CCGs), NHS Property Services, Pharmacies.....	12
New care model – Multispecialty Community Providers (MCPs).....	12



A NEW VIEW

Tags GP practices, Secondary care consultants, Local authorities, NHS organisations, Community hospitals, Carers, Community voluntary sector	12
New care model – Primary and Acute Care Systems (PACS)	12
Tags GP practices, NHS organisations	13
New care model – urgent and emergency care networks	13
Tags GPs, Community nurses, Ambulance services, Pharmacist, NHS organisations, Mental health services	13
New care model – viable smaller hospitals	13
Tags NHS organisations, GP practices, Funding	14
New care model – specialised care.....	14
Tags Specialist care providers	14
New care model – modern maternity services	14
Tags Midwives	14
New care model – enhanced health in care homes	15
Tags Pharmacists, Carers, Patients, Community services	15
How will NHS England support the co-design and implementation of new care models?.....	15
Tags Strategic clinical networks, Clinical senates, NHS IQ, NHS Leadership Academy, Academic Health Science Centres and Networks, NHS Property Services, NHS Foundation Trusts ...	15
Five year ambitions for mental health.....	16
Tags Mental health service providers	16
We will back diverse solutions and local leadership	16
Tags Local authorities, Clinical commissioning groups	17
We will provide aligned national NHS leadership	17
Tags Clinical commissioning groups, Care Quality Commission, Monitor, NHS Trust Development Agency, NICE, Health Education England, Public Health England, NHS provider organisations	17
We will support a modern workforce	17
Tags Health Education England, NHS organisations, NHS staff, Trade Unions	18
We will exploit the information revolution	18
Tags GP practices, Information technology, Community voluntary sector, NHS organisations.	18
We will accelerate useful health innovation.....	19
Tags NICE, Community voluntary sector, Pharmaceutical companies, Medical technology companies.....	19
Accelerating innovation in new ways of delivering care	19



A NEW VIEW

We will drive efficiency and productive investment	20
Demand	20
Efficiency	20
Funding.....	20
What might this mean for patients? Five year ambitions for cancer	20
Better prevention	21
Faster diagnosis	21
Better treatment and care for all	21
Tags Specialist care, NHS providers, GP practices, Public Health, Community voluntary sector	21



Why does the NHS have to change?

NHS England explain that care within the NHS has radically improved in the last fifteen years.

- Cancer and cardiac outcomes are better
- Waiting times are shorter
- Patient satisfaction is much higher

However, they describe the large challenges that still remain:

- Patients' health needs and personal preferences have changed
 - Long term health conditions now take 70% of the health service budget
 - Many people want to be informed and involved in their care
- Treatment and care delivery is changing
 - New technologies are giving the ability to predict, diagnose and treat disease
 - There are better ways internationally to organise care – crossing artificial organisational and professional boundaries
- Health service funding growth has changed
 - Following the global recession it's unlikely that the NHS spending growth will return to the 6-7% seen at the beginning of the century

What will the future look like? A new relationship with patients and communities

Five year forward view says that if prevention doesn't become a priority then "recent progress in healthy life expectancies will stall, health inequalities will widen and our ability to fund beneficial new treatments will be crowded-out by the [cost of] wholly avoidable illness.", page 7.

Getting serious about prevention

- One in five adults smoke - smoking remains the number one killer in England
- A third of people drink too much alcohol - there are over 3,000 alcohol-related admissions to A&E every day
- A third of men don't get enough exercise
- Half of women don't get enough exercise
- Almost two thirds of adults are overweight or obese
- The number of obese children doubles while children are at primary school

NHS England will work to support the delivery of [Public Health England](#) priorities.



Incentivising and supporting healthier behaviour

NHS England will actively support broad-based national action including clear information and labelling, targeted personal support and wider changes to distribution, marketing, pricing and product formulation.

The combined purchasing power of the NHS will be used to reinforce this.

Tags: Suppliers

Local democratic leadership on public health

Local authorities have statutory responsibility for improving the health of their people; councils and elected mayors can make an important impact.

NHS England agrees with the Local Government Association that English mayors and local authorities should also be granted enhanced powers to allow local decisions on public health policy that go further than national law.

Tags: Local authorities

Targeted prevention

Five year forward view says that the NHS has a clear role in prevention and proactive primary care is central to that role.

Over the next five years NHS England aims to implement at scale a national evidence-based diabetes prevention programme. NHS England with Public Health England will establish a preventative services programme and then expand evidence-based action to other conditions.

Tags: Diabetes, Suppliers

NHS support to help people get and stay in employment

- Sickness absence related costs to employers and taxpayers have been estimated at £22 billion a year
- Over 300,000 people take up health-related benefits each year
- Mental health problems now account for more than twice the number of benefit claims than musculoskeletal complaints
- Employment rates for people with severe and enduring mental health problems is the lowest of all disability groups – 7%

Well targeted health support can help keep people in work. NHS England will test a win-win opportunity to improve access to NHS services for at risk individuals saving costs at the Department for Work and Pensions, if money can be reinvested across programmes.

Tags: Mental health



A NEW VIEW

Workplace health

The *Five year forward view* states that it will support extending incentives for employers in England who provide effective NICE recommended workplace health programmes for employees.

NHS England will establish with [NHS Employers](#) new incentives to ensure the NHS sets a national example in the support it offers its staff to stay healthy.

NHS England will also:

- Cut access to unhealthy products on NHS premises
- Measure staff health and wellbeing
- Introduce voluntary evidence-based weight-watching and health schemes
- Support 'active travel' schemes for staff and visitors
- Promote [Workplace Wellbeing Charter](#), [Global Corporate Challenge](#), [TUC's Better Health and Work initiative](#)
- Ensure implementation of [NICE guidance](#) on promoting healthy workplaces
- Review the strengthening of occupational health

Tags: NHS Staff, Employers, Health and wellbeing

Empowering patients

Five year forward view explains that even people with long term conditions are likely to spend less than 1% of their time in contact with health professionals.

NHS England will improve the information people have access to, not only clinical advice but also information about their condition and history. All citizens will be able to access their medical and care records and share them with carers or others.

NHS England will also do more to support people to manage their own health. With the help of voluntary sector partners NHS England will invest in evidence-based approaches such as group-based education for people with specific conditions and self-management educational courses and encourage independent peer to peer communities.

The direct control patients have over the care that is provided to them will also be increased. Patients will have choice over where and how they receive care.

NHS England will integrate personal commissioning (IPC) blending health and social care funding for individuals with complex needs.

Tags: Patients, Carers, Long term conditions, Community voluntary sector, Local authorities



A NEW VIEW

Empowering communities

NHS England states that the NHS needs to engage with communities and citizens to involve them directly in decisions about the future of health and care services. As well as NHS Citizen it commits to four actions:

- better support for carers
- creating new options for health-related volunteering
- designing easier ways for voluntary organisations to work alongside the NHS
- using the role of the NHS as an employer to achieve wider health goals

Supporting carers

NHS England describes new ways it will find to support carers, building on the new rights created by the [Care Act](#). These include:

- working with voluntary organisation and GP practices to identify carers and provide better support
- introducing flexible working arrangements for NHS staff with major unpaid caring responsibilities

Tags Carers, Community voluntary sector, GP practices, NHS employers, NHS staff

Encouraging community volunteering

Five year forward view recognises the huge contribution that the three million volunteers involved in provision of health and social care already make. It sets out ways in which volunteers can go further to support the NHS, becoming accredited and undertaking new roles such as:

- family and carer liaison
- educating people in the management of long term conditions
- helping with vaccination programmes

NHS England also states that it intends to work with carer organisations to support new volunteer programmes that can provide emergency help when carers face a crisis of some kind along with matching volunteers to the roles where they can add most value.

Tags Carers, Community voluntary sector, NHS organisations

The NHS as a local employer

Five year forward view highlights the NHS's commitment to making progress in ensuring that boards and leadership of NHS organisations better reflect the diversity of the local communities they serve. It explains that this means that there is an expectation that NHS employers will lead the way in providing supporting and non-discriminatory opportunities for staff. There is particular mention of staff from black and minority ethnic backgrounds, those with mental ill health (sign up to the efforts of [Time to change](#) is recommended) and offering supported job opportunities to 'experts by experience' such as people with learning disabilities.



A NEW VIEW

Tags NHS employers, NHS staff, Equality and diversity, Mental health, Learning disabilities

The NHS as a social movement

Five year forward view explains that the individual initiatives it has set out will not be a major factor in the success or failure of the NHS but that collectively they will help shift power to patients and citizens, strengthen communities and improve health and wellbeing and that this will then help control rising NHS demand.

It is clear that these are not 'discretionary extras' but essential to make necessary changes.

Support for people with dementia

With an estimate of one in three people aged over 65 possibly developing dementia before they die and almost 500,000 unpaid carers currently looking after people with dementia, *Five year forward view* sets out ambitions for people with dementia:

- offer a consistent standard of support for patients newly diagnosed with dementia
- supported by named clinicians or advisors with proper care plans developed in partnership with patients and families
- the option of personal budgets

It also describes actions that could be taken collectively by groups of statutory services, communities and businesses such as:

- [Dementia friendly communities](#)
- Local dementia champions

Tags Carers, NHS organisations, Community voluntary sector, Local authorities

What will the future look like? New models of care

Five year forward view explains that the traditional divide between primary care, community services and hospitals is often a barrier to offering personalised and coordinated health services. Moving forward:

- the NHS needs to manage systems – networks of care
- out of hospital care needs to become a much larger part of what the NHS does
- services need to be integrated around the patient
- much faster learning from the best examples nationally and internationally needs to happen



A NEW VIEW

- new care models need to be evaluated as they are introduced to work out which produce the best experience for patients and the best value for money.

Emerging models

Five year forward view explains that in recent years parts of the NHS have already begun developing elements of new models and describes:

- A Kent based GP organisation that offers tests, investigations, minor injuries etc. (page 16)
- A secure video link in Airedale between nursing and residential homes and hospitals (page 17)
- Cornish volunteers and health professionals working to support patients with long term conditions (page 17)
- Social prescribing advisors for Rotherham GPs and community matrons (page 17)
- Integrated care pioneers combining NHS, GP and social care services in London (page 17)

Tags GP practices, Nursing and residential homes, Social prescribing, Community voluntary sector, Local authorities

One size fits all?

Five year forward view explains that NHS England intends to stimulate the creation of a number of new care models to be used in different combinations locally across England. It notes that England is too diverse to have one single model of care.

It also states that it does not intend to have an infinite number of new care models by ensuring that communities that have needs and demographics in common learn from each other and work jointly (e.g. Cumbria and Devon).

A new deal for primary care

There is recognition of the huge value of general practice with its registered list and universal access to a family doctor, however, the severe strain it is under is also recognised. NHS England intends to invest more in primary care and:

- stabilise core funding for general practice nationally over the next two years and undertake an independent review of how resources are fairly made available to primary care in different areas
- give Clinical Commissioning Groups (CCGs) led by GPs more influence over wider NHS budgets (specialised and primary care)
- provide new funding to support new ways of working and improved access to services (e.g. Challenge Fund)
- expand the number of GPs in training and train more community nurses and other primary care staff



A NEW VIEW

- increase returner and retention schemes and ensure that current rules are not inflexible and put off potential returners
- expand funding to upgrade primary care infrastructure and scope of services
- work with CCGs and others to design new incentives to encourage GPs and practices to provide care in under-doctored areas
- build the public's understanding of the support that pharmacies and on-line resources can offer

Tags GPs, Community services, Clinical commissioning Groups (CCGs), NHS Property Services, Pharmacies

New care model – Multispecialty Community Providers (MCPs)

Five year forward view suggests that whilst smaller independent GP practices will continue where patients and GPs want that model there will need to be changes. NHS England will make it possible for extended group practices to form as federations, networks or single organisation. Called Multispecialty Community Providers (MCPs) they could:

- employ consultants or take them on as partners
- bring in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community staff, social workers etc.
- move the majority of outpatient consultations and ambulatory care out of hospital settings
- take over the running of local community hospitals, substantially expanding their diagnostic services as well as offering things like dialysis and chemotherapy
- directly admit patients into acute hospitals with out of hours inpatient care being supervised by a new cadre of resident 'hospitalists'
- take on delegated responsibility for managing the health service budget for their registered patients and perhaps manage a combined health and social care budget
- draw on the energy, expertise and resources of carers, volunteers and patients

Tags GP practices, Secondary care consultants, Local authorities, NHS organisations, Community hospitals, Carers, Community voluntary sector

New care model – Primary and Acute Care Systems (PACS)

NHS England will permit single organisations to provide NHS list-based GP and hospital services together with mental health and community care services – a model of vertically integrating primary and acute care systems (PACS).



A NEW VIEW

- Hospitals will be permitted to open their own GP surgeries with registered lists where local general practice is under strain
- Mature Multispecialty Community providers could take over the running of its main district general hospital
- PACS could be accountable for the whole health needs of the registered list of patients (under a delegated capitated budget similar to [Accountable Care Organisations](#))

Tags GP practices, NHS organisations

New care model – urgent and emergency care networks

More people are using A&E with around 3,500 more visits per day than five years ago. The urgent and emergency care system is broader than just A&E departments and the NHS responds to more than 100 million urgent calls or visits every year.

Five year forward view describes how the NHS will have to change to become better at organising and simplifying the system:

- evening and weekend access to GPs or nurses working from community basis providing a much greater range of test and treatments
- ambulance services empowered to make more decisions, treating patients and making referrals in a more flexible way
- greater use of pharmacists
- developing networks of linked hospitals to make sure that patients with the most serious need get to specialist emergency centres
- ensuring hospital patients have access to seven day services
- proper funding and integration of mental health crisis services, including liaison psychiatry
- strengthened clinical triage and advice service to help patients navigate the system
- new ways of measuring quality
- new funding arrangements
- new responses to workforce requirements

Tags GPs, Community nurses, Ambulance services, Pharmacist, NHS organisations, Mental health services

New care model – viable smaller hospitals

Five year forward view states that smaller district general hospitals have a role to play but should not be providing complex acute services where there is evidence that high volumes are associated with high quality.



A NEW VIEW

NHS England and Monitor will consider whether any adjustments are needed to the NHS payment regime to reflect the costs of delivering safe and efficient services for smaller providers.

NHS England will:

- examine new models of medical staffing and other ways of achieving sustainable cost structures
- create new organisational models for smaller acute hospitals to enable them to gain the benefits of scale without necessarily having to centralise services.

Five year forward view describes three models that build on the Dalton Review:

- a local acute hospital sharing management with other similar hospitals not necessarily in their immediate vicinity (hospital chains)
- a smaller local hospital with some services on a site provided by another specialised provider
- a local acute hospital and its local primary and community services forming an integrated provider ([PACS](#))

Tags NHS organisations, GP practices, Funding

New care model – specialised care

In services where the relationship between quality and patient volume is strong NHS England will work with local partners to consolidate services through a programme of three-year rolling reviews.

Specialised providers will be expected to develop networks of services integrating different organisations and services around patients. This could use prime contracting and/or delegated capitated budgets.

Tags Specialist care providers

New care model – modern maternity services

NHS England intends to ensure that maternity services develop in a safe, responsive and efficient manner:

- review of future models for maternity units by summer 2015
- ensure tariff-based NHS funding supports the choices that women make
- make it easier for groups of midwives to set up their own NHS-funded midwifery services

Tags Midwives



New care model – enhanced health in care homes

One in six people aged 85 or over are living permanently in a care home. Using the opportunity created by the Better Care Fund NHS England will support the development of new shared care models of in-reach support including medical reviews, medication reviews and rehabilitation services.

Tags Pharmacists, Carers, Patients, Community services

How will NHS England support the co-design and implementation of new care models?

NHS England considers that some areas will be able to continue commissioning and providing care in the same way, however, others will need to consider new options. *Five year forward view* also states that a new type of partnership between national bodies and local leaders is also required.

The NHS locally will need national bodies to exercise discretion in the application of payment rules, regulatory approaches, staffing models and other policies.

NHS England will work with local communities and leaders to identify what changes are needed and will jointly develop:

- detailed prototyping of each of the new care models together with any others that may be proposed and offer potential to deliver the necessary transformation
- a shared method of assessing the characteristics of each health economy
- national and regional expertise and support to implement care model change rapidly and at scale
- greater alignment in the work of strategic clinical networks, clinical senates, NHS IQ, the NHS Leadership Academy and the Academic Health Science Centres and Networks
- national flexibilities in the current regulatory, funding and pricing regimes
- a model to help pump-prime and fast track a cross section of the new care models – backing plans likely to have the greatest impact for patients so that by the end of the next Parliament the benefits and costs of the new approaches are clearly demonstrable.
- unlock assets held by NHS Property Services and support Foundation Trusts that decide to use saving on their balance sheets to help local service transformation

Tags Strategic clinical networks, Clinical senates, NHS IQ, NHS Leadership Academy, Academic Health Science Centres and Networks, NHS Property Services, NHS Foundation Trusts



Five year ambitions for mental health

Mental illness is the single largest cause of disability in the UK and the cost to the economy is estimated to be around £100 billion annually. Physical and mental health are closely linked. Only a quarter of those with mental health conditions are in treatment and 13% of the NHS budget goes on treatment when mental illness accounts for almost 25% of disease.

Five year forward view states that over the next five years the NHS must drive towards an equal response to mental and physical health and towards the two being treated together.

By 2020

- dependent on funding the new waiting time standards have improved so that 95% of people referred for psychological therapies start treatment within six weeks
- those experiencing a first episode of psychosis start treatment within a fortnight
- expanded access standards covering a comprehensive range of mental health services, including children's services, eating disorders and those with bipolar conditions

Tags Mental health service providers

How will we get there?

We will back diverse solutions and local leadership

NHS England intends to progressively offer CCGs more influence over the total NHS budget for their local populations, ranging from primary to specialised care.

NHS England will define and champion a limited number of joint commissioning models between the NHS and local government. This will include:

- Integrated Personal Commissioning
- Pooled budgets for specific services (Better Care Fund style)
- Full joint management of health and social care commissioning – under specific circumstances – possibly under the Health and Wellbeing Board leadership

A proper evaluation of the 2015/16 Better Care Fund is required before any national decision to expand the Fund.

Five year forward view states that there is no appetite for wholesale reorganisation and that changes in local organisational configurations should only come from local work to develop the new care models or in response to clear local failure and 'special measures'.



Tags Local authorities, Clinical commissioning groups

We will provide aligned national NHS leadership

NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Health Education England, NICE and Public Health England will develop shared work to:

- support the development of new local care models
- work together to create greater alignment between respective local assessment, reporting and intervention regimes
 - more joint working at regional and local level to develop a whole-system, geographically based intervention regime where appropriate
 - develop a new risk-based CCG assurance regime – lightening the reporting for high performers and setting out a ‘special measures’ support regime for strugglers
- use existing flexibilities and discretion to deploy national regulatory, pricing and funding regimes to support change
- re-energise the National Quality Board as a forum to share intelligence, agree action and monitor overall assurance on quality

Tags Clinical commissioning groups, Care Quality Commission, Monitor, NHS Trust Development Agency, NICE, Health Education England, Public Health England, NHS provider organisations

We will support a modern workforce

NHS England will ensure the NHS becomes a better employer by:

- supporting the health and wellbeing of frontline staff
- providing safe, inclusive and non-discriminatory opportunities
- supporting employees to raise concerns ensuring managers act quickly on them

Supported by Health Education England, NHS England will:

- put in place new measures to support employers to retain and develop existing staff
- consider the most appropriate employment arrangements to enable staff to work across organisational and sector boundaries
- identify the education and training needs of the workforce including the development of transitional roles

Five year forward view states that greater investment in training for existing staff and active engagement of clinicians and managers is required.



A NEW VIEW

Due to the amount of time that it takes to train skilled staff, Health Education England will commission and expand new health and care roles to ensure there's a more flexible workforce that can provide high quality care. This will be through the implementation of the [Shape of Training Review](#) and [Shape of Caring Review](#).

NHS employers, staff and their representatives need to consider how working patterns and pay and terms and conditions can evolve to reward high performance, support job and service redesign and encourage recruitment and retention.

Tags Health Education England, NHS organisations, NHS staff, Trade Unions

We will exploit the information revolution

86% of adults use the internet but only 2% report using it to contact their GP. NHS Choices gets 40 million visits a month; the NHS Spine handles 200 million interactions a month.

NHS England intends to focus nationally on the key systems that provide the 'electronic glue' that allows other parts of the health service to work together. Other systems will be decided locally but must be interoperable.

A National Information Board has been established bringing together organisations across the NHS, public health, clinical science, social care, local government and public representatives and will publish a set of 'road maps' laying out who will do what to transform digital care. Key elements are:

- Comprehensive transparency of performance data
- An expanding set of NHS accredited health apps to help patients organise and manage their own health and care
- Fully interoperable electronic health records – patient will have full access and the right to opt out
- Family doctor appointments and electronic and repeat prescribing available routinely on-line everywhere
- Bringing together hospital, GP, administrative and audit data to support the quality improvement, research and identification of patients who most need health and social care support.
- Taking steps to ensure that the NHS builds the capacity of all citizens to access information and training staff so they are able to support those unable or unwilling to use new technologies

Tags GP practices, Information technology, Community voluntary sector, NHS organisations



We will accelerate useful health innovation

NHS England will continue to support the work of the National Institute for Health Research (NIHR). *Five year forward view* states that NHS England will develop the active collection and use of health outcomes data, offering patients the chance to participate in research; and working with partners, ensuring use of NHS clinical assets to support research in medicine.

To speed up innovation in new treatments and diagnosis:

- Streamline approval processes and harness clinical technology to radically cut the costs of conducting Randomised Controlled Trials (RCTs)
- NHS England will explore how to expand the [‘commissioning through evaluation’](#) and the [Early Access to Medicines](#) programme – this will be easier if the costs can be supported by manufacturers who would like their products evaluated in this way
- NHS England will work with NICE to expand work on devices and equipment and support the best approach to rolling out high value innovations and decommission outmoded legacy technologies and treatments to help pay for them
- NHS England will consult on a new approach to converging assessment and prioritisation of the Cancer Drugs Fund with a revised approach from NICE
- NHS England is committed to accelerating the quicker adoption of cost-effective innovation – both medicines and medtech

Tags [NICE](#), [Community voluntary sector](#), [Pharmaceutical companies](#),
[Medical technology companies](#)

Accelerating innovation in new ways of delivering care

Five year forward view states that stand alone diagnostic technologies or treatments won’t deliver the innovation gains that are required but that there is an unexploited opportunity to combine different technologies and changes ways of working – ‘combinatorial innovation’.

Over the next five years NHS England intends to:

- develop a small number of ‘test bed’ sites to serve as real world sites for ‘combinatorial innovations’
- expand NHS operational research, RCT capability and other methods to promote more rigorous ways of answering high impact questions in health service redesign
- explore the development of health and care ‘new towns’, designing modern services from scratch



We will drive efficiency and productive investment

A combination of growing demand, no further annual efficiencies and flat real terms funding could by 2020/21 produce a mismatch between resources and patient needs of nearly £30 billion a year.

Demand

Five year forward view makes the case for a more activist [prevention and public health](#) agenda.

Efficiency

NHS efficiency gains have been estimated by the Office for Budget Responsibility at around 0.8% net annually. This is not adequate and recently the NHS has done more than twice as well as this.

Efficiency of 1.5% net increase each year over the next Parliament should be obtainable if the NHS can accelerate some of its current efficiency programmes.

NHS England's ambition is for the NHS to achieve 2% net efficiency gains each year to 2020/21, possibly increasing to 3% over time. This requires investment in new care models and would be achieved by a combination of less efficient providers matching the performance of the best, new and better ways of working and moderating demand increases.

Funding

Five year forward view sets out three funding scenarios:

- Scenario one: NHS budget remains flat in real terms and the NHS delivers productivity gains of 0.8% a year. The £30 billion gap is cut to £21 billion
- Scenario two: NHS budget remains flat in real terms and the NHS delivers productivity gains of 1.5% a year. The £30 billion gap is halved to £16 billion
- Scenario two: the NHS gets infrastructure and operating investment and moves forward on the new care models and ways of working. These deliver efficiency gains of 2-3% net a year. This combined with staged funding increases close to 'flat real per person' closes the £30 billion by 2020/21

What might this mean for patients? Five year ambitions for cancer

One in three people will be diagnosed with cancer in our lifetime and half of those with cancer will now live for at least ten years. But cancer survival is below the European average – late diagnosis and variation in subsequent access to some treatment are key reasons for the gap.



A NEW VIEW

Better prevention

An NHS that works [proactively](#) with other partners to maintain and improve health – reducing tobacco use and obesity.

Faster diagnosis

Taking early action to reduce the proportion of patients currently diagnosed through A&E who are far less likely to survive a year. The average GP will see fewer than eight new patients with cancer per year.

NHS England will expand access to screening e.g. extending breast cancer screening to additional age groups and spreading the use of screening for colorectal cancer.

Better treatment and care for all

NHS England will use its commissioning and regulatory powers to ensure that existing quality standards and NICE guidance are more uniformly implemented, across all areas and age groups. For some specialised cancers NHS England will encourage consolidation into specialist centres responsible for developing networks of supporting services.

Combined with the specialist centres will be supporting care much closer to people's homes – a greater role for smaller hospitals and expanded primary care, more chemotherapy provided in the community.

Working in partnership with patient organisations NHS England will promote the provision of the [Cancer Recovery Package](#) to ensure care is coordinated between primary and acute care.

Tags Specialist care, NHS providers, GP practices, Public Health,
Community voluntary sector