Forward view into action: planning for 2015/16

A NEW VIEW

The Forward view into action and supporting annexes sets out the key planning and delivery criteria for 2015/16 and builds upon the Five Year Forward View (5yfv) published in autumn 2014. A summary of the forward view is available at: http://anewviewconsultancy.com/downloads/

The Forward view into action and supporting information are available at: http://www.england.nhs.uk/ourwork/forward-view/

Building on the Five Year Forward View

The planning guidance builds on the key elements of the 5yfv:

- Getting serious about prevention
- Empowering patients and communities
- Co-creating new models of care
- Enabling change
- Driving efficiency

Getting serious about prevention

In 2015/16 NHS England will advocate and lead six approaches to improving health and wellbeing:

- Clinical commissioning groups (CCGs) should work with local government to set and share quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing.
- NHS England with the Local Government Association (LGA) will develop and publish proposals for actions local areas could take to tackle health risks e.g. alcohol, fast food, tobacco etc.
- Implement a national evidence-based diabetes prevention programme. Local areas that are advanced in developing preventative programmes are invited to register interest in this work by end January 2015.
- Proposals to improve NHS services to help individuals stay in work or return to employment will be developed by autumn 2015.
- Findings on the potential to extend incentives for employers who provide effective NICE recommended workplace health programmes for employees will be published by autumn 2015.
- All NHS employers should take significant additional actions in 2015/16 to improve the physical and mental health and wellbeing of their staff. The 2015/16 NHS standard contract requires providers to develop and maintain a food and drink strategy in accordance with the Hospital Food Standards Report.

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Empowering patients and communities

CCGs will expand the offer and delivery of personal health budgets (PHB) to people where evidence indicates they could benefit with clear goals in the local Joint Health and Wellbeing Strategy:

- By April 2016 PHBs or integrated personal budgets (across health and social care) should be an option for people with learning disabilities
- CCGs will continue to work to implement integrated health, education and care budgets for children with special educational needs

National demonstrator sites will start to bring together health and social care budgets for individuals in integrated personalised commissioning.

Choice in mental health must be offered in 2015/16 and patients must be made aware of their rights regarding this.

CCGs and local authorities must draw up plans to identify and support carers and in particular young carers and those over 85.

NHS employers must review their flexible working arrangements and support for staff with unpaid caring responsibilities.

Community volunteering will be energised and new roles for volunteers to work with the NHS will be encouraged. In support of this the arrangements for enhancing the impact of volunteers and lay people will be developed.

The time and complexity for charitable and voluntary sector partners to secure local NHS funding will be reduced. A short model grant agreement will be published in early 2015.

To support NHS employers to lead the way as progressive employers a NHS workforce race equality standard will be introduced in the NHS contract from April 2015.

Co-creating new models of care

New models

A small initial cohort of sites will start prototyping the four care models outlined in 5yfv:

- multispecialty community providers (MCPs)
- integrated primary and acute care systems (PACS)
- additional approaches to creating viable smaller hospitals
- models of enhance care in care homes

The first cohort are invited to express interest by 2 February 2015 and will already be making progress towards these models and have a number of key factors in place:

- ambitious vision
- a record of tangible progress in 2014
- a credible plan for rapid change in 2015
- agreed funding local investment in transformation
- effective managerial and clinical leadership
- strong, diverse and active delivery partners
- positive local relationships

2015/16 Transformation funding, announced in the Autumn Statement, will be used to invest in these leading sites.

GPs will be able to bid against the £250m fund to improve primary care and out-of-hospital infrastructure. The funding will be available nationally for each of four years to allow for longer term planning.

NHS England and the LGA will develop proposals to establish a health and care garden city in one or more of the new garden cities of Ebbsfleet and Bicester or other fast-growing population centres.

Further information about ways in which UK and international innovators will be invited to bid to develop a small number of test-bed sites to sit alongside and enable new models of care will be available by March 2015:

- life science and health technology businesses partnering with the NHS to demonstrate how multiple innovations can deliver significant improvements in outcomes, patient experience and cost-effectiveness
- establishment on a match-funding basis with interested consortia on a payment for outcomes basis will be explored

CCGs and NHS providers should look at their medium term strategies and ensure that actions taken in 2015/16 create conditions for early adoption of local strategic visions.

NB. The successful vanguard sites were announced in March 2015 and information is available here http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/.

Challenged systems

A new “success regime” will be created to allow national bodies to work together and intervene in areas that are struggling for a range of reasons.

This will focus on:

- addressing current performance challenges
- creating conditions for future transformation
- building stronger relationships between local bodies
- creating more effective and aligned medium-term plans

- building local capacity and capability
- create strong local leadership arrangements
- address deep-rooted barriers to improvement e.g. clinical configuration, workforce

New deal for primary care

Workforce is a key issue within primary medical care and therefore a plan has been developed (published January 2015) to:

- attract more training doctors into general practice
- make better use of the wider clinical workforce
- target measures to support retention and return to practice

CCGs that choose to take on co-commissioning responsibilities will have greater freedom to take local action.

£100 million is available to improve access to general practice through the Prime Minister's Challenge Fund.

£1bn, over four years, has been made available in the Autumn Statement to improve premises and infrastructure (details in January 2015).

In early 2015 NHS England will set out how it will implement new models of care in community pharmacy, dentistry and aspects of eye healthcare to support better outcomes.

Urgent and emergency care, maternity, cancer and specialised services
Commissioners and providers should prioritise implementing the urgent and emergency care review:

- 2015/16 incentives in the CCG quality premium and CQUIN framework
- Urgent and emergency care networks should be established by April 2015 and oversee the planning and deliver of a regional/sub-regional urgent care system
- Designate and assure the quality of urgent care facilities (guidance summer 2015)

From 2016/17 tariff based funding will support the maternity choices that women make and make it easier for groups of midwives to set up their own NHS-funded midwifery services. Commissioners must review locally available choices for women accessing maternity services.

NHS England will complete a review of maternity services by autumn 2015 making recommendations on how best to develop and sustain maternity services that give choice without compromising on safety.

Actions will be developed with national cancer charities in a new national cancer strategy to improve cancer services through:

i. better prevention
ii. swifter access to diagnosis and;
iii. better treatment, care and aftercare

The NHS will continue to move towards consolidated centres of excellence for specialised care where quality and patient volumes are strongly related.

Priorities for operational delivery in 2015/16

NHS organisations are required to refresh operational plans for 2015/16 only.

There are a few new national requirements primarily around improving access to mental health but The Mandate is otherwise stable.

Quality and outcomes

By summer 2015 the National Quality Board (NQB), which brings together system leaders and other national stakeholders, will publish its priorities and work programme to:

- review the current state of quality of care
- review barriers to delivery of high quality care
- identify priorities for quality improvement

Patient safety

All commissioners and providers must continue to drive and embed improvements in safe and compassionate care in response to the Francis Report, failings at Winterbourne View and the Berwick Review.

NHS England has identified tackling sepsis and acute kidney injury as clinical priorities for improving patient safety in 2015/16 and these will form the basis of new national indicators for the 2015/16 CQUIN incentive framework.

In 2015/16 CCGs and providers should develop plans to improve antibiotic prescribing to reduce resistance to antibiotics. This will form the basis of a new quality premium measure for CCGs in 2015/16.

All providers of acute care must agree service delivery and improvement plans (SDIPs) with commissioners indicating how they will progress in 2015/16 to implement at least five of the ten clinical standards for seven day services within available resources.

NHS Constitution standards

NHS England, Monitor and the Trust Development Agency (TDA) require CCGs and providers to make realistic and aligned assumptions about the likely activity levels for

elective and emergency care. Formerly ad hoc and non-recurrent winter pressures funding has been made recurrent in support of this.

Parity for mental health

Access and waiting time standards in mental health are introduced in 2015/16. By April 2016:

- >50% of people experiencing a first episode of psychosis will receive treatment within two weeks. £40 million is being made available through the tariff inflator to support this
- At least 75% of adults should have had their first IAPT treatment session within six weeks and a minimum of 95% of adults have been treated (two sessions) within 18 weeks. A £10 million additional investment is available to support these standards

Commissioners will agree SDIPs with providers setting out how they will ensure adequate and effective levels of liaison psychiatry services in acute settings.

Crisis care concordat, ensuring those experiencing a mental health crisis are properly supported, will be in place.

CCGs and other local commissioners should invest in community child and adolescent mental health services.

NHS England will coordinate a programme to establish community based specialist teams for children and young people with eating disorders supported by the £30 million investment identified in the Autumn Statement.

Learning disabilities

During 2015/16 CCGs will have to make demonstrable progress in improving the system of care and reducing reliance on inpatient care for people with learning disabilities.

In spring 2015 NHS England will set out further guidance on transforming care.

Enabling change

Harnessing the information revolution and transparency

The National Information Board (NIB) has published *Personalised Health and Care 2020: a Framework for Action*. This builds on 5yfv commitments to use data and technology more effectively to transform outcomes for patients and citizens:

- All citizens will have online access to their GP records by April 2015
- The NHS number will be used as the primary identifier in all settings when sharing information – there will be powers in the 2015/16 contract for commissioners to withhold funding from providers who don't meet this standard
- By March 2016 at least 60% of practices will be transmitting prescriptions to the pharmacy electronically

- The 2015/16 GMS contract contains a further commitment to expand and improve the provision of online services for patients – online access to medical records and online appointments
- A legally binding requirement by October 2015 that structured, coded discharge summaries are available electronically to health professionals
- By March 2016 at least 80% of elective referrals to be made electronically
- Local commissioners will be expected to develop and publish (April 2016) a roadmap for the introduction of fully interoperable digital records by 2018 – further guidance June 2015
- Hospital, GP, administrative and audit data will be brought together in initiatives such as care.data

A modern health and care workforce

A Workforce Advisory Board will be created and initially focus on:

- additional actions to retain existing staff and attract returners
- providing support to challenged economies with workforce shortages
- identifying flexibilities needed to deliver new care models and to reskill the existing workforce
- identifying new roles that may need to be commissioned

Accelerating useful innovation

In 2015/16 NHS England will invite interested manufacturers that are prepared to contribute to the expansion of the 'Commissioning through Evaluation' programme and the Early Access to Medicines programme.

NHS England will develop a new model for deployment of new technologies. One goal will be to develop a structured method for introducing new technologies following NICE approval.

By 2017 the NHS will seek to sequence 100,00 whole genomes working through its NHS Genomic Medicine Centres.

Driving efficiency

A more productive and efficient NHS

The 5yfv describes how the NHS needs to achieve a 2-3% efficiency per year across total expenditure over the next parliament.

- There is potential to close the gap between the least and most efficient providers – average acute providers could raise its efficiency by 5.6%
- Productivity gains through technological advancement/improvement have led to 1.2-1.3% efficiency gain over the last four years

- The above combined with the implementation of new care models could raise overall efficiency to 3%

NHS funding in 2015/16

The Chancellor of the Exchequer announced an additional £1.98bn of investment in the Autumn Statement – implying real terms funding increases of 1.6%.

The additional funding will be used to:

- provide £200m investment to promote transformation in local health economies particularly focussing on the new models of care
- ensure that the overall level of total funding growth in primary care is in line with that of other local services
- ensure that mental health spend will rise in real terms at least in line with each CCGs overall allocation growth
- speed progress towards bringing all CCGS to within 5% of their funding target by 2016/17 and direct funding towards challenged health economies
- provide full cover for expected cost growth for each commissioning stream and eliminate the structural deficit in specialised commissioning
- enable earlier and effective planning for resilience – there will be no further in-year allocations during 2015/16 (e.g. winter funding)
- reconfirm plans to deliver 10% cash savings in CCG and NHS England administration costs
- give CCGs priority access to £400m drawdown

Proposals on the National Tariff

- NHS England and Monitor assume that input cost inflation will be around 3% for 2015/16
- Tariff cost uplift is subject to the outcome of current statutory consultation but should be assumed as 1.93% in 2015/16
- A provider efficiency requirement of 3.8% is proposed – a net decrease of 1.9%
- The marginal rate for non-elective activity above the agreed baseline will be increased from 30% to 50% of tariff for 2015/16. Plans to spend the 50% balance must be jointly agreed by commissioners and providers and published on commissioner websites by 30 April 2015

NHS England's key requirements for commissioners in key areas

Better care fund plans must be reviewed if there is material change in the assessment of the risk to delivery taking into account:

- actual performance for the year to date
- the likely outturn for 2014/15
- progress with contract negotiations with providers

All commissioners must set aside 1% non-recurrent spend in 2015/16. This will be released for investment in strategic plans.

Commissioners will offer each provider, through CQUIN, the opportunity to earn up to 2.5% of its annual contract value. The 2015/16 scheme will include four national indicators:

- two of the current national indictors (dementia and delirium care and improving the physical health of people with mental health conditions) will remain with limited updating
- two new indicators will be introduced
  - the care of patients with acute kidney injury
  - the identification and early treatment of sepsis
- new national CQUIN theme on improving urgent and emergency care across local health communities
- 2014/15 indicators covering the safety thermometer and the friends and family test will be covered by the 2015/16 NHS Standard Contract

Separate guidance on the 2015/16 CQUIN framework and the Quality Premium were due to be published in January 2015, however as at mid-March these were not available.

Planning timetable and milestones

In the Forward View into action, Monitor, NHS England and the NHS Trust Development Authority (NTDA) set out a joint timetable for planning and contracting.

However, in mid-February Monitor and NHS England wrote to commissioners and providers with an update on the 2015/16 National Tariff, confirming that a new tariff would not be in place by 1 April 2015. Providers were asked to decide by 4 March 2015 whether to opt for the Enhanced Tariff Option or the Default Tariff Rollover option.

Therefore the timetable was revised to allow commissioners and providers to prepare and submit their plans. The revised timetable is available here http://www.england.nhs.uk/wp-content/uploads/2015/03/revsd-planng-timetable.pdf