

## BOARD BRIEFING [January 19]

<b>Subject</b>	NHS Long Term Plan – alignment of ESNEFT plans
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### Briefing Summary

The NHS Long Term Plan (LTP)<sup>1</sup> sets the direction for service development over the next 10 years. Alignment of Trust plans to this is a critical success factor. In addition, some major shifts in approach to service delivery are signalled and these are likely to be followed by changes in national standards, service specifications and payment models.

This briefing identifies a number of themes where close alignment is required, either in the Trust strategy or in delivery plans. These themes should inform the Board in its setting of strategy for the Trust, its risk appetite and decision making.

### Background

NHS England published The NHS LTP on the 9<sup>th</sup> January 2019. This sets out the NHS strategy for the next 10 years, although only the next five years are described in detail.

The NHS LTP responds to the new funding settlement for the NHS by setting out how improvements in outcomes and performance will be achieved using the growth in funding.

There are seven chapters, which discuss key ambitions and initiatives:

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| 1. A new service model for the 21 <sup>st</sup> Century | 2. More NHS action on prevention and health inequalities    | 3. Further progress on care quality and outcomes       |
| 4. NHS staff will get the backing they need             | 5. Digitally-enabled care will go mainstream across the NHS | 6. Taxpayers investment will be used to maximum effect |
| 7. Next steps   |   |  |

### Analysis

The key themes identified within the report are below. A detailed, line-by-line analysis can be found in **Error! Reference source not found.** (NB – this is commercial in confidence and is not attached to the version on the public website).

<sup>1</sup> <https://www.england.nhs.uk/long-term-plan/>

Theme	Detail
Community services integration	2-hour crisis response required from community teams. Stronger integration of therapies, community and social care in ED/UTCs required. Specialist teams in the community required to support patients with LTCs e.g. heart failure, COPD, diabetes. <i>Well developed integration in IES. Requirement for closer integration in NEE.</i>
Urgent care model implementation	Expansion of Same Day (Ambulatory) Emergency Care required. NHS LTP signals likely significant changes to specialist care for Stroke, Asthma and Sepsis. Thrombectomy for Stroke to expand through 'credentialling' model
Digital services as a key enabler	Providers to offer 'core' levels of digitisation and integration. Major shift in outpatient care to online interactions. NHS App <i>may</i> facilitate this but how is unclear. Staff to have better access to ICT and more integrated information tools - <i>likely to require major investment</i> Patients to have access to records, advice and be able to upload their own plans and data e.g. from wearable devices Population health management enabled through integration of data across ICSs
Diagnostic capacity	Early cancer diagnosis driven by Rapid Access Diagnostic Centres and increased GP use of open access diagnostics; increased imaging requirements to support thrombectomy for stroke - <i>likely to require major investment</i> Introduction of Radiology and Pathology networks ( <i>area covered is unspecified</i> ) with digital morphology and AI assisted diagnostic tools. Increased investment in CT and MRI - <i>unclear whether this is within RADCs or acute hospitals (or both)</i>
Elective care model	Segregation of elective from emergency care strongly supported. Shift to risk-stratified and patient-led follow up model.
Workforce	Increased undergraduate nursing placements More flexibility in Apprenticeships A 'credentialling' model for clinical competencies
Funding changes	Shift in allocation model will affect CCG funding differently across the Trust footprint
Research and Innovation	Increased emphasis on R&I. Changes to funding of trials and innovation grants.
Strengthening the ICS model	More prescribed governance and responsibilities for ICSs

There are some notable areas where the NHS LTP lacks clarity, particularly:

1. Workforce. The shortage of skilled workforce is a key risk to delivery of the Trust's mission. Recent expert analysis<sup>2</sup> suggests that this reflects an existing and growing international workforce challenge and that the gap is likely to grow despite all existing plans in the NHS. The NHS LTP identifies some interventions targeted at growing the workforce but these do not fully address:

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<sup>2</sup> The health care workforce in England, Nov 2018. The King's Fund, The Nuffield Trust and the Health Foundation

- a. number of registered nurses required
  - b. gaps in key medical specialties e.g. radiology, gastroenterology, acute medicine, anaesthetics, GP
  - c. scaling up the supply of new workforce e.g. advanced nurse practitioners and physician associates
2. Investment in digital solutions. There is a strong emphasis on this but the plan gives little detail on:
- a. Sources and timing of funding
  - b. Requirements of provider organisations vs. solutions that will be implemented nationally
3. Diagnostic capacity. This is highlighted as a key enabler for early cancer diagnosis and in emergency care pathways such as Stroke. It is unclear how additional investment will flow and what requirements there will be of existing providers to increase capacity. Radiology and radiography workforce remain key areas of shortage.

## Recommendation

The board should consider the key themes of the NHS LTP as it reviews the draft Trust strategy, subsequent delivery plans and investment decisions. Supporting strategies, particularly workforce and ICT will also require close alignment.