

NOTES FOR FAMILY DOCTOR ASSOCIATION  
MEMBERS – 7.1.2019  
NOT FOR PUBLICATION PLEASE



## NHS Long Term Plan: Overview

I joined a telephone conference call by invitation of Dominic Hardy, NHS England Director of Primary Care Delivery – effectively the Primary Care boss at NHSE last Sunday morning to introduce the new NHS Long Term Plan. Dominic spoke at some length and then there was a good exchange of views.

He gave a brief summary of the document, which itself runs to 136 pages. This is NHS England and the Department of Health and Social Care response to the government investment with a high level of detail of investment for the first 5 years and £20 billion).

- Chapter 1 describes the new service model which majors on services in primary care with integration of care especially for higher risk patients. There is a focus on population health.
- Chapter 2 is about prevention and health inequalities
- Chapter 3 is about specific groups – children's services and child mental health services, better care for learning disability and autism, also the better care which is planned for all the scourges of our health services – cancer, CVD, Stroke, Diabetes, Respiratory Care, Adult mental health services etc.
- Chapter 4 is workforce – a new workforce implementation plan – recognition that the future of the NHS relies on recruitment and retention.
- Chapter 5 covers digitally-enabled care in every setting.
- Chapter 6 is about efficiency and productivity – requiring cash-releasing productivity improvements of 1.1%pa – this mostly refers to hospital trusts – the GP side of this is improving integration and collaboration with secondary care to reduce bureaucracy and transaction costs. There are 5 tests of efficiency
- Chapter 7 covers long term social goals.

Funding for primary and community services is guaranteed to rise more than for other parts of the system.

- NHSE and CCGs are taking a 20% funding hit on their admin functions.
- Practice driven Multi-Disciplinary Teams will come together in the Primary Care Networks (PCN) – a replacement not before time for Primary Care Team Meetings.
- There will be changes to QOF to give best value.
- There will be building on the work of Vanguard.
- PCNs will be expected proactively to identify patients with life-limiting conditions. There is the usual PR stuff about identifying cancers earlier and doing wonderful things with gene-targeted therapy.
- Access/Choice/Digital remain priorities cautiously using tech to facilitate.
- The traditional silos between GP and Community care will be broken down.

My view? The discussion after the presentation was positive with the Plan welcomed by GPC and RCGP. Some of the detail remains in the Contract Negotiations with GPC. I think this resets the balance between primary and secondary care and, if implemented wisely, gives a chance for significant gains to patients while protecting smaller practices – as long as they co-operate with PCNs. Isolation is no longer an option.

Let me know your thoughts. [chairman@family-doctor.org.uk](mailto:chairman@family-doctor.org.uk)

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