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| **Meeting:** | **Full LMC Committee** | **Agenda Item** | **KLMC/17/125** |
| **Date and time:** | Thursday 31st January 2019 2.15pm – 5.30pm |
| **Title of Report:** | NHS Long Term Plan |
| **Author:** | Dr John Allingham, Medical Secretary, Kent LMC |
| **This paper is for:** | Approval | Decision | Assurance | Information |
|  |  |  | X |
| **Is circulation restricted?** | No | Yes |
| X |  |

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| **Report Summary/Purpose** |
| * £4.5 billion more for primary and community services
* Continued expectation of 1.1% efficiency saving for next 5 years.
* Shared savings scheme. Primary Care Networks (see below) will get back part of savings made avoiding A and E attendance, admissions, preventing delayed discharge or over-medication.
* A move away from activity-based payment to population based funding. This probably means the end of Payment by Results and the end of hospital incentives to do more work.
* Financial reforms to supported Integrated Care Systems (ICSs) to deliver integrated care.
* Digital first with initiatives including linked health and care records with rollout beginning in 2020. The NHS App will provide secure access to services.
* More medical school places. Producing 7500 Doctors per year (note we register about 13000 a year with the balance from overseas)
* Single Clinical Assessment service to feed NHS 111, Ambulances and OOH
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| **What does it mean for practices?** |
| * Better recruitment - the extra 5000 GP promise from the forward view remains (as soon as possible rather than by 2021)
* Various initiatives may increase the supply of new recruits to practice nursing
* Practices will be expected to sign up to network contracts of 30-50,000 patients sitting alongside existing GMS/PMS or APMS contracts. These will hold enhanced service contracts. In Kent they will probably conform to the 48 hubs/chocs/pchs etc that have been established.
* QoF will undergo significant changes with new quality improvement elements developed in collaboration with the RCGP
* All patients will have the right to telephone or on-line consultations by 2024
* Newly qualified Doctors will be offered 2-year fellowships providing secure employment alongside a portfolio role. Practices may have a role in providing these placements.
* NHS 111 will be able to book directly into practices and pharmacies during 2019
* Adjustment of the payment formula for out of area patients to avoid systems like GP at Hand from destabilising practices
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| **What does it mean for Federations?** |
| * The development of Primary Care Networks covering 30-50,000 may offer opportunity for the Federations. This could also be a threat to those operating on a larger footprint. These will be developed and maintained by £1.50 per head of recurrent funding from CCGs.
* Integrated Care Provider (ICP) contracts (available in 2019) will be held by statutory and public bodies. These will sit above Federations.
* Removal of over-rigid procurement legislation may open up opportunities to gain contracts with less bureaucracy.
* Complete ban on Faxes in all NHS organisations by 2020
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| **What does it mean for individual patients?** |
| * Better cancer diagnosis and treatment with additional staff by 2021. Bowel Cancer screening lowered to start at 50, low dose CT scanning for lung cancer at risk patients and all Cervical cancer screening by 2020 to include HPV testing.
* Teenage boys to be offered HPV vaccine in Sept 2019
* Focus on prevention of heart attack, stroke and dementia.
* Focus on lifestyle factors will add air pollution and lack of exercise to smoking, diet, alcohol, blood pressure, obesity and drug use. However there have been cuts in Public Health budget which will hamper this.
* Flash glucose monitors available on NHS from April 2019
* 75% of Autistic or Learning-Disabled Patients to get annual health checks
* Easier transfer from Childrens to Adult services with services being offered up to 25yrs
* Waiting Targets for emergency Mental Health by 2020 to speed access
* Community Urgent response team to provide care within 2hrs and enablement within 2 days of referral.
* All Care Home patients to have a named GP.
* Any a patient waiting for treatment of more than 6 months to be offered an alternative independent treatment centre option
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