

NHS: a brave new world? Reflections on the Five Year Forward View

The Five Year Forward View (NHS England, 2014) firmly emphasizes the integral role that the NHS has played in society over the past half century. Released in October 2014 by NHS CEO Simon Stevens, the report was a collaborative publication produced by NHS England, Public Health England, the Trust Development Authority, the Care Quality Commission, Health Education England and Monitor.

The Five Year Forward View is an unprecedented publication. For the first time, a clear plan for the NHS is set out by an organization at arms-length from political influence. Importantly, there is consensus among the leading health-care bodies. The timing of the report is also crucial. Published after the political party conferences and before the manifestos for the general election in 2015, the report challenges all political parties to help the NHS achieve this ambitious plan.

The case for change

The founding principles of the NHS are reiterated within the report; based on the idea of universal access to high quality care, free at the point of use. The world we live in has significantly changed, posing substantial challenges and calling for transformation of our health-care service. There is a need to focus on quality, clinical effectiveness and the patient experience.

The NHS needs to meet the demands of our growing, ageing and multi-morbid population – 70% of the NHS budget is now spent on management of long-term conditions (House of Commons Health Committee, 2014). Patients need to be more informed about and involved in their care, challenging the traditional divide between patient and clinician.

We need better ways of organizing care and breaking down artificial boundaries which hinder coordination of care and fuel widening gaps within health care.

The blueprint

The Five Year Forward View sets out an ambition for a new relationship with patients and communities, focused on partnership working and the broader influencers of health and wellbeing.

Prevention

The Five Year Forward View emphasizes the missed opportunity costs of previously lacking prevention strategies. It highlights the important future role that public health strategies will play in addressing modifiable risk factors including obesity, smoking and excess drinking. Health prevention is crucial as not only will it reduce the burden of disease but it will also tackle inequalities in health (The Marmot Review, 2010). The focus of care needs to move from reactive treatment to proactive prevention.

The NHS will incentivize healthier behaviour on a national and local scale, from influencing hard-hitting policy on food labelling, to local representation on health and wellbeing boards. It has an important continuing role in secondary prevention programmes but also an emerging role in health and employment – both supporting people back into work and enabling NHS staff to act as ‘health ambassadors’.

The NHS as a social movement

Patients are termed the ‘renewable energy’ of the NHS and we should empower them, their families, carers and communities. Empowerment will be enabled through improving access to information and personal records, evidence-based education and personalized care budgets. The NHS pledges to support carers, encourage community volunteering and work in partnership with the voluntary sector.

New models of care

Care within the NHS is often fragmented between GP surgeries, community services, hospitals, social services and mental

health services. The Five Year Forward View sets out a vision of fully integrated services organized around the patient.

It is vital to strengthen primary care by increasing recruitment, expanding funding and enhancing the influence of GP-led clinical commissioning groups. The Five Year Forward View describes a NHS where referrals are more flexible and patients have easy, 7-day, out-of-hours access to primary, secondary and mental health care services. The provision of mental health services should be improved for all citizens to ensure that there is true parity of esteem between physical and mental health (Royal College of Psychiatrists, 2013).

In the future NHS, specialized care is provided in large centres and secondary, non-specialized care is provided in small local hospitals. In addition to strengthening existing key services, novel models of care are proposed:

Multispecialty community providers

This evolution of current GP practices can provide a wider range of care for registered patients. Practices could evolve from single organizations, federations or networks of GP practices and would be multidisciplinary including senior nurses, consultant physicians, paediatricians, psychiatrists, community nurses, therapists, pharmacists and social workers.

Primary and acute care systems

Primary and acute care systems are proposed to fully integrate primary and secondary care, via a single provider for GP, hospital, community and mental health services for registered patients. Eventually this single provider could take accountability for the whole health needs and manage the allocated budget of their patients.

The tools Workforce

The Five Year Forward View champions the importance of clinical and managerial leadership within the NHS both at a

national and local level. Key aims include increased clinical influence in clinical commissioning groups and alignment across regulatory bodies, while keeping structural reorganization to a minimum.

The importance of engaging the growing workforce is recognized, and NHS England intends to support the health of employees as well as the retention and recruitment of staff. A more flexible, generalist workforce is required to care for patients with multiple conditions.

IT

Like many other health systems globally the NHS has not capitalized fully on the use of information technology. The Five Year Forward View highlights that previous IT projects have either been at a very large scale or far too localized. The future intention is to deliver a usable platform that allows enhanced data capture as well as electronic health records across health and social care. Better data will support research and service design. Patient involvement can be increased by using NHS customised apps and by enabling access to their health records.

Innovation

The report highlights that investment in translational innovation and research is key to ensure that Britain remains at the forefront of medical excellence. Ambitious projects such as the 100 000 genome project uphold this tradition. Innovation in the delivery of care will be also be supported by more investment into the research of health services redesign along with behavioural economics.

Funding

There is a clear signal from NHS leaders that in order to avoid the projected £30 bil-

lion gap in funding by 2021 (Roberts et al, 2012), the NHS will need funding increases in the region of 1.5% real terms growth estimated at £8 billion/year alongside 2–3% efficiency savings. The proposed rate of efficiency savings is higher than current levels and presents an ambitious challenge; demonstrating that the NHS is committed to further improve productivity to achieve its share of the funding proposal. These changes are intended for the long haul and in order to achieve this investment is crucial. In the light of a recovering economy this should be a feasible target, but this does rely heavily on the political landscape.

Further considerations

The Five Year Forward View emphasizes that support for primary care and increased GP training and recruitment is needed but how will this be possible when 12% of GP training posts remained unfilled for 2014 (Rimmer, 2014)?

There is no mention of competition in the report despite it being a focal point of the health and social care act.

It is not clear whether there are going to be regional levers for commissioning to ensure that the changes stated in Five Year Forward View can be implemented.

How well will different sectors of the care pathway collaborate to achieve these changes? Who will coordinate the implementation of these changes? There is also a lack of detail around social care.

Conclusions

The united front presented by health leaders in the NHS in the Five Year Forward View has been an unprecedented achievement in articulating the needs of the system. The status of NHS England being independent from government has allowed

leaders to push forward the agenda for change in a forthright manner that has been unparalleled in previous years.

The Five Year Forward View presents an ambitious yet practical overview of what is needed to transform the delivery of care in England. The challenge has now been handed back to the political parties in the face of an impending election to help realize these ambitions. Their response will determine whether the NHS will still be our society's proudest achievement in another 50 years' time. **BJHM**

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KEY POINTS

- The NHS needs to change to deal with the ageing, growing, multi-morbid population.
- We should focus on prevention of disease rather than treatment of complications.
- Patients and carers are a vital resource – there needs to be a focus on their empowerment.
- Integrated care requires support for GP practices and innovative models of care.
- We should ensure parity of esteem between physical and mental health.
- The NHS will invest in innovation and translational research.
- An increase in funding of £8 billion/year and 2–3% efficiency savings are required to help bridge the £30 billion gap.