NHS
Leicester City
Clinical Commissioning Group

An introduction to the NHS Long Term Plan

Purpose of report

1. The purpose of this report is to set out the key requirements of the NHS Long Term Plan.

Background

2. In January 2019 NHS England published The NHS Long Term Plan (LTP) which can be found at www.longtermplan.nhs.uk.

3. The LTP sets out how the NHS needs to adapt and change over the coming years to ensure that we can provide sustainable health care across England. The main areas of focus are:

    - How the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.
    - Strengthening of actions on prevention and health inequalities.
    - Improving care quality and outcomes for patients over the next 10 years.
    - Tackling workforce pressures.
    - Ramping up the use of technology and digital enabled care across the NHS.
    - Increase funding to support these changes.

4. This paper concentrates on some of the key areas of the NHS Long Term Plan, however a summary of the plan can be found in Appendix One.

5. It is important to note that as a system we are not starting from scratch, many of the requirements of the Long Term Plan have already been identified locally as priorities through our Better Care Together (BCT) programme. Collectively we have been working together over the last four years to redesign and improve care and support for our local populations in many of these areas and this will continue and be incorporated into a new local five year plan.

New service model

6. As part of the Long Term Plan there is an expectation that local organisations, through Integrated Care Systems (ICS), will redesign care and improve population health, creating shared leadership and action.

7. By April 2021 there is a requirement that ICSs will cover the whole country, growing out of the Sustainability and Transformation Partnerships. ICSs will have a key role in working with Local Authorities at "place" level and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health.

8. Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions to take place at a system level. Locally the first step on this journey has been agreed with the appointment of a single Chief Executive Officer and senior management team across the three local Clinical Commissioning Groups.

9. The NHS Long Term Plan sees that each ICS will typically involve a single CCG and these becoming leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation. Work is currently underway by the three local CCGs to consider the options for future form and engage on these during the summer 2019. Should this result in the need to undertake consultation this will be done during the autumn 2019.

10. Every ICSs will have:

    - A partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate – local authorities, the voluntary and community sector and other partners.
    - A non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards and governing bodies.
    - Sufficient clinical and managerial capacity drawn from across their constituent organisations to enable them to implement agreed system wide changes.
    - Full engagement with primary care, including through a named accountable Clinical Director for each primary care network.
    - A greater emphasis by the Care Quality Commission on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area.

- All providers within an ICS will be required to contribute to ICS goals and performance.
- Clinical leadership aligned around ICSs to create clear accountability to the ICS. ICSs and Health and Wellbeing boards will also work more closely together, although at this stage there is no further guidance on what this means.

11. Work is ongoing to consider the establishment of a Partnership Board, its potential remit and membership. Decisions are likely to be made before the end of the summer 2019.

12. ICSs will have the opportunity to earn greater authority as they develop and perform.

13. The development of our local ICS is part of our Better Care Together Partnership. In our Better Care Together Next Steps to better care in Leicester, Leicestershire and Rutland document we set out what our plans are for delivering care at the different levels of an ICS system, see diagram below.

Level	Population Size	Purpose
Neighborhood (Primary Care Networks)	30,000 to 50,000	• Deliver high quality primary care • Proactive care via integrated locality teams for defined populations and cohorts • Asset based community development to support health, wellbeing and prevention
Place Leicester City Leicestershire County Rutland	37,000 to 610,00	• Based on upper tier authority boundaries • Delivery of specialised based integrated community services, including social care • Delivery of reablement, rehabilitation and recovery services • Prevention services at scale
Systems (Leicester, Leicestershire and Rutland)	1,000,000+	• System strategy, planning and implementation • Work across the system on specialist areas such as cancer, mental health and urgent care • Make best use of all our combined assets including staff and buildings • Manage performance and system finances • Establish a system framework for prevention

14. We have been working together through both place and system to develop integrated models of care over the last few years. This has included our Better Care Fund (BCF), developing health and social care integrated locality teams

and prevention work. It is worth noting that the Long Term Plan states that the BCF will be reviewed to ensure it is meeting its goals and this will conclude in the first quarter of 2019; in 2019/20 there will still be a clear requirement to continue to reduce Delayed Transfers of Care and improve the availability of care packages for patients ready to leave hospital.

15. The Long Term Plans asks us to ensure that we have an ICS in place by April 2021 and this work is being undertaken, by the System Leadership Team, putting in place the necessary actions and building blocks for the creation of an ICS within Leicester, Leicestershire and Rutland. This includes actions to support partners to work collaboratively together; ensuring financial sustainability; developing integrated care; and ensuring we have the resources and infrastructure to deliver.

16. This work is in its early stages but there is an expectation that LLR will be in a shadow ICS by April 2020 in order to prepare for the April 2021 requirement in the Long Term Plan.

17. A key building block of the integrated care system is the neighbourhood level and again in LLR and Leicester City we have done considerable work across health and social care in the last two to three years to develop integrated care teams at a locality level.

18. The Long Term Plan requires all areas to establish Primary Care Networks (PCNs), made up of groups of practices and working with other health and social care providers to provide proactive, personalised, co-ordinated and more integrated primary and community services to improve health outcomes and reduce health inequalities for their populations.

19. To respond to this Leicester City CCG has been working with primary care to establish PCNs by the required start date of 1st July 2019. he finaTl number of PCNs and members will not be known until after the 1st July 2019. At the time of writing this report it is anticipated that there will be 10 PCNs in Leicester City. Final configuration will be shared at the Health Overview and Scrutiny Committee. The PCNs will be underpinned by both a Network Agreement which all member practices will need to sign up to and a new Directed Enhanced Service (DES) contract which will be the vehicle for the CCG to commission network based services from the PCN. In addition each PCN will need to appoint a Clinical Director.

20. Work is ongoing to redesign community services including nursing, reablement and therapy to support the PCNs and to provide the wider community services required to deliver integrated care. Our work with Leicester City Council in

relation to integrated team working and Better Care Fund services continues and will be an integral part of any well-functioning PCN.

21. The PCNs will be able to recruit a new workforce to support them in the delivery of integrated care through a national role reimbursement scheme for which each PCN will be allocated a sum of money based on size. They can then recruit from a list of roles up to the financial resource allocated.

22. From 2020/21 there will be seven national service specifications offered as part of the Network DES contract which is designed to support better care for specific cohorts of patients. In addition local areas can commission local services through the DES.

Improving care quality and outcomes

23. This part of the NHS Long Term Plan focuses on how the NHS could do better on quality and outcomes. It sets out clear improvement priorities for the biggest killers and disablers including cancer; mental health; multi-morbidity; childrens health; cardiovascular and respiratory conditions; learning disabilities and autism. More detail in each area is shown in Appendix 1.

24. Given the time it takes to deliver change, improvements in some areas are expected over a 10 year period for example cancer survival rates; while in other areas improvements are expected earlier, for example halving maternity related deaths.

Tackling workforce pressures

25. Workforce pressures are a key issue within the NHS with growth not keeping up with need over the past decade. There is commitment within the NHS Long Term Plan to:
    - ensure there are enough people, with the right skills and experience, so that staff have the time they need to care for patients well;
    - ensure people have rewarding jobs, work in a positive culture, with opportunities to develop their skills, and use state of the art equipment, and have support to manage the complex and often stressful nature of delivering health care;
    - strengthen and support good, compassionate and diverse leadership at all levels.

26. To support this:
    - A new Workforce Implementation Plan will be published in late 2019.

- Actions will be agreed to improve the supply of nurses, midwives, Allied Health Professionals and other staff.
- Actions will be taken to grow the medical workforce.
- International recruitment will be used.
- Actions to support staff will be introduced.
- Actions will be taken to ensure staff can be productive.
- Leadership and talent management action will be introduced.
- Improve the access to volunteering opportunities, particular amongst young people.

More detail can be found in Appendix 1.

Increase emphasis on prevention and health inequalities

27. As can be demonstrated from the detail in Appendix 1, the Long Term Plan increases the focus on the delivery of prevention and reducing health inequalities. The key areas of focus are smoking, obesity, alcohol, air pollution and antimicrobial resistance.

28. As part of the overall development of LLRs response to the Long Term Plan the LLR Prevention Board will lead the work to further strengthen our prevention offer working with the individual workstreams to ensure the requirements of the Long Term Plan are met. As part of the PCN development there is a requirement to develop a population health management approach and prevention is a key building block to this. To support this, funding is being made available to PCNs from July 2019 for each network to recruit social prescribing link workers.

29. There is an indication in the Long Term Plan that the government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses. To date there is no indication when this work will commence; as and when it does further updates can be provided.

30. The Long Term Plan requires a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care. To support this, a higher share of funding will be targeted to geographies with high health inequalities. Nationally this will be over £1billion by 2023/24. Each area in 2019 will be expected to set out how they will specifically reduce health inequalities by 2023/24 and 2028/29 and this will form part of our new five year plan. This will be supported by a menu of evidence based interventions that if adopted locally could contribute to the goal. Specific actions being taken include:

    - An enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and their babies – by 2024 75%

of women from BAME communities and a similar percentage of woman from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.

- Offer all women who smoke during their pregnancy specialist smoking cessation support to help them quit.
- By 2020/21 the NHS will ensure that at least 280,000 people living with severe mental health problems have their physical health needs met. By 2023/24 the number of people receiving physical health checks will increase by an additional 110,000 people per year.
- Improving care for people with a learning disability, autism or both.
- Investment to meet the needs of rough sleepers.
- Identify and support carers, particularly those from vulnerable communities.
- Expansion of NHS specialist clinics to help more people with serious gambling problems.

Digital

31. The Long Term Plan puts a strong focus on digitally-enabled care across the NHS. Key areas of focus are detailed below and the local response to this is being led by the LLR IM&T Group which has representation from all organisations. In developing the local response consideration will need to be given to existing local plans.

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    - Create straightforward digital access to NHS services, and help patient and their carers manage their health.
    - Ensure that clinicians can access and interact with patient records and care plans wherever they are.
    - Use decision support and artificial intelligence to help clinicians in applying best practice, eliminate unwarranted variation across the whole pathway of care, and support patients in managing their health and condition.
    - Use predictive techniques to support systems to plan care for populations.
    - Protect patients' privacy and give them control over their medical record.
    - Link clinical, genomic and other data to support the development of new treatments, clinical research and NHS performance.
    - Ensure security of NHS systems.
    - Mandate and enforce technology standards to ensure data is interoperable and accessible.
    - Encourage a world leading health IT industry.

Investment into the NHS

32. The NHS Long Term Plan is backed by additional investment over the next five years. This extra investment will need to deal with current pressures and unavoidable demographic change and other costs, as well as delivering the new priorities set out in the plan. Headline figures are that funding will grow by an average of 3.4% in real terms a year over the next five years, which compares to an average of 2.2% over recent years.

33. As a result of the additional investment it is expected that:

- The provider sector will return to balance by 2020/21 and year-on-year the number of trusts and CCGs individually in deficit will reduce, so that all NHS organisations are in balance by 2023/24;
- The NHS will achieve cash-releasing productivity of at least 1.1% a year, will all savings reinvested in frontline care;
- The NHS will reduce the growth in demand for care through better integration and prevention;
- The NHS will reduce variation across the health system, improving provider financial and operational performance. This will be a core responsibility of the ICS to bring together clinicians and managers to implement standardised evidence based pathways: and
- The NHS will make better use of capital investment and its existing assets to drive transformation.

34. There will be reforms to the payment system with a move away from funding activity to ensuring the majority of funding is population based, including a blended payment model beginning with urgent and emergency care. System wide control totals will be introduced.

32. There is a commitment within the Long Term Plan financial settlement to ensure that Mental Health Investment Standards are still met and that primary and community service funding should grow faster than CCGs overall revenue growth. How this additional funding is allocated will be discussed between commissioners and providers and will be informed by our work to develop integrated care. There is the flexibility with the changes to consider integrated commissioning models with local authorities.

33. Beyond 2019/20 the NHS Long Term Plan indicates that further financial reforms will be introduced to support ICSs to deliver integrated care through a process of earned financial autonomy. Local health systems will be given greater control over resources on the basis of a strong financial and performance delivery. To date no detail on how this will work has been published.

Conclusion

35. The Long Term Plan sets out how care and outcomes are expected to change over the next five to ten years.

36. Locally we have started this journey through our Better Care Together programme and this will form the basis our Integrated Care System.

37. However like the Long Term Plan sets out there are areas that we need to move faster on including developing an integrated care system, prevention, reducing health inequalities and digital.

Appendix One

Summary of Long Term Plan Requirements

Children and young people with cancer

- Development of networked care to improve outcomes for children and young people with cancer.
- From 2019 all children with cancer will be offered whole genome sequencing to enable more comprehensive and precise diagnosis.
- Increase the number of children and young people taking part in clinical trials to 50% by 2025.
- From September 2019 all boys aged 12 and 13 will be offered vaccinations against HPV-related diseases.
- Over the next five years NHS England will increase its contribution to the children's hospice grant by match-funding CCGs who commit to increase their investment in local children's palliative and end of life care services.

Learning Disability

- Improve the uptake of the annual health check in primary care so that at least 75% of those eligible have a health check each year.
- Pilot to be introduced for health checks for people with autism.
- Expansion of the programmes to stop over medication of people with learning disability and or autism.
- NHS staff will receive information and training on supporting people with learning disability and or autism,
- National learning disabilities standards will be issued and will apply to all NHS funded services.
- By 2023/24 a digital flag in the patient record will ensure staff know a patient has a learning disability and or autism.
- Focus on reducing waiting times for autism diagnosis.
- By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker.
- Local providers will be able to take control of budgets to reduce avoidable admissions, enable shorter length of stay and end out of area placements.
- By March 2023/24 inpatient provision will have reduced to less than half of 2015 levels.
- Every local health system will be expected to use some of its growing community health services investment to have a seven-day specialist multi- disciplinary service and crisis care.
- All areas of the county will implement and be monitored against a 12 point discharge plan to ensure discharges are timely and effective.

Children and young people's mental health

- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24 at least an additional 345,000 children and young people aged 0-25 will be able to access support. Over the next decade the aim is to ensure that 100% of children and young people who need specialist care can access it.
- Additional investment into eating disorder services to ensure waiting time standards are maintained beyond 2020/21.
- With a single point of access through NHS 111 all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.
- Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges to be rolled out to between one-fifth and a quarter of the county by the end of 2023.
- Extend current service models to create a comprehensive offer for 0-25 year olds. The new model will deliver an integrated approach across health, social care, education and the voluntary sector**.**

Children and young people

- Reach base level standards in the NHS public function agreement for childhood immunisations.
- In 2019/20 clinical networks will be rolled out to ensure we improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes.
- Paediatric clinical care and surgical services will evolve to meet the changing needs of patients.
- By 2028 the aim is to move towards service models for young people that offer person-centred and age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult service based on age not need.

Cancer

- From 2019 we will start to rollout new rapid Diagnostic Centres across the country.
- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified follow-up pathways for people who are worried their cancer may have recurred will be in place.
- By 2028, the NHS will diagnose 75% of cancers at Stage 1 or 2.
- Primary care networks will be required to help improve early diagnosis of patients in their own neighbourhoods by 2023/24.

Cardiovascular disease

- Improving the effectiveness of approaches NHS Health Checks and increase case finding opportunities.
- Expanding access to genetic testing to identify risk of early heart attacks so that at least 25% are identified in the next five years.
- Improvement to community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest.
- By 2028 85% of those eligible will be able to access cardiac rehabilitation care.
- Creation of a national CVD prevention audit for primary care to support clinical improvement.
- Improve rapid access to heart failure specialist care and advice.
- Greater access to echocardiography in primary care.

Stroke care

- 90% of stroke patients will receive care on a specialist stroke unit.
- All patients who could benefit from thrombolysis should receive it.
- Expansion of mechanical thrombectomy to increase the numbers of patients who can be independent following a stroke.
- Out of hospital more integrated and higher intensity rehabilitation for people recovering from stroke, delivered in partnership with voluntary organisations to support better outcomes.

Diabetes

- Patients with Type 1 diabetes to benefit from flash glucose monitors from April 2019 in line with clinical guidelines.
- Improve the delivery of recommended diabetes treatment targets and drive down variation between CCGs and practices.
- All hospitals to provide multidisciplinary footcare teams and diabetes inpatient specialist nursing teams to improve recovery and to reduce lengths of stays and readmission rates.

Respiratory disease

- Reduce variation in the quality of spirometry testing.
- More staff in primary care to be trained and accredited to provide the specialist input required to interpret spirometry results.
- Expansion of pulmonary rehabilitation services over 10 years through a population health management approach in primary care.
- New models of providing rehabilitation to those with mild COPD will be offered.
- Pharmacists in primary care networks will undertake a range of medicine reviews, including educating patients on the correct use of inhalers.
- Patients identified with community acquired pneumonia in emergency departments will be supported to be cared for safely out of hospital by receiving nurse-led supported discharge services.
- Increasing the number of people with heart and lung disease to complete a programme of education and exercise based rehabilitation.

Prevention – General

- Focus on smoking, poor diet, high blood pressure, obesity and drug use.
- Consideration of the role for the NHS in commissioning sexual health services, health visitors and school nurses.

Prevention – Alcohol

Hospitals with the highest rates of alcohol admissions will be supported to fully establish specialist Alcohol Care Teams.

Prevention - Smoking

- By 2023/24, all people admitted to hospital that smoke will be offered NHS funded tobacco treatment services. This will include all pregnant mothers and their partners.
- Universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of mental health, and in learning disability services.

Prevention – Obesity

- Targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+.
- Doubling of the NHS Diabetes Prevention Programme over the next five years.
- Test an NHS programme supporting very low calorie diets for obese people with type 2 diabetes.
- Revised hospital food standards.
- Improving nutrition training as part of professional training.

Health Inequalities

- A higher share of funding targeted towards areas with high health inequalities through CCG allocations.
- Measurable goals will be set for the narrowing of health inequalities.
- All local systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29.
- Menu of evidence based interventions will be published.

Primary and Community Care

- Development of primary care networks based on populations of 30-50,000 delivering integrated care
- Roll out of the Enhanced Health in Care Homes model across all areas.
- Proactively managing population health and developing services to support this approach.
- The NHS Personalised Care model to be rolled out by 2023/24 - this will include access to social prescribing link workers.
- Personal Health Budget programme to be accelerated with upto 200,000 people having a PHB by 2034/24.
- Digital first will become an option for every patient improving access to primary care.

Maternity and neonate

- By 2024 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife**.**
- Reduce stillbirth, maternal mortality, neonatal mortality and serious brain injury by 50% by 2025.
- Roll out of Savings Babies Lives Care Bundle across every maternity unit in 2019.
- Establish Maternal Medicine Networks which will ensure women with acute and chronic medical problems have timely access to specialist advice and care.
- Encourage development of specialist pre-term birth clinics.
- In 2019 20% of women will have access to continuity of care and this will be expanded to most women by March 2021.
- By 2023/24 all women will be able to access their maternity notes and information through their smart phones and other devices.
- Improved access and quality to perinatal mental health services.
- Improvements to postnatal physiotherapy support.
- All maternity services to deliver accredited, evidence based infant feeding programme in 209/20.
- Redesign and expansion of neonatal critical care services to improve safety and effectiveness.

Adult mental health services

- Renewed commitment to grow investment in mental health services faster than the NHS budget overall for the next five years.
- By 2020/21 at least 280,000 people living with severe mental health problems will have their physical health needs met. By 2023/24 this will increase to 390,000.
- Continuation of the IAPT expansion plan, by 2023/24 an additional 380,000 people will have access.
- New community based offer for adults with severe mental illnesses will be introduced to include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.
- Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new placed-based, multidisciplinary service across health and social care aligned with primary care networks.
- All-age mental health liaison service to be in all A&E departments and inpatient wards by 2020/21 with 70% of these service meeting “core 24” service standards by 2023/24.
- Over the next 10 years anyone experiencing mental health crisis can call NHS 111 and have 24/7 access to the mental health support they need in the community.
- Increase in alternative forms of provision for those in crisis.
- Specific waiting times for emergency mental health services will take effect from 2020.
- Ambulance staff will be trained and equipped to respond effectively to people in crisis.
- Introduction of mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&E.
- Mental health nurses to be part of ambulance control rooms to improve triage and response to mental health calls.
- The ending of acute of out of area in patient placements by 2021.
- Reducing suicides to remain a priority including a new Mental Health Safety Improvement Programme which will have a focus on suicide preventions and reduction for mental health inpatients.
- Suicide bereavement support for families and staff working in mental health crisis services.

Workforce

- Increase in the number of undergraduate nursing degrees, reducing attrition from training and improving retention with the aim of improving nursing vacancy rate to 5% by 2028.
- Establish on line nursing degree linked to guaranteed placement.
- Earn and learn support premiums for students embarking on more flexible undergraduate degrees in mental health or learning disability nursing, who are predominantly mature students.
- NHS organisations should look to take on the lead employer model, setting up the infrastructure to deliver apprenticeships on behalf of several trusts.
- Growing apprenticeships on clinical and non-clinical jobs in the NHS.
- Options to be considered to further expand medical school places.
- Accelerate the shift from a dominance of highly specialised roles to a better balance with more generalists ones.
- Improved medical training to support doctors to manage comorbidities, alongside single conditions.
- Primary Care Networks to receive funding for additional staff to form part of a multidisciplinary team including clinical pharmacists, link workers, first contact physiotherapists and physician associates.
- Newly qualified doctors and nurses will be offered a two-year fellowship.
- New arrangements will be put in place to support NHS organisations in recruiting overseas.
- Improvement of staff retention by at least 2% by 2025.
- Expansion of multi-professional credentialing to enable clinicians to develop new capabilities formally recognised in specific areas of competence.
- Promote flexibility, wellbeing and career development and address discrimination, violence, bullying and harassment.
- Each NHS organisation to set its own target for BAME representation across its leadership team and broader workforce by 2021/22.
- Expanded Practitioners Health Programme to help all doctors’ access specialist mental health support.
- By 2021 NHS trusts will deploy electronic rosters or e-job plans.
- New NHS leadership code will be developed which will set out cultural values and leadership behaviours.
- Systematic identification, development and support to those with the capability and ambition to reach the most senior levels in the NHS.
- Encourage organisations to give greater access for younger volunteers and an increased focus on programmes in deprived areas, and for those with mental health issues, learning disabilities and autism. Double the number of volunteers.

Digital

- NHS App will provide advice, check symptoms and connect people with healthcare professionals.
- Work with the voluntary sector, developers and individuals in creating a range of apps to support particular conditions including IAPT and diabetes.
- By 2020 every patient with a long term conditions will have access to their health record through the Summary Care Records.
- Patient Personal Health Record will hold a care plan that incorporates information added by the patients themselves or their authorised carer.
- Over the next three years all staff working in the community will have access to mobile digital services, including the patient’s care record and plan.
- Ambulance service will have access to digital tools that they need to reduce avoidable conveyance to A&E.
- Informatics leadership representation on the board of every NHS organisations, with chief executives capable of driving the transformation of their organisations and non-executive directors able to support and demand increasing digital maturity over the next five years.
- Over the next five years every patient will be able to access a GP digitally, and where appropriate, opt for a virtual outpatient appointment.
- All providers across acute and community and mental health settings will be expected to advance a core level of digitisation by 2024.
- A new wave of Global Digital Exemplars will enable trusts to use world-class digital technology and information to deliver better care, more efficiently.
- Population health management solutions will be available to ICSs to understand the areas of greatest health need.

Planned Care

- Redesign services so that over the next five years a third of face-to-face follow-up outpatients appointments will no longer take place.
- Expand the number of physiotherapists working in primary care networks.
- Expectation that increased funding will over the next five years cut long waits and reduce waiting lists.
- Anyone who has been waiting for six months will be reviewed and given the option of faster treatment at an alternative provider.

Urgent Care

- In 2019 England will be covered by 24/7 integrated urgent care service, accessible via NHS 111 or online.
- All hospitals with a major A&E will provide Same Day Emergency Care service at least 12 hours a day, 7 days a week by the end of 2019/20.
- Provision of acute frailty service for at least 70 hours a week.
- Further reduce DTOC in partnership with local authorities.
- Clinical Assessment Service to be embedded within NHS 111 from 2019/20.