

Five Year Forward View

FYFV themes Chapter 2

Prevention

- Incentivising and supporting healthy behaviour
- Supporting policy change e.g labelling
- Leadership from local agencies
- Targeted prevention

Employee health

- Helping people into work, reducing sickness
- Developing workplace health

FYFV themes Chapter 2

Patient empowerment

- Patient education
- Developing peer-peer support
- Increasing choice and personal budgets

Community engagement

- Supporting carers
- Encouraging volunteering
- Stronger partnerships with charitable & voluntary sector organisations
- NHS as employer

Chapter 3: New models

Multispecialty Community Providers

- Larger GP practices
- Community services
- Specialists as part of the group
- Might run community hospitals
- Could have admitting rights to hospitals
- In time could take the capitation budget

New models

Primary and acute care systems

- In areas with poor GP services hospitals may create their own list based services
- As the next stage of development of a MCP
- The end point would be an Accountable Care Organisation model

Emergency care

Improvement & integration of the out of hospital system

Seven day services where this makes a difference to outcomes.

Proper funding and integration of mental health crisis services, including liaison psychiatry.

A strengthened clinical triage and advice service that links the system together and helps patients navigate it successfully.

New ways of measuring the quality of the urgent and emergency services; new funding arrangements; and

New responses to the workforce requirements

Small hospitals

Rebalance the tariff

Rethink the models of care

Develop new approaches such as the RCP Future Hospital Programme

New organisational models Chains and Franchises

More networking of services

Specialist services

Centralisation of more specialist services where there is a strong evidence base

Local provision of specialist care where possible

More network models

Maternity

Review of models

Tariff changes

Opportunities for midwife groups to operate services

Care homes & nursing homes

Good evidence for bringing these into the system

Shared care

In reach

Office specialties and 'ologies'

New roles required:

- Advice and difficult cases
- Managing patients across transitions
- Fixing non-health problems
- A key part of multidisciplinary teams
- Support to primary care, advice for inpatients and other specialists
- Keeping the network up to date with the science

Primary care

New approaches required:

- Longer appointments
- Care planning and case management
- Special focus on frailty and care homes
- Improvements in care for children

Primary care: emerging consensus

Need for scale to allow for:

- MDT working and the development of associated community nursing, mental health, social care and other services
- The use of systems for anticipatory care – registries, risk stratification, reminders, etc.
- The deployment of diagnostics
- Some elements of sub-specialisation
- Standardisation of approaches
- Knowledge management and learning
- Channel shifting – phone, web etc.

Change process

Some important lessons from other programmes:

- Too much project management
- Major change as a part time activity
- Absent senior leaders
- Not involving GPs as providers
- Not enough focus on learning to work together
- Budget silos maintained
- Relationships need time to develop
- Not enough attention to workforce changes

Change process

Some important design lessons from other programmes:

- Being clear about the target population
- Setting reasonable and measurable objectives
- Creating time to think and experiment
- Evaluation that provides real time feedback
- Borrow & adapt solutions

And this means?

Get on with redesign of care that:

Removes waste

Breaks down barriers

Changes



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