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SEMINAR ARTICLE:
Stevens sets out 10 year plan priorities

AUTHOR: Dave West

NHS England chief executive Simon Stevens has identified five major priorities for the 10 year NHS plan due to be unveiled this autumn.

The revelations came as part of an indepth interview, the first given by Mr Stevens following the announcement of the five year NHS funding package and departure of Jeremy Hunt as health and social care secretary.

The NHS England chief also:

- Indicated that the new health and social care secretary should maintain Mr Hunt's lobbying for a social care funding deal and his championing of patient safety.
- Argued that the four hour emergency department waiting target may be outdated.
- Set a three year deadline for a "wholesale shift" in NHS funding rules.

Mr Stevens highlighted five long term priorities which will form a core part of the 10 year plan.

The first was mental health, especially services for children and young people, and potentially "core crisis care". But he also cautioned that major improvements could take more than five years because of a lack of staff, even if efforts to address emerging mental problems earlier working with schools, and employing more non-psychiatrists, proved successful.

On cancer, Mr Stevens said the intention was to "overhaul many aspects of our screening services...[for example, there is] a debate about whether breast screening should become more personalised and risk stratified." However, he again added reforming early intervention and diagnostics was dependent on changes to the NHS "workforce over a 10 year timeframe".

There will be three new priority areas which were not a focus in the Five Year Forward View.

One of these is "a new focus around cardiovascular disease" – stroke and heart attacks. Mr Stevens said there was growing evidence the NHS had "ground to catch up" on outcomes for brain bleed strokes.

Fourthly, there will be "a renewed focus on children's services, and prevention and inequality as they affect children".

Finally, there will be new objectives for reducing health inequalities. The NHS England chief highlighted "the differential life expectancy of people with learning disabilities" and for rough sleepers and homeless people.

He also said the NHS needed to be "much more explicit about the race and socioeconomic and gender and cultural barriers that exist to early [cancer] diagnosis" and said reducing inequalities would be built into each programme. It is unclear if there will be an overall objective to reduce health inequalities.

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Mr Stevens stressed the plan would contain other priorities and that he is due to meet with leaders of NHS organisations, sustainability and transformation partnerships and integrated care systems in coming weeks to discuss it.

Mr Stevens said the "care redesign agenda" set out in the Five Year Forward View, aimed at integrating services, "won't change", and that new "milestones" would be set out to accelerate its spread. Integration programmes in the plan are expected to include ICS, primary care networks, personalisation, and integrated care organisations.

Waiting time targets

As part of the funding deal and long term plan, the prime minister announced a review of NHS waiting time targets.

HSJ asked Mr Stevens whether the four hour ED target and 18 week referral to elective treatment targets were fit for purpose.

He said: "*I don't want to prejudge the answer to what's going to be a proper clinical process...But I think it's clear that there have been significant clinical practice changes in urgent and emergency care pathways over the years. And the rise of day case emergency care means that often the thresholds for clinically relevant things to happen for patients are now much more graduated than they might have been in an era when... you either [were] seen as a walk-in case in an A&E department or you were admitted to hospital, and that bifurcates at a single measurable point.*"

On the 18 week target, Mr Stevens said it was very important to have a way to make sure patients were treated on the basis on clinical need and were not waiting longer than they should but added: "*An incomplete 92 per cent RTT measurement has some strengths...but it's not the only way of doing that.*"

Source: HSJ