

NHS Five Year Forward View ¹: references to centralisation and integrated social care

Sets out a clear direction for the NHS – showing why change is needed to meet particular challenges in areas such as mental health, cancer, and support for frail older patients and those with long term conditions that require a network of care.

Advocates a radical upgrade in prevention and public health with action on obesity, smoking, alcohol and other major health risks.

Foundation of NHS care remains list-based primary care, but with removal of barriers in its provision between primary care, community services and hospitals. While more care will be delivered locally, **some services will be in specialist centres.**

New models of care²

- Primary and Acute Care Systems (PACS): **integrated** hospital and primary care provider combining general practice and hospital services.
- Multispecialty Community Providers (MCPs): groups of GPs, nurses, other community health services, hospital specialists, mental health and **social care** to create **integrated out-of-hospital care.**
- Urgent and emergency care networks: **integration** between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.
- Viable smaller hospitals
- **Specialised care:** for conditions such as stroke and heart attack where there is a strong relationship between the number of patients and the quality of care, access to specialised facilities and equipment, and standardisation of care. Also applies to some specialised surgery and cancer.
- Modern maternity services: major review of the commissioning of NHS maternity services to support safety and choice due to report in the New Year
- Enhanced health in care homes.

Other actions

- NHS leadership to act coherently together but with meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied.
- Investment in new options for the workforce.
- Increase the use of health technology to improve patients' experience of interacting with the NHS.
- Improvement in the NHS' ability to undertake research and apply innovation.

Financial implications

- Monitor, NHS England and independent analysts previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real term funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21.
- Delivery of the transformational changes outlined (action on prevention, invest in new care models, sustain social care services and wider system improvements) and the resulting annual efficiencies could – if matched by staged funding increases – close the £30 billion gap by 2020/21.
- Nothing in the analysis above suggests that continuing with a comprehensive tax-funded NHS is intrinsically un-doable.

¹ The NHS Five Year Forward View – executive summary published on 23 October 2014
<https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/> Accessed 22 December 2015)

² NHS Five Year Forward View Chapter three – What will the future look like? New models of care
<http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/> Accessed 22 December 2015)