



NHS England Long Term Plan Debate on 31 January 2019

Summary

This House of Lords Library Briefing has been prepared in advance of the debate due to take place on 31 January 2019 in the House of Lords on the motion moved by Lord Hunt of Kings Heath (Labour) “that this House takes note of the *NHS Long Term Plan*, published on 7 January, and the case for a fully funded, comprehensive and integrated health and care system which implements parity of esteem, preventative health and standards set out in the NHS Constitution”.

The plan, published in January 2019, includes proposals for changing NHS services over the next five and ten years. It follows the announcement in June 2018 by the Prime Minister, Theresa May, of increased funding for the NHS, averaging 3.4% during the period from 2019/20 to 2023/24. This compares to an average growth of 2.2% over the previous five years and the long-term average for the NHS since 1948 of 3.7%.

The stated aims of the plan are to maximise the impact of the extra funding received as part of the Government’s five-year funding plan, tackle the pressures currently faced by NHS staff and take advantage of new health technologies and treatments. It includes measures intended to change the way NHS services are provided and increase the coordination of NHS services with local authorities, the care sector and the voluntary sector. The plan sets targets for improving public health; for clinical outcomes in areas such as preventing infant mortality and improving cancer survival rates; and for improving mental health services.

Although the ambitions of the long-term plan have been welcomed, concerns have been raised about the support being provided to realise these ambitions. The size of the increase to the NHS budget has been criticised as being insufficient to meet the scale of the changes planned. It has also been noted the plan would depend not only on the size of the NHS budget, but also the funding available to social care and medical training which are not covered by the five-year spending plan announced by the Government in June 2018. Organisations representing NHS staff have argued the aims of the long-term plan could not be achieved without reducing the number of vacancies in the NHS.

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I. Background: NHS Reforms since 2013

The publication of the 2019 long-term plan for the NHS in England follows a decade of structural reforms to public health provision.

During the Coalition Government, the NHS underwent major structural reforms following the passing of the Health and Social Care Act 2012. In April 2013, NHS England and the newly created clinical commissioning groups were given a statutory responsibility for commissioning health services under the 2012 Act, following the replacement of primary care trusts. The stated intention of these changes was to provide the NHS and doctors with greater autonomy. Local authorities were also given responsibility for the health of their local population and for local public health services. Measures were also included to increase competition in the healthcare sector through the introduction of competitive tendering.¹

Following these changes, NHS England published *Five Year Forward View* on 23 October 2014.² In this plan, NHS England argued that the divide between primary care, community services and hospitals was increasingly becoming a barrier to providing patients with a more personalised and coordinated service.³ The plan proposed further structural changes to the way in which health services were organised, intended to increase the degree to which these services could be integrated.⁴

Following publication, NHS England piloted two new models for the provision of care: multispecialty community providers (MCPs) and primary and acute care systems (PACs). MCPs include the primary, community, mental health and social care services in a particular local area. PACs are similar to MCPs but in addition integrate all hospital services into this system.⁵ Referred to collectively as integrated care partnerships, these were intended to facilitate the integration of care services and improve population health.⁶ MCPs and PACs were piloted in so-called “vanguard areas” and run at a local level.

In 2016, the NHS also established sustainability and transformation partnerships (STPs) to further implement the recommendations of the

¹ A summary of the reforms to the NHS introduced under the Health and Social Care Act is provided in the House of Lords Library briefing, [Health and Social Care Act 2012: Performance and Sustainability of the NHS](#) (3 August 2016).

² NHS England, [Five Year Forward View](#), October 2014.

³ *ibid*, p 14.

⁴ Further information on measures in the *Five Year Forward View* are provided in the House of Lords Library briefing [NHS and Integrated Healthcare Services](#) (29 June 2018) and the House of Commons Library briefing, [NHS Reorganisation](#) (11 December 2018).

⁵ NHS England, [Five Year Forward View](#), October 2014, p 19. Further information is provided on the NHS England website: ‘[Multispecialty Community Provider Vanguard](#)’ and ‘[Integrated Primary and Acute Care Systems Vanguard](#)’, accessed 21 January 2019.

⁶ Intergrated care partnerships were previously referred to as Accountable Care Organisations.

five-year plan. STPs currently exist in 44 areas covering the whole of England and incorporate both NHS bodies and local authorities.⁷ In 14 of these 44 STPs, NHS bodies, local authorities and other organisations have also collaborated to form integrated care systems.⁸ In these areas, bodies with the integrated care systems take collective responsibility for managing resources and delivering services.⁹

The new structures introduced since the plan are on a voluntary rather than a statutory basis.

2. Multi-Year Funding Announcement

In June 2018, the Prime Minister, Theresa May, announced the Treasury would increase the amount of funding received by the NHS.¹⁰ She stated the NHS would receive a £20.5 billion in real terms by 2023/24. This would raise the average growth in the NHS budget 3.4% during this five-year period. This growth would be higher than the 2.2% average growth over the previous five years.¹¹ However, it would be less than the long-term average for the NHS since 1948 of 3.7%.¹²

Table 1: June 2018 Government NHS Multi-Year Funding Plan¹³

	2019/20	2020/21	2021/22	2022/23	2023/24
Real growth (%)	3.6	3.6	3.1	3.1	3.4
Cumulative Real Growth (18/19 prices) (£ billion)	4.1	8.3	12.1	16.1	20.5

Speaking in the House of Commons, the then Secretary of State for Health and Social Care, Jeremy Hunt, stated this increase would be funded in part by the UK no longer having to contribute to the EU budget once the UK had left the EU.¹⁴ He also said that the money could be provided from “a greater contribution through the tax system”.¹⁵

⁷ NHS England, ‘[Sustainability and Transformation Partnerships](#)’, accessed 21 January 2019.

⁸ Prior to February 2018, Integrated Care Systems were referred to as Accountable Care Organisations: NHS England, [Refreshing NHS Plans for 2018/19](#), February 2018.

⁹ NHS England, ‘[Integrated Care Systems](#)’, accessed 21 January 2019. A glossary of the different terminology used to implement these reforms is provided on page 5 of the House of Commons Library briefing, [NHS Reorganisation](#) (11 December 2018).

¹⁰ Department of Health and Social Care and HM Treasury, ‘[Prime Minister Sets Out 5-Year NHS Funding Plan](#)’, 18 June 2018.

¹¹ NHS England, [NHS Long Term Plan](#), 7 January 2019, p 6.

¹² *ibid.*

¹³ Department of Health and Social Care and HM Treasury, [NHS Funding Settlement](#), 18 June 2018.

¹⁴ [HC Hansard, 18 June 2018, col 51](#).

¹⁵ *ibid.*

Mr Hunt stated that this increased funding would provide more financial stability for the NHS, and enable the NHS to take advantage of new technologies to improve patient care and meet increasing demand from an ageing population.¹⁶ He said five financial tests would be applied to NHS England to ensure the increased spending resulted in the intended outcome. These tests would be:

- Improving productivity and efficiency.
- Eliminating [NHS] provider deficits.
- Reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live.
- Getting much better at managing demand effectively.
- Making better use of capital investment.¹⁷

Following this announcement, the Government said that NHS England would publish a ten-year plan later in 2018.¹⁸ The Government also said that it would publish a green paper on reforming social care and would consider proposals from the NHS to change existing legislation to improve productivity and patient care.¹⁹

The head of NHS England, Simon Stevens, described the new funding plan as providing increased certainty for the NHS over the next five years and argued that it marked a “meaningful improvement on the constrained funding” the NHS had received prior to this.²⁰ However, the announcement was criticised by the Health Foundation on the grounds that below average spending growth under the current Government and Coalition Government meant the increased funding would go into a system “creaking under pressure”, and would not be sufficient to achieve the Government’s ambitions to modernise the NHS.²¹

On 10 January 2019, NHS England published revised figures for the multi-year funding plan set by the Government. While average growth would remain 3.4% a year in real terms, the increases each year were changed as follows:

¹⁶ [HC Hansard, 18 June 2018, col 51](#).

¹⁷ Department of Health and Social Care and HM Treasury, [‘Prime Minister Sets Out 5-Year NHS Funding Plan’](#), 18 June 2018.

¹⁸ *ibid.*

¹⁹ *ibid.*

²⁰ Sebastian Whale, ‘Simon Stevens: “The NHS has an Enormous Responsibility to be Wise Stewards of this Additional Investment”’, *House Magazine*, 28 June 2018.

²¹ Health Foundation, [‘NHS Funding Settlement: ‘A Change of Gear’ for the NHS?’](#), 26 June 2018.

Table 2: January 2018 NHS England Revised Funding Plan²²

	2019/20	2020/21	2021/22	2022/23	2023/24
Real growth (%)	3.6	3.1	3.0	3.0	4.1

3. NHS Long Term Plan

NHS England published the *NHS Long Term Plan* on 7 January 2019.²³ In the summary to the report, NHS England stated it would help to tackle pressures faced by NHS staff, as well as ensure the extra funding received as part of the Government’s five year funding plan would “go as far as possible”.²⁴

The *NHS Long Term Plan* included measures intended to change the way NHS services are provided, improve patient care and improve public health. It set targets for improving public health and clinical targets in areas such as preventing infant mortality and cancer survival. It also included measures intended to support the NHS workforce.

3.1 Changes to NHS Service Model

Section I of the *NHS Long Term Plan* included the following measures intended to improve the way in which NHS services are delivered, and coordination of NHS services with those of other organisations.

Expansion of Integrated Care Systems

NHS England reported trials of integrated care systems (ICSs) in vanguard areas as part of the *Five Year Forward View* had reduced growth in emergency admissions per capita when compared to the rest of the NHS.²⁵ This, NHS England argued, was because patients at higher risk could be identified, assessed and supported more proactively.²⁶ As part of the long-term plan, ICSs would be expanded to cover the whole country by April 2021.²⁷ The plan also announced changes to commissioning arrangements for ICSs intended to ensure commissioning decisions were made at a “system level”.²⁸

²² NHS England, [Note on Clinical Commissioning Group \(CCG\) Allocations 2019/20–2023/24](#), 10 January 2019, p 5.

²³ NHS, [NHS Long Term Plan](#), 7 January 2019.

²⁴ *ibid*, p 6.

²⁵ *ibid*, p 13.

²⁶ *ibid*.

²⁷ *ibid* p 29.

²⁸ *ibid*.

Integration of Primary Medical and Community Health Services

As well as proposals for expanding ICSs, the long-term plan included proposals intended to increase the integration of GP services with community health services and social care staff. Previously, in 2018, NHS England and NHS Improvement encouraged GP practices in a particular area to form primary care networks, to increase the degree of coordination between individual practices.²⁹ These would cover populations of at least 30,000 to 50,000. NHS England would also require GP surgeries to enter a new network contract, as an extension of their current GP contract, and have a single designated fund through which network resources would flow.³⁰

The long-term plan included proposals for primary care networks. It said community multidisciplinary teams should be developed, to align primary care networks with social care providers and the voluntary sector.³¹ It also said that primary care networks would work proactively to anticipate preventative measures that could improve public health. From 2020/21, primary care networks would be required to take a more “proactive population health approach” by assessing their local population for particular health risks and working with local community services to prevent these risks.³²

The long-term plan also committed to increasing funding to primary medical and community services as a share of the overall NHS budget during the period between 2019/20 to 2023/24.³³ This would mean that these services would receive at least an extra £4.5 billion a year in real terms by 2023/24. This would enable the growth of community multidisciplinary teams.³⁴

Out-of-Hospital Care

The long-term plan included the following measures intended to prevent unnecessary admissions to hospitals and residential care through increasing “out-of-hospital” care:³⁵

- Community health crisis response services, which provide care for people outside a hospital setting, will be required to deliver

²⁹ NHS England and NHS Improvement, [Refreshing NHS Plans for 2018/19](#), February 2018, p 25.

³⁰ NHS, [NHS Long Term Plan](#), 7 January 2019, p 14.

³¹ *ibid.*

³² *ibid.*, p 17.

³³ *ibid.*, p 14.

³⁴ *ibid.*

³⁵ *ibid.*, p 12. A summary of the different services that make up community health services is provided in the NHS Confederation briefing, [What are Community Health Services?](#) (2 July 2015).

- services within two hours of referral.³⁶
- All parts of the country should deliver reablement care within two days of referral to those patients judged to need it.³⁷

NHS Support in Care Homes

The long-term plan stated NHS support to care home residents across England would be improved through the extension of the “enhanced health in care homes” model.³⁸ In September 2016, NHS England launched this model in six vanguard areas.³⁹ In these areas the NHS, local authorities, the voluntary sector, carers and families were encouraged to work together more closely. NHS England argued health outcomes for care home residents in these areas had improved, citing the example of Nottinghamshire where care homes experienced 29% fewer A&E attendances and 23% fewer emergency admissions when compared to matched control groups. The long-term plan stated this model would be rolled out to the whole of England by 2023/24.⁴⁰

Emergency Hospital Care

The long-term plan included the following measures intended to relieve pressure on hospitals, including:

- Increasing the number of urgent treatment centres in hospitals by autumn 2020, providing an alternative to A&E for patients in need of urgent care but who did not need to attend hospital.⁴¹
- Ensuring every acute hospital with a type I A&E department moves to a comprehensive model of ‘same day emergency care’.⁴² Same day emergency care is a method of diagnosing and treating emergency patients on the same day without admission to a hospital bed.⁴³ NHS England stated this would result in the proportion of acute admissions discharged on the day of attendance increasing from a fifth to a third.

³⁶ NHS, [NHS Long Term Plan](#), 7 January 2019, p 14.

³⁷ *ibid.*

³⁸ NHS, [NHS Long Term Plan](#), 7 January 2019, pp 15–16.

³⁹ NHS England, ‘[Enhanced Health in Care Homes Vanguard](#)’, accessed 22 January 2019.

⁴⁰ NHS, [NHS Long Term Plan](#), 7 January 2019, p 16.

⁴¹ *ibid.*, p 19.

⁴² *ibid.*, p 22. Type I departments are defined as a “consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients” (NHS England, [A&E Attendances and Emergency Admissions: December 2018 Statistical Commentary](#), December 2018).

⁴³ NHS Improvement, [Same Day Emergency Care \(Ambulatory Emergency Care\)](#), 17 January 2019.

Patient Choice

The long-term plan includes the following measures intended to improve how the NHS supports patients to make choices about their own care.⁴⁴ It stated more training would be provided to NHS staff to help patients make decisions about their treatment.⁴⁵ NHS England would also expand the implementation of the NHS personalised care model. This model is structured in the following way:

- The whole population is supported to stay healthy and make informed choices when their health changes.
- Targeted support is provided to people with long term physical and mental conditions to develop knowledge and skills regarding how to live with their conditions.
- The 5 percent of the population with the most complex needs are also provided with more specialist support.⁴⁶

By January 2019, the personalised care model was being implemented in a third of England.⁴⁷ As part of the long-term plan, the personalised care model would be rolled out across the country by 2023/24.⁴⁸ The long-term plan also stated the number of people receiving personal health budgets would increase to up to 200,000 by 2023/24.⁴⁹

Digitally Enabled Primary Care

NHS England committed to making it easier to access advice and care through digital technology, stating that, in five years' time, every patient would have the right to online digital GP consultation.⁵⁰ This would either be with their own practice or with new digital GP providers.⁵¹

Outpatient Care

The long-term plan also includes measures for changing outpatient services. NHS England stated that, over the next five years, patients would be able to avoid up to a third of face-to-face outpatient visits.⁵² NHS England cited figures from the Royal College of Physicians that over a quarter of doctors

⁴⁴ NHS, [NHS Long Term Plan](#), 7 January 2019, p 24.

⁴⁵ *ibid.*

⁴⁶ NHS England, [Comprehensive Personalised Care Model](#), 2 November 2018.

⁴⁷ NHS, [NHS Long Term Plan](#), 7 January 2019, p 25

⁴⁸ *ibid.*

⁴⁹ *ibid.* Further information on personalised care budgets is provided in NHS England, '[What is a Personal Health Budget?](#)' (accessed 23 January 2019).

⁵⁰ NHS, [NHS Long Term Plan](#), 7 January 2019, p 25.

⁵¹ Further information on NHS England's plans for the greater use of online technology in delivering NHS services is provided in chapter 5 of the plan: NHS, [NHS Long Term Plan](#), 7 January 2019, pp 91–9.

⁵² *ibid.*, p 28.

reported that between 10 and 20 percent of follow-up patients could have been seen using an alternative to face-to-face consultations.⁵³

3.2 Public Health and Prevention

Section 2 of the long-term plan includes a series of preventative measures intended to improve public health, thereby moderating demand on NHS services. To this end, the plan stated that NHS England would develop prevention programs including:

- to cut smoking;
- reduce obesity;
- combat Type 2 diabetes; and
- limit alcohol-related A&E admissions.⁵⁴

However, NHS England noted the action outlined in the long-term plan would be a complement to, not “a substitute for”, action by local government funded through the central government public health grant.⁵⁵ NHS England note the size of the public health grant will depend on the amount set in the next comprehensive spending review.

The long-term plan included the following prevention strategies:

- **Smoking:** By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. Adapted versions of this treatment will be provided for expectant mothers and their partners, long-term users of specialist mental health and to people in learning disability services.
- **Obesity:** The NHS would provide access to weight management services in primary care for people with a diagnosis of Type 2 diabetes or hypertension with a body mass index of 30 or above (adjusted appropriately for ethnicity).
- **Diabetes:** Funding for the NHS diabetes prevention programme would double over the next five years.
- **Alcohol:** Specialist alcohol care teams would be established to support hospitals with the highest rate of alcohol dependence-related admissions. These currently support hospitals in Bolton, Salford, Nottingham, Liverpool, London and Portsmouth.
- **Air Pollution:** The NHS would also seek to contribute to lowering air pollution by cutting its business mileages and fleet air pollutant emissions by 20 percent by 2023/24.⁵⁶

⁵³ NHS, [NHS Long Term Plan](#), 7 January 2019, p 27.

⁵⁴ *ibid*, p 7.

⁵⁵ *ibid*, p 33.

⁵⁶ *ibid*, pp 34–9.

Health Inequalities

NHS England also committed to reducing health inequalities in different parts of England. It stated it would base its five-year funding allocations on an assessment of these inequalities, including current unmet needs.⁵⁷ In April 2019, NHS England would also introduce new methods for assessing community health services and mental health services needs, which it argued would be more accurate.⁵⁸ Local areas would be required to set out “measurable goals and mechanisms” for reducing these inequalities over the next five and ten years as a condition of receiving this increased funding.⁵⁹

3.3 Targets for Care Quality and Clinical Outcomes

Section 3 of the long-term plan sets out targets for improving care quality and outcomes over the course of the long-term plan. This includes the following targets for cancer treatment, maternity-related deaths, mental health, diabetes, multimorbidity,⁶⁰ and dementia.

Cancer Treatment

NHS England has committed to increase the number of cancers diagnosed early from a half to three-quarters by 2028.⁶¹ Measures to achieve this outlined in the long-term plan included investment in new equipment, including CT and MRI scanners.⁶² NHS England would introduce new rapid diagnostic centres across England, which had been piloted by Cancer Research UK.⁶³ These centres are intended to enable patients to access recently developed diagnostic equipment and techniques.

Maternity-Related Deaths

NHS England has set a target to achieve 50 percent reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury in babies by 2025.⁶⁴

⁵⁷ NHS, [NHS Long Term Plan](#), 7 January 2019, p 40.

⁵⁸ *ibid.*

⁵⁹ *ibid.*

⁶⁰ Multimorbidity refers to multiple long-term conditions affecting individuals, with these most likely to increase in people aged 65 years or over (David Bramley and Dr Dawn Moody, ‘[Multimorbidity—The Biggest Clinical Challenge Facing the NHS?](#)’, NHS England Blog, 25 November 2016).

⁶¹ NHS, [NHS Long Term Plan](#), 7 January 2019, p 8.

⁶² *ibid.*, p 59.

⁶³ *ibid.*

⁶⁴ NHS, [NHS Long Term Plan](#), 7 January 2019, p 47.

Adult Mental Health Services

The long-term plan committed NHS England to providing an additional 380,000 people per year with access to adult psychological therapies by 2023/24.⁶⁵ It also stated, by 2023/24, the NHS 111 service would act as a single point of contact for NHS services for people experiencing mental health crisis. New services intended to support patients going through a mental health crisis would be introduced, including:

- new mental health transport vehicles intended to reduce inappropriate use of ambulance or by police vehicle transport;
- the inclusion of mental health nurses in ambulance control rooms; and
- the improvement of the mental health competency of ambulance staff.⁶⁶

Mental Health in Young People

Previously, in its 2016 *Five Year Forward View For Mental Health*, NHS England committed that it would increase the number of children and young people with mental health problems receiving mental health services by 70,000 by 2020/21.⁶⁷ NHS England stated that, as part of the long-term plan, funding for children and young people's mental health services would grow faster than the overall NHS funding and total mental health spending.⁶⁸

Health of People with Learning Disabilities and Autism

The long-term plan included targets intended to improve the care received by people with a learning disability and/or autism. This included a commitment by NHS England to increase the proportion of people aged over 14 years with a learning disability receiving an annual health check in primary care to at least 75 percent of those eligible.⁶⁹

3.4 NHS Workforce

NHS England recognised in the long-term plan that workforce growth had not kept up with increasing demand over the previous decade, and that this had contributed to the current strains on existing NHS staff.⁷⁰ It described

⁶⁵ NHS, [NHS Long Term Plan](#), 7 January 2019, p 73. This would entail the expansion of the improving access to psychological therapies, which began in 2008. Further information on this programme is provided in NHS England, '[Adult Improving Access to Psychological Therapies Programme](#)' (accessed 22 January 2019).

⁶⁶ NHS, [NHS Long Term Plan](#), 7 January 2019, pp 70–1.

⁶⁷ NHS England, [Five Year Forward View for Mental Health](#), 2016, p 15.

⁶⁸ NHS, [NHS Long Term Plan](#), 7 January 2019, p 50.

⁶⁹ *ibid*, p 52.

⁷⁰ *ibid*, p 78.

the current number of staffing vacancies as unsustainable, with the largest shortfall being in nursing. It argued this shortage needed to be resolved if the ambitions in the long-term plan were to be achieved.

According to figures released by the NHS following the publication of the long-term plan, there were 93,964 advertised vacancy full-time equivalents in NHS England during the period 1 July 2018 to 30 September 2018.⁷¹ The number of vacancies varied amongst different groups of staff. In September 2018, the group with the largest percentage of vacancies was registered nurses and midwives (41 percent), with second largest being amongst administrative and clerical staff (21 percent).

NHS England stated reforms to workforce education and training and the provision of additional funding would be confirmed when the budget for Health Education England was set by the Government in 2019.⁷² This would be accompanied by the publication of a “comprehensive workforce implementation plan”.⁷³ As part of this plan, the NHS would improve the nursing vacancy rate by 5 percent by 2028 through training new nursing staff and improving NHS staff retention.⁷⁴ This would be supported by the development of a new online nursing degree for the NHS.⁷⁵ The workforce plan would also include proposals intended to increase the number of doctors working in general practice and would set out new arrangements for supporting NHS organisations in recruiting from overseas.⁷⁶

NHS England stated it needed to support the work of Health Education England by contributing towards improving workforce retention.⁷⁷ It argued, to make the NHS a more attractive place to work, NHS England needed to become a more “flexible and responsive” employer and to offer staff more development opportunities.⁷⁸ To this end, NHS England stated it would improve the support it provided to staff to undertake training and continuing professional development.⁷⁹

3.5 Implementing the Plan

As a next step towards the implementation of the long-term plan, NHS England stated a consultative NHS assembly would be established in early 2019, including representatives of local authorities and voluntary organisations, amongst others.⁸⁰ It also stated a “detailed national

⁷¹ NHS Digital, ‘[NHS Vacancy Statistics England: February 2015–September 2018, Provisional Experimental Statistics](#)’, 24 January 2018.

⁷² NHS, [NHS Long Term Plan](#), 7 January 2019, p 8.

⁷³ *ibid.*

⁷⁴ *ibid.*, p 79.

⁷⁵ *ibid.*, p 80.

⁷⁶ *ibid.*, pp 83–4.

⁷⁷ *ibid.*, p 85.

⁷⁸ *ibid.*, p 78.

⁷⁹ *ibid.*, pp 85–6.

⁸⁰ *ibid.*, p 115.

implementation programme” for the long-term plan would be published in autumn 2019, which would take into account further funding announcements to be made in the Government’s 2019 spending review.⁸¹

Legislative Reform

NHS England stated the reforms in the long-term plan generally did not require changes to primary legislation to be implemented.⁸² However, following the request of the Government and the House of Commons Health and Social Care Committee, it did make recommendations about changes to primary legislation which it believed would help support the delivery of the ambitions in the plan. This included the following:⁸³

- Creating shared new duties for care commissioning groups and NHS providers to promote “the ‘triple aim’ of better health for everyone, better care for all patients, and sustainability” in their local system and the wider NHS.
- Amending the Health and Social Care Act 2012 to remove the Competition and Markets Authority’s duties to intervene in the merger of NHS providers, which NHS England argued was having a counterproductive effect on the integration of NHS care.
- Repealing specific procurement requirements on NHS commissioners in the 2012 Act and replacing these with a simplified “best value test to secure the best outcomes for patients and the taxpayer”.
- NHS England recommended a series of other changes to the Health and Social Care Act 2012 which it argued were impeding the development of integrated care systems.
- Other recommendations included amending rules concerning the NHS pricing regime and changing the law to enable NHS England to establish joint committees with NHS Improvement, the body responsible for overseeing NHS foundation trusts, NHS trusts and independent providers.⁸⁴

4. Long-Term Plan: Reactions

Westminster

Following publication of the long-term plan, the Opposition criticised the Government claiming it had not provided NHS England with enough support to tackle the current problems faced by the service, such as staff recruitment and retention and missed targets for reducing waiting lists. The Shadow

⁸¹ NHS, [NHS Long Term Plan](#), 7 January 2019, p 110.

⁸² *ibid*, p 113.

⁸³ *ibid*, pp 112–14.

⁸⁴ *ibid*, p 114.

Health Secretary, Jonathan Ashworth, argued the “funding [was not] sufficient and the staffing [was not] there” to achieve the aims of the long-term plan.⁸⁵ The Liberal Democrat health spokesman Norman Lamb also argued the plan was “likely to be fatally undermined by insufficient resources, a staffing crisis and a failure to address the disastrous situation with social care”.⁸⁶

At the time of the publication of this briefing, the House of Commons Health and Social Care Committee is holding an enquiry on the *NHS Long Term Plan*. The Committee held an oral evidence session on 15 January 2019 on the plan, taking evidence from organisations including the Nuffield Trust, the King’s Fund and the NHS Confederation.⁸⁷ The committee is scheduled to take evidence from the Health and Social Care Secretary, Matt Hancock, and the chief executives of NHS England, Health Education England and NHS Improvement on 29 January 2019.⁸⁸

National Audit Office

On 18 January 2019, the National Audit Office (NAO) published its annual report on the financial sustainability of the NHS.⁸⁹ Regarding the funding plan announced by the Government in 2018, it noted that the uplift in funding announced applied to the budget for NHS England and not to the Department of Health and Social Care’s entire budget and therefore “[did] not cover key areas of health spending”.⁹⁰ It warned the progress of the long-term plan would therefore depend on other aspects of Government spending:

The Department’s budget covers other important areas of health spending such as most capital investment for buildings and equipment, prevention initiatives run by Public Health England and local authorities, and funding for doctors’ and nurses’ training. Spending in these areas could affect the NHS’s ability to deliver the priorities of the long-term plan, especially if funding for these areas reduces. The Government will consider proposals in these areas as part of its 2019 spending review. In addition, without a long-term funding settlement for social care, local NHS bodies are concerned that it will be very difficult to make the NHS sustainable.⁹¹

⁸⁵ BBC News, [‘NHS 10-year Plan: Labour Attacks Theresa May Over Proposals’](#), 6 January 2019.

⁸⁶ Steve Ford, [‘Analysis: What People Are Saying About the NHS Long Term Plan’](#), *Nursing Times* (£), 8 January 2019.

⁸⁷ House of Commons Health and Social Care Committee, [Oral Evidence: Budget and NHS Long-Term Plan, HC 1712](#), 15 January 2019.

⁸⁸ House of Commons Health and Social Care Committee, [‘Health and Social Care Secretary to be questioned on NHS Long Term Plan’](#), 15 January 2019.

⁸⁹ National Audit Office, [NHS Financial Sustainability](#), 18 January 2019, HC 1867 of session 2017–19.

⁹⁰ *ibid*, p 8.

⁹¹ *ibid*.

Think Tanks and Patients Organisations

The King's Fund argued the proposals in the long-term plan would, if delivered, make improvements to NHS services, stating:

NHS leaders should be applauded for focusing on improving services outside hospitals and moving towards more joined-up, preventative and personalised care for patients.⁹²

However, it argued “some significant pieces of the jigsaw are still missing”. It argued the implementation of the long-term plan depended on both the new workforce plan and the Government's green paper on social care both of which had yet to be published, the latter of which, the King's Fund noted, had been subject to several delays.

The Patient's Association similarly argued that, while the proposals in the plan were to be welcomed, “failures outside the plan itself” meant the ambitions of NHS England might not be delivered.⁹³ It argued the Government had failed to implement a strategy which covered both health and social care.

The Health Foundation argued the five-year funding plan promised by the Government did not guarantee ambitions set out in the long-term would be delivered. It argued that, because of the way the funding plan was structured with the biggest increment not planned until 2023/24, there was “a very real risk that acute short-term pressures crowd out investment that is vital to putting the NHS on a stable and sustainable footing”.⁹⁴

Speaking during the House of Commons Health and Social Care Committee's oral evidence session on the long-term plan, the chief executive of the King's Fund, Richard Murray, noted that staffing issues would be dealt with primarily in a separate workforce implementation plan to be published later in the 2019. This, he said, would be detrimental:

The words “implementation plan” make me worried if it is after the spending review, probably in October or November. Even if we were to get an implementation plan next year, that is looking ambitious. I would rather see implementation plans. Things around international recruitment, retention and what you can do on skill mix do not need to wait until the spending review. There is a training element, absolutely, and CPD is the one to focus on, at least in the short term,

⁹² Richard Murray, '[The NHS Long-Term Plan: Five Things You Need to Know](#)', King's Fund Blog, 8 January 2019.

⁹³ Patients Association, '[NHS Long Term Plan: Patients Association's Response](#)', 7 January 2018.

⁹⁴ Health Foundation, '[The NHS Has a New Long-Term Plan but This is Not 'Job Done'](#)', 18 January 2019.

but there is a lot that can be done well in advance of a spending review. Leaving it that late means that next year we will just be treading water and will not make any progress. Particularly in the short term, it might look fairly bleak.⁹⁵

Health Policy Insight

Andy Cowper, editor of Health Policy Insight, argued the long-term plan was “defined as much by what it [omitted] as what it [contained]”.⁹⁶ As well as the absence of the social care green paper and commitments regarding spending on public health by local authorities, he argued the long-term plan did not address directly achieving NHS service delivery targets:

[...] what’s striking is the absence of any commitment to regain the achievement of the current national standards on waiting times. The long-term plan made no specific commitment that the four-hour A&E target, the 62-day target from urgent referral by GPs for cancer to start of treatment, or the 18-week target for elective care would get back on target.⁹⁷

The Government has stated subsequently, in response to a parliamentary question on A&E waiting targets, that the additional funding provided as part of the five-year funding plan for the NHS would “allow the NHS to get back on the path to delivering core performance standards”.⁹⁸

Medical Profession Bodies

The Royal College of Nursing welcomed the ambitions set out in the long-term plan.⁹⁹ However, it argued delivery depended on having enough nursing staff and ensuring nurses had proper training. The acting chief executive and general secretary of the Royal College of Nursing, Dame Donna Kinnair, argued, if the Government did not take appropriate action, NHS England would be unable to improve cancer treatment, improve mental health and care for more patients at home, as outlined in the plan. Dame Donna argued:

[The Prime Minister, Theresa May, has said] the NHS’s biggest asset is its staff. It is strange then that this plan offers no money for nurses to

⁹⁵ House of Commons Health and Social Care Committee, [Oral Evidence: Budget and NHS Long-Term Plan, HC 1712](#), 15 January 2019, Q 156.

⁹⁶ Andy Cowper, [‘What the NHS Long Term Plan Leaves Out’](#), *British Medical Journal*, 10 January 2019.

⁹⁷ *ibid.*

⁹⁸ House of Commons, [‘Written Question: NHS: Standards’](#), 17 January 2019, 207285. Further information on NHS waiting times is provided in the House of Commons Library briefing, [NHS Maximum Waiting Times Standards and Patient Choice Policies](#) (16 October 2018).

⁹⁹ Royal College of Nursing, [‘RCN Responds to NHS Long Term Plan’](#), 7 January 2019.

develop the specialisms and skills patients need. And it is equally concerning that online courses are presented as a magic bullet to solve the workforce crisis.¹⁰⁰

The British Medical Association also argued the Government had yet to provide enough detail on its plans regarding increasing the size and capacity of the NHS workforce.¹⁰¹ It argued the NHS needed a “robust workforce plan”, including additional resources for training, which it argued was missing from the long-term plan.

5. NHS Constitution

Following the publication of the long-term plan, the Department of Health and Social Care published a separate report on the NHS constitution and its impact on NHS services.¹⁰² In this report, the department argued the long-term plan would help the NHS deliver on the goals of the constitution:

The constitution remains central to the Government’s vision for the NHS. As we work with the NHS to develop a long-term plan, underpinned by a five-year funding agreement that will see the NHS budget grow by over £20bn by 2023/24, we will be looking to support it to deliver on the core priorities that are enshrined in the constitution.¹⁰³

However, the report found awareness of the NHS constitution since its publication in 2015 was a “mixed picture”:

Responses indicate that awareness of the constitution among members of the public is lower now than it was in 2009: 19% of those asked in 2018 (when prompted with a description but not its name) said they had heard of the constitution. In 2009, 22% said that they had heard of it, and more did so in both 2012 and 2015 (27% and 24%). More positively, NHS staff awareness of the constitution continues to be significantly higher than public awareness: 61% of staff who responded to the 2018 survey said that they had heard of the constitution (up from 47% in 2009, but down from a peak of 69% in 2015). Only among administrative staff did the 2018 survey indicate a lower level of awareness of the constitution in 2018 than in 2009. Doctors, nurses, dentists and pharmacists all have higher levels of awareness of the constitution now than they did in 2009.¹⁰⁴

¹⁰⁰ Royal College of Nursing, ‘[RCN Responds to NHS Long Term Plan](#)’, 7 January 2019.

¹⁰¹ British Medical Association, ‘[BMA Calls For Ten Year NHS Plan To Deliver Beyond Grand Ambition And Address Realities](#)’, 7 January 2019.

¹⁰² Department of Health and Social Care, [Third Report on The Effect of the NHS Constitution](#), 14 January 2019.

¹⁰³ *ibid*, p 20.

¹⁰⁴ Department of Health and Social Care, [Third Report on The Effect of the NHS Constitution](#), 14 January 2019, p 1.