



The NHS Long Term Plan – summary

The NHS will increasingly be:

- more joined-up and coordinated in its care
- more proactive in the services it provides
- more differentiated in its support offer to individuals

Five major, practical, changes to the NHS service model to bring this about over the next five years:

1. Boost 'out-of-hospital' care, and dissolve the primary and community health services divide
2. Redesign and reduce pressure on emergency hospital services
3. People will get more control over their own health, and more personalised care
4. Digitally-enabled primary and outpatient care will go mainstream across the NHS
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere

To support delivery, a new operating model will be in place, based on the principles of co-design and collaboration, working with leaders from across the NHS and with our partners. The approach will balance national direction with local autonomy.

Existing commitments in the Five Year Forward View and national strategies will all continue to be implemented in 2019/20 and 2020/21 as originally planned for cancer, mental health, learning disability, general practice and maternity.

2019/20 will be a transition year, with every NHS trust, FT and CCG expected to agree **single year organisational operating plans** and contribute to a **single year local health system-level plan**.

To support local planning, **local health systems will receive five-year indicative financial allocations for 2019/20 to 2023/24 and be asked to produce local plans for implementing the commitments** set out in the Long Term Plan building on existing plans.

The **Government's Spending Review will set out details of the NHS capital budget and funding for education and training, as well as the local government settlement to cover public health and adult social care services. This will further inform the plan and implementation.**

ICSs will be central to the delivery of the Long Term Plan with full coverage expected by April 2021.

The changes set out in the Long Term Plan (LTP) can generally be achieved within the current statutory framework, but legislative change would support more rapid progress. **A provisional list of potential legislative changes has been developed for Parliament's consideration to support LTP implementation:**

- Give CCGs and NHS providers shared new duties
- Remove specific impediments to ICSs being able to consider the best way of spending the total 'NHS pound' e.g. restrictions on how CCGs can collaborate with NHS England and NHS England being able to integrate Section 7A public health functions with its core Mandate functions
- Support the more effective running of ICSs by letting trusts and CCGs exercise functions, and make decisions jointly; allow the creation of a joint commissioner/provider committee in every ICS
- Support the creation of NHS integrated care trusts.
- Remove the Competition and Markets Authority's duties to intervene in NHS provider mergers, and its powers in relation to NHS pricing and NHS provider licence condition decisions
- Cut delays and costs of the NHS automatically having to go through procurement processes
- Increase flexibility in the NHS pricing regime
- NHS England and NHS Improvement should be free to establish a joint committee and subcommittees to exercise their functions

This document sets out the key commitments set out in each chapter of the LTP.

The full document and NHS England summary can be found [here](#)

CHAPTER 1: A NEW SERVICE MODEL FOR THE 21ST CENTURY

Boost ‘out-of-hospital’ care

£4.5bn investment in primary medical and community health services over five years, meaning:

- Creation of fully integrated community-based health care
- Contracted primary care networks based on neighbouring GP practices working together typically covering 30-50,000 people
- Expanded community multidisciplinary neighbourhood teams aligned with new primary care networks to comprise GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs, joined by social care and the voluntary sector
- Two hour community health crisis response and reablement care within two days of referral
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referral on to community pharmacies
- An upgrade in NHS support to care home residents and easier, secure, sharing of information between care homes and NHS staff
- Strengthened support for unpaid carers; connecting home-based and wearable monitoring equipment; go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home.
- An improved Quality and Outcomes Framework with a new Quality Improvement element and a ‘shared savings’ scheme to incentivise primary care networks to reduce hospital activity and over-medication

Reduce pressure on emergency services

- Increased investment in community health and primary care is not predicated on potential offsets in hospital beds
- Single multidisciplinary Clinical Assessment Service (CAS) for physical and mental health within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20
- Fully implement the Urgent Treatment Centre model by autumn 2020
- Implement the recommendations from Lord Carter’s recent report on operational productivity and performance in ambulance trusts; eliminate hospital handover delays; increase specialist ambulance capability to respond to terrorism; capital investment targeted at fleet upgrades; new national framework for commissioning ambulance services.
- Every acute hospital will move to a comprehensive model of Same Day Emergency Care (SDEC) – medical and surgical; 12 hours a day, 7 days a week – during 2019/20 to increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third.
- Establishment of multidisciplinary acute frailty services in hospital at least 70 hours a week and work towards a clinical frailty assessment within 30 minutes.
- New ECDS to be embedded into UTCs and SDEC services from 2020 and develop an equivalent ambulance data set.

Delayed discharges

Over the next two years achieve and maintain an average Delayed Transfer of Care (DTOC) figure of 4,000 or fewer delays, and further over the next five years, through:

- Enhanced primary and community services
- Placing therapy and social work teams at the beginning of the acute pathway
- Setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission including expected date of discharge
- Implementation of the SAFER patient flow bundle
- Multidisciplinary team reviews on all hospital wards every morning

People will get more control over their own health and more personalised care

- A systematic approach to engaging patients in decisions about their health and wellbeing will be adopted and support and help will be provided to train staff to have the conversations which help patients make the decisions that are right for them.
- Over next five years the NHS will ramp up support for people to manage their own health starting with diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support, and online therapies for common mental health problems.
- Roll out of the NHS Personalised Care model across the country by 2023/24

- Increase range and diversity of support through social prescribing supported by link workers in primary care networks – 1000 link workers in place by 2020/21 and 900,000 people referred to social prescribing schemes
- Accelerated roll out of Personal Health Budgets with up to 200,000 people benefitting by 2023/24.
- With patients, families, local authorities and voluntary sector, the NHS will personalise care to improve end of life care through roll out of training to help staff identify and support relevant patients

Digitally-enabled primary and outpatient care will go mainstream across the NHS

- Digital NHS ‘front door’ through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations
- Digital first primary care with quick telephone or online consultations a new patient right within five years
- Fundamental redesign of outpatient services with up to a third of face-to-face outpatient visits avoided over the next five years with dedicated digital funding to implement

Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere

- By April 2021, ICSs will cover the whole country, growing out of the current network of STPs, ICSs will have a key role in working with Local Authorities at ‘place’ level
- Every ICS will need streamlined commissioning arrangements; this will typically involve a single CCG for each ICS area.
- Local approaches to blending health and social care budgets where councils and CCGs agree this makes sense will be supported.
- CCGs will become leaner, more strategic organisations that support providers to partner with local government and community organisations on population health, service redesign and LTP implementation.
- A greater emphasis by the CQC on partnership working and system-wide quality regulation
- A new fast-track approach to assessing proposed transactions involving trusts that have been accredited as ‘group’ leaders.
- Funding flows and contract reform will support the move to ICSs – a new Integrated Care Provider (ICP) contract will be made available for use from 2019
- A new ICS accountability and performance framework will consolidate the current amalgam of local accountability arrangements and provide a consistent and comparable set of performance measures
- ICSs will agree system-wide objectives with NHS England/NHS Improvement and will have the opportunity to earn greater autonomy as they develop and perform.

CHAPTER 2: MORE NHS ACTION ON PREVENTION AND HEALTH INEQUALITIES

Action will complement, not substitute, the important role of local government with the role of the NHS to include secondary prevention, by detecting disease early, preventing deterioration of health and reducing symptoms to improve quality of life. ICSs will help the NHS move from reactive care to active population health management.

Smoking

- By 2023/24, all smokers admitted to hospital will be offered NHS-funded smoking cessation
- All expectant mothers and partners who smoke to be offered smoking cessation
- A new universal smoking cessation offer will also be available for long-term users of specialist mental health, and in learning disability services

Obesity

- Access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+
- By 2022/23, treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health
- Commitment to fund a doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option to widen patient choice and target inequality
- Test an NHS programme supporting very low calorie diets for obese people with type 2 diabetes
- Next version of hospital food standards will be published in 2019, strengthening requirements
- Together with the professional bodies and universities ensure nutrition has a greater place in professional education training

Alcohol

- Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish specialist Alcohol Care Teams

Air pollution

- The NHS will cut business mileages and fleet air pollutant emissions by 20% by 2023/24

Stronger NHS action on health inequalities

- From April 2019, more accurate assessment of need for community health and mental health services, as well as ensuring the allocations formulae are more responsive to the greatest health inequalities and unmet need; no area will be more than 5% below its new target funding share effective from April 2019, with additional funding growth going to areas between 5% and 2.5% below their target share.
- The NHS will set out specific, measurable goals for narrowing inequalities, through the service improvements set out in the LTP
- All local health systems to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29
- 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
- By 2023/24, an additional 110,000 people per year with a severe mental health problem to receive a physical health check
- Over the next five years, investment to ensure that children with learning disabilities have their needs met, general screening services and supported by easily accessible, on-going care
- Investment of up to £30 million extra on meeting the specialist mental health needs of rough sleepers
- Encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient's care, and set out guidelines for their use
- Up to 100,000 carers will benefit from 'contingency planning' conversations and have their plans included in Summary Care Records
- Investment in expanding NHS specialist clinics to help more people with serious gambling problems

CHAPTER 3: FURTHER PROGRESS ON CARE QUALITY AND OUTCOMES

A strong start in life for children and young people

Maternity and neonatal services

50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025 through:

- Roll out the Saving Babies Lives Care Bundle across every maternity unit in England in 2019
- By spring 2019, every trust part of the Maternal and Neonatal Health Safety Collaborative.
- In 2019, 20% of pregnant women will be offered the same midwife caring for them throughout their pregnancy, during birth and postnatally; to extend to most women by March 2021
- Maternity digital care records offered to 100,000 of women by the end of 2019/20; expanded to all women by 2023/24.
- 30,000 women getting specialist perinatal mental health help by 2020/21; an additional 24,000 women per year by 2023/24; extension of care to 24 months post birth (currently 12)
- Expand evidence based psychological therapies and support
- Ensure women have access to multidisciplinary pelvic health clinics and pathways
- All maternity services that do not deliver an accredited, evidence-based infant feeding programme, will begin the accreditation process in 2019/20
- Redesign and expand neonatal critical care services with the introduction of more Neonatal Intensive Care Cots
- Extra neonatal nurses and expanded roles for some allied health professionals

Children and young people's mental health services

- 70,000 more children and young people will access treatment each year by 2020/21
- New commitment that funding for children and young people's (CYP) mental health services will grow faster than both overall NHS funding and total mental health spending
- Extend current service models to create a comprehensive offer for 0-25 year olds
- By 2023/24, at least an additional 345,000 CYP aged 0-25 will be able to access support
- Over the coming decade ensure that 100% of CYP can access specialist care when needed
- Deliver new waiting time standards for eating disorder services by 2020/21 and extra investment to maintain delivery of the standard
- Expand timely, age-appropriate crisis services for CYP
- Over the next five years fund new Mental Health Support Teams in schools and colleges rolled out to between one-fifth and a quarter of the country by the end of 2023.
- Develop new services for children who have complex needs that are not currently being met

Learning disability and autism

- At least 75% over 14 years with a learning disability to have a health check each year
- Pilot the introduction of a specific health check for people with autism
- NHS staff will receive training on supporting people with a learning disability and/ or autism
- Over the next five years, national learning disability improvement standards will be implemented and will apply to all services funded by the NHS
- By 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism
- Test and implement the most effective ways to reduce waiting times for specialist services.
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels
- By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards

Children and young people with cancer

- From 2019, begin to offer all children with cancer whole genome sequencing
- CYP will also benefit from a new generation of CAR-T cancer therapies
- Support participation in clinical trials so numbers participating among teenagers and young adults rises to 50% by 2025.
- From September 2019, all boys aged 12 and 13 will be offered HPV vaccination
- Increased NHS funding - £11m to £25m – for children's palliative and end of life care through NHS England match funding CCG investment

Redesigning other health services for children and young people

- Create a national CYP Transformation Programme to oversee commitments
- Prioritise improvements in childhood immunisation to reach at least the base level standards in the NHS public health function agreement
- From 2019/20 clinical networks for long-term conditions will be rolled out
- Over the next five years, paediatric critical care and surgical services will evolve to meet the changing needs of patients, ensuring CYP are able to access as close to home as possible
- By 2028, move towards service models for young people that offer person-centred and age appropriate care for mental and physical health needs

Better care for major health conditions

Cancer

- By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75% through: greater awareness; lowering GP referral threshold; access to diagnostics and treatment; and screening
- Bowel screening – lower starting age from 60 to 50 and make easier for patients to use
- Implement HPV primary screening for cervical cancer across England by 2020
- Review of the current cancer screening programmes and diagnostic capacity to be led by Sir Mike Richards and report in Summer 2019
- By 2022 extend lung health checks
- Primary care networks required to improve early diagnosis in neighbourhoods by 2023/24
- 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
- From 2019, start the roll-out of new Rapid Diagnostic Centres
- Capital settlement to be negotiated in the 2019 Spending Review in part to invest in new equipment, including CT and MRI scanners, which can deliver faster and safer tests
- Speed up the path from innovation to business-as-usual and invest in safer and more precise treatments such as advanced radiotherapy techniques
- From 2020/21, to offer more extensive genomic testing to patients who are newly diagnosed with cancers so that by 2023 over 100,000 people a year can access these tests.
- By 2021, where appropriate every person diagnosed will have access to personalised care
- Introduce stratified follow-up in all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023.
- From 2019, innovative quality of life metric to track and respond to the long-term impact of cancer.

Cardiovascular

- Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.
- Work with partners to improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest.
- By 2028, up to 85% of those eligible accessing cardiac rehabilitation

Stroke care

- In 2019, pilot a new credentialing programme for mechanical thrombectomy.
- By 2020, begin improved post-hospital stroke rehabilitation models, with full roll-out by 2023/24
- By 2022, deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- By 2025, have amongst the best performance in Europe for delivering thrombolysis.

Diabetes

- Further expand provision of structured education and digital self-management support tools
- Patients with type 1 diabetes to benefit from life changing flash glucose monitors from April 2019
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring

Respiratory

- From 2019, we will build on the existing NHS RightCare programme to reduce variation in the quality of spirometry testing across the country
- More staff in primary care will be trained and accredited to interpret results
- Increase the number of patients with COPD who are referred to pulmonary rehabilitation
- Do more to support those with respiratory disease to receive and use the right medication

- Improve response to pneumonia to relieve the pressure, particularly during winter
- Enable more people with heart and lung disease to complete a programme of education and exercise based rehabilitation

Adult mental health services

Renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years.

Common disorders

- At least 1.5 million people to access care each year by 2020/21
- Further expansion by 2023/24 so an additional 380,000 adults and older adults access
- Set clear standards for patients requiring access to community mental health treatment and roll them out across the NHS over the next decade

Severe mental health problems

- New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses
- By 2023/24, new models of care will give 370,000 adults and older adults greater choice and control over their care, and support them to live well in their communities.

Emergency mental health support

- 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21
- All hospitals will have an all-age mental health liaison service in A&E and inpatient wards by 2020/21, 50% meeting the Core 24 standard, increasing to 70% by 2023/24, and 100% thereafter
- Single point of access for those in crisis through NHS 111 and timely, universal mental health crisis care for everyone – specialist and community – including post-crisis support.
- Increase alternative forms of provision for those in crisis including sanctuaries, safe havens, crisis cafes, crisis houses and acute day care services.
- Specific waiting times targets for emergency mental health services will take effect from 2020.
- Ambulance staff will be trained and equipped to respond effectively to people in a crisis

Inpatient care

- Eliminate inappropriate out of area placements for non-specialist acute care by 2021 and reduce length of stay
- Capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care

Suicide prevention

- New Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients
- Suicide bereavement support for families and staff across the country

Short waits for planned care

- Sufficient funding over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list
- Continue to provide patients with choice for quick elective care, including independent sector
- Reintroduce the incentive system under which hospitals and CCGs will both be fined for any patient who breaches 12 months

Research and innovation to drive future outcomes improvement

- Increase the number of people participating in health research to one million by 2023/24
- The NHS will offer whole genome sequencing as routine care with 500,000 sequenced by 2023/24
- A simpler, clearer system for Medtech and digital will be created that will apply across England so that proven and affordable innovations get to patients faster
- To expand the NHS infrastructure for real world testing, the current NHS England 'Test Beds' will be expanded through regional Test Bed Clusters from 2020/21
- Uptake of proven, affordable innovations accelerated through a new Medtech funding mandate.
- Funding for AHSNs, subject to their success in being able to spread proven innovations across England, will be guaranteed until April 2023
- AHSNs will also link ever more closely with other regional support (e.g. RightCare and GIRFT) to ensure adoption of innovation and service improvement are addressed in tandem
- An NHS Export Collaborative to be formed with Healthcare UK by 2021 to export globally

CHAPTER 4: NHS STAFF WILL GET THE BACKING THEY NEED

- Commitment to improving the working lives of all staff over the next few years and beyond with more staff, working in rewarding jobs and a more supportive culture.
- New NHS roles and careers will be shaped to reflect the future needs and priorities in LTP
- The disconnect between national and local workforce planning to be addressed through better alignment of HEE to NHS Improvement which now has lead responsibility for the NHS workforce
- Locally, the Local Workforce Action Boards will become more accountable to health service and social care employers
- Wider reforms for the NHS workforce will be finalised by NHS Improvement and the Department of Health and Social Care when the education and training budget for HEE is set in 2019.
- A comprehensive new workforce implementation plan will be published later in 2019. NHS Improvement, HEE and NHS England will establish a national workforce group to ensure delivery.

Expanding the number of nurses, midwives, AHPs and other staff

- An extra 5,000 clinical placements will be funded from 2019/20, a 25% increase, to facilitate the 25% increase in nurse undergraduate places. From 2020/21, this will increase up to 50%
- Every nurse or midwife graduating offered a five-year NHS job guarantee
- A new online nursing degree for the NHS to be established (potentially from 2020 dependent on speed of regulatory approvals), linked to guaranteed placements at NHS trusts and primary care
- 'Earn and learn' support premiums for students embarking on more flexible undergraduate degrees in mental health or learning disability nursing, who are also predominantly mature students will be explored, with the aim of having an additional 4,000 people training by 2023/24
- 7,500 new nursing associates starting in 2019,
- Investing over half of the £200 million levy back into the NHS in 2019/20 to create meaningful career ladders for these staff to develop and progress
- Terms of the levy may need to change if the NHS is to provide opportunities to more clinical staff in future. Evidence will be provided to the Government's review of the operation of the levy in 2020
- In the meantime, grow wider apprenticeships in clinical and non-clinical jobs in the NHS,
- The Chief Allied Health Professions Officer will further develop the national AHP strategy AHPs into Action to focus on the delivery of the Long Term Plan
- Funding for the new primary care networks will substantially expand clinical pharmacists
- Annual national recruitment campaigns for those roles that the NHS most urgently needs

Growing the medical workforce

- Medical school places to grow from 6,000 to 7,500 per year, potentially further dependent on HEE training budget in Spending Review
- National workforce group will examine other options such as part time study; 4 year accelerated courses; greater contestability of training places to universities to drive improvements
- Incentives to be tested to accelerate the shift from highly specialised roles to generalist ones
- Primary care networks to attract and fund additional staff to form multidisciplinary teams
- Newly qualified doctors and nurses entering general practice offered a two-year fellowship
- New state-backed GP indemnity scheme from April 2019
- Also to be addressed: improving working lives of doctors in training; accelerate the development of credentialing; reform and re-open the Associate Specialist grade as an attractive career option.

International recruitment

- In the longer-term, recognised need to ensure training more people domestically, in the short-term continue to ensure that high-skilled people from other countries from whom it is ethical
- The workforce implementation plan will set out new national arrangements to support overseas recruitment
- National will work with government to ensure the post-Brexit migration system provides the necessary certainty for health and social care employers, particularly for shortage roles
- NMC will update the English Language testing requirements for 2019 and we will continue to work with regulators to ensure processes are proportionate to risk and responsive to need

Supporting our current NHS staff

- NHS Improvement committed to improving staff retention by at least 2% by 2025, the equivalent of 12,400 additional nurses, with support from NHS Improvement's Retention Collaborative.
- Following agreement of the HEE training budget in this year's Government Spending Review, we will expect to increase investment in CPD over the next five years to support retention
- Expansion of multi-professional credentialing to enable clinicians to develop new capabilities formally recognised in specific areas of competence - development of credentials for mental health, cardiovascular disease, ageing population, preventing harm and cancer, will be accelerated with the intention of publishing standards in 2020.
- NHS, flexibility, wellbeing and career development will be promoted, and efforts to address discrimination, violence, bullying and harassment will be redoubled.
- Investment of up to £2 million a year from 2019/20 to reduce violence, bullying and harassment and a further £8 million by 2023/24 to pilot the use of body cameras to keep staff safe.
- Investment of an extra £1 million a year to extend the respect, equality and diversity work to 2025 which will be at the heart of the workforce implementation plan.
- Each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22
- Expansion of the Practitioner Health Programme

Enabling productive working

- Professor Eric Topol work on what education and training changes may be needed to maximise the opportunities of technology, artificial intelligence and genomics in the NHS will inform the workforce implementation plan.
- By 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans
- A review of NHS workforce data will be commissioned to provide both local and national bodies with real time access to a single source of trusted information

Leadership and talent management

- A new compact with the most senior leaders. Commitments enshrined in a new 'NHS leadership code'.
- Systematic approach to identifying, developing and supporting talent in place from early 2019

Volunteers

- Double the number of NHS volunteers over the next three years
- £2.3 million of funding to scale successful volunteering programmes across the country

CHAPTER 5: DIGITALLY-ENABLED CARE WILL GO MAINSTREAM ACROSS THE NHS

Empowering people

- Continue to develop the NHS App and create an open environment to make it easier for developers to build enhancements
- In 2019/20, 100,000 women will be able to access their maternity record digitally with coverage extended to the whole country by 2023/24 and a digital version of the 'red book' available
- Work with the NHS, voluntary sector, developers, and individuals to create a range of apps to support particular conditions and have appropriate governance to overcome technical barriers
- By 2020, every patient with a long-term condition will have access to their health record through the Summary Care Record accessed via the NHS App; available to all UEC services
- By 2023, the Summary Care Record functionality will be moved to the Personal Health Record which will be able to send reminders and alerts directly to the patient

Supporting health and care professionals

- Over the next three years all staff working in the community to have access to mobile digital services, including the patient's care record and plan
- Expanding the NHS Digital Academy programme to enhance digital leadership of the NHS
- Informatics leadership representation to be on the board of every NHS organisation

Supporting clinical care

- By 2023/24 every patient will be able to access a GP and appropriate outpatients digitally
- All providers, across acute, community and mental health settings to cease use of fax machines by 2020 and expected to advance to a core level of digitisation by 2024
- Central funding will be made available to trusts to help them meet requirements
- An integrated child protection system will replace dozens of legacy systems and a screening and vaccination solution delivered.

Improving population health

- During 2019, we will deploy population health management solutions to support ICSs

Improving clinical efficiency and safety

- By 2021, pathology networks will mean quicker test turnaround times, improved access to more complex tests and better career opportunities for healthcare scientists at less overall cost.
- By 2023, diagnostic imaging networks will enable the rapid transfer of clinical images from care settings close to the patient to the relevant specialist clinician to interpret
- By summer 2021, we will have 100% compliance with mandated cyber security standards across all NHS organisations in the health and care system.

CHAPTER 6: TAXPAYERS' INVESTMENT WILL BE USED TO MAXIMUM EFFECT

The NHS (including providers) will return to financial balance:

- Over the next five years, this means achieving three interrelated objectives: continuing to balance the NHS' books nationally across providers and commissioners; reducing the aggregate provider deficit each year, with NHS Improvement committing to return the provider sector to balance in 2020/21; reducing year-on-year the number of trusts and CCGs individually in deficit, so that all NHS organisations are in balance by 2023/24
- Phasing in an updated Market Forces Factor over the next five years
- Move funding away from activity-based payments to population-based funding
- Move to a blended payment model, beginning with UEC, with a single set of financial incentives aligned to the commitments in the LTP. The marginal rate for emergency tariff and the emergency readmissions rule, will not form part of the new payment model
- 2019/20 will be a transitional year, with one-year, rebased control totals
- Beyond 2019/20 further financial reforms will support ICSs to deliver. A process of earned financial autonomy to give local systems greater control over resources
- A new Financial Recovery Fund (FRF) will be created to support systems' and organisations' efforts to make all NHS services sustainable

The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care:

- GIRFT will combine with other clinically-led programmes such as NHS RightCare and an increased investment in Quality Improvement (QI) to accelerate work to end clinical variation.
- Over the next two years focus will be on ten priority areas as part of a strengthened efficiency and productivity programme: e-Rostering and e-Job planning; procurement; pathology and imaging networks; efficiency in community health services, mental health and primary care; medicines; NHS administrative costs across providers and commissioners; use of land, buildings and equipment; evidence based care; and reducing patient harm.

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 providers' financial and operational performance;

The NHS will make better use of capital investment and its existing assets to drive transformation.

- NHS long-term capital investment will be considered in the 2019 Spending Review
- Reforms to the NHS' capital regime will be set out in detail alongside the capital settlement at the Spending Review

The government committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years. That is basis on which the demand, activity and funding in the LTP has been assessed.

CHAPTER 7: NEXT STEPS

The key messages from Chapter 7 are included on page one of this summary.