

Title of Report:	The NHS belongs to the people: A Call to Action
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	26 September 2013

Purpose of Report: To inform the Health and Well Being Board of the national Call To Action that will engage stakeholders in the design of a renewed and revitalised NHS. To advise the Board of its role in this process.

Recommended Action: The Board is asked to:

- Note the challenges faced by the NHS.
- Consider the opportunities for addressing these challenges and the extent to which these are in line with current local strategy
- Agree how the Health and Well Being Board will fulfil their role in this process

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Executive Report

NHS England has published the attached Call to Action document to engage NHS staff, stakeholders, patients and the public about the future of the NHS in the light of challenges the service faces. It aims to:

- Build a common understanding of the need for change
- Provide the opportunity for people to describe how the values that underpin the NHS can be maintained
- Gather ideas and potential solutions that enable CCGs to develop 3-5 year commissioning plans
- Gather ideas and solutions to develop national plans, levers and incentives

Three options have already been ruled out:

- Do nothing
- Assume increased NHS funding
- Cut or charge for fundamental services or “privatise” the NHS.

The pressures the NHS faces are associated with the changing demand for services and the challenge of supplying services.

Key drivers of demand are the ageing population, the increase in people with Long Term Conditions and rising patient expectations. People understandably want to have more information and be more involved in decision making about their care. Increasingly they expect to access services 24/7 as close to home as possible. They also expect health and social care services to be well co-ordinated and tailored to their needs. This means that we need to rethink how services are provided.

The challenges of supplying services relates to the increasing cost of provision, limited financial resources and diminishing opportunities for productivity improvements.

The costs of provision are driven by the expansion of treatments and procedures now available to treat conditions that were previously undiagnosed or untreated. These new innovations cure disease and prolong life but are invariably more expensive than previous management.

Whilst the NHS has been protected in recent public sector spending reviews, it is expected its budget will remain flat in real terms for the next decade. In addition local government has faced much greater financial challenge which has impacted on spending on social care. The document suggests that reduced social care can drive up demand for health services and therefore we need to consider how health and social care spending is allocated in the round to provide integrated, cost effective services.

A number of strategies such as reducing length of stay in hospital, pay freezes, and national pricing mechanisms have delivered an annual 4% efficiency saving in recent years. However, there is a limit as to how much more can be achieved without damaging the quality or safety of patient care.

The document identifies some of the possible opportunities for meeting these challenges:

- A renewed emphasis on prevention with much closer working between public health, local authorities, Health and Well Being Boards and the NHS.
- Giving patients more control: self management, personalised care planning and shared decision making have been shown to produce better clinical outcomes, reduce hospital admissions, increase compliance with drug treatment and avoid over treatment
- Using technology: access to health records on line, getting test results, booking appointments, email consultations with doctors
- New models of care based on an understanding of an individual's risk.

Following the overarching Call to Action a supplementary document has been published which focuses on Improving General Practice. In addition to the challenges already identified, national data shows patients are concerned about access to GP services in hours and out of hours. There is an increasing workforce pressure with large number of GPs and practice nurses heading towards retirement, fewer doctors entering general practice and more part time workers. New views are merging about how general practice should develop to meet these challenges:

- Practices operating at greater scale through networks, federations or mergers
- BUT preserving relationship continuity that comes from individual practice units
- General practice at the heart of a wider system of integrated care outside hospital working with community health services, pharmacy, social care and the third sector
- Shifting resources from hospital care to out of hospital services

The four CCGs in Berkshire West have planned a workshop on 7th November for the 56 GP practices in the area to consider new models for the future and will report back to the Health and Well Being Board on emerging thinking

CCGs and Health and Well Being Boards have specific responsibilities in relation to this important engagement. CCGs will run local engagement events during the Autumn to inform the development of Commissioning Plans. People can also respond on line via the CCGs' websites.

The Health and Well Being Board should consider how it can support this engagement process with the local community; ensure that public health, CCG and local government plans are aligned and agree how the new integrated budget will contribute towards joint strategic plans.

Appendices

The NHS belongs to the people: A Call To Action