

**NHS**

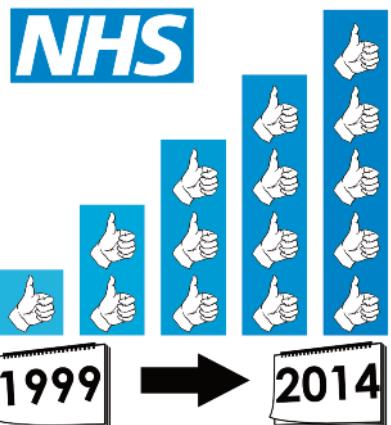


Easy Read

## Five Year Forward View

October 2014

## The NHS Five Year Forward View – easy read summary



The NHS has dramatically improved over the past fifteen years.



Cancer and cardiac outcomes are better;



waits are shorter; patient satisfaction much higher.



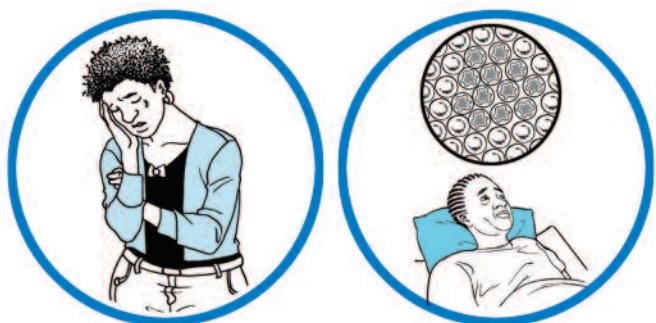
Even during the global recession and hardship, progress has continued thanks to protected funding and the commitment of NHS staff.



But the quality of care that people receive can be changeable, preventable illness is widespread and health inequalities are deep-rooted.



Our patients' needs are changing, new treatment options are emerging,



and we face particular challenges in areas such as mental health, cancer...



...and support for frail older patients. Service pressures are building.



Fortunately there is now quite a big agreement on what a better future should be. **The Five Year Forward View** sets out a clear direction for the NHS – showing why change is needed and what it will look like.



Some of what is needed can be brought about by the NHS itself.



Other actions need new partnerships with local communities, local authorities and employers.



Some important decisions – for example about money, on various public health measures and on local service changes – will need firm support from the next government.



The **first** argument we make in **the Five Year Forward View** is that there needs to be a big improvement in helping people live healthier lives so that they don't get ill so much. This is called '**Prevention**'.

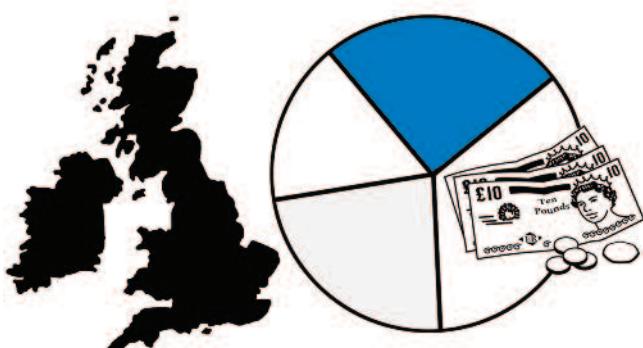


This is very important for:

the future health of millions of children,



making sure the NHS can keep working into the future



and how this effects how much money Britain has to spend.



Twelve years ago, a man named Derek Wanless wrote a report called '**Securing Good Health for the whole population**'. In the report, he warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness.

Not enough has been done in the past to address that warning - and the NHS now faces the problems that Derek Wanless warned about.

The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks.

We will help develop and support new ideas in the workplace to help employees' health and cut sickness-related unemployment.



And we will advocate for stronger public health-related powers for local government and elected mayors.



When people do need health services, patients will gain far greater control of their own care – including the option of shared money to join health and social care.



The 1.4 million full time unpaid carers in England will get more support;



and the NHS will become a better partner with voluntary organisations and local communities.



**Second**, the NHS will take steps to break down the barriers in how care is provided between family doctors and hospitals,



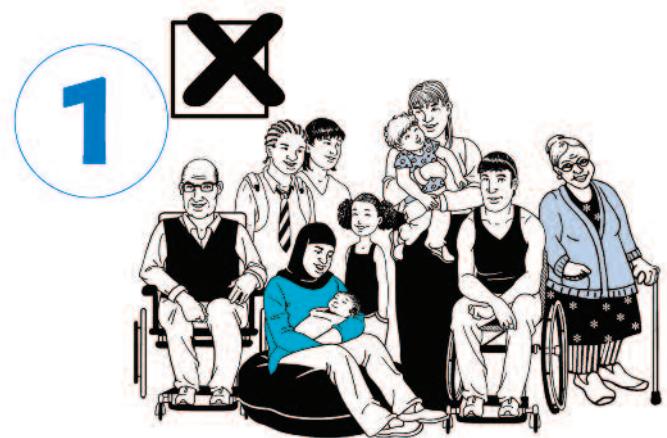
between physical and mental health,



between health and social care.



The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.



England has many different types of people and so one way of providing care will not fit everywhere. Also it will not work well if everyone has too many different ways of caring for people.



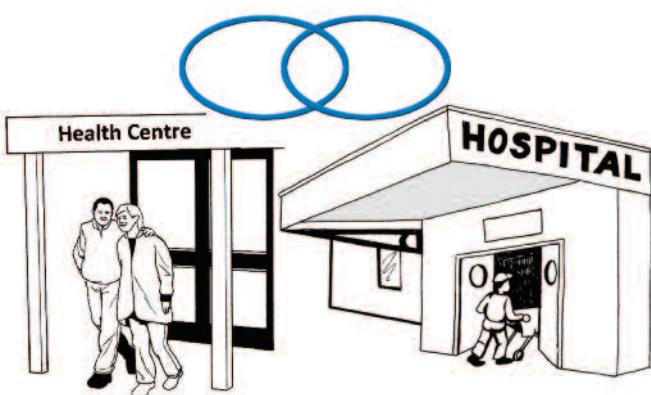
Different local health communities will instead be supported by the NHS' national leadership to choose from a small number of new care delivery options, and then given the money and support to put them into action.



One new option will let groups of GPs join with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care – the **Multispecialty Community Provider**.



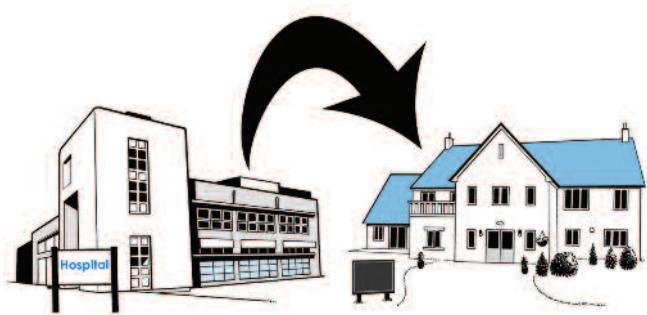
Early versions of these ways of working are appearing in different parts of the country. We will learn from what works well and what doesn't.



A further new option will be the joined hospital and primary care provider – **Primary and Acute Care Systems** – bringing together for the first time general practice and hospital services.



Across the NHS, urgent and emergency care services will be redesigned to join together A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.



Smaller hospitals will have new options to help them stay workable, including making partnerships with other hospitals further away, and partnering with specialist hospitals to provide more local services.



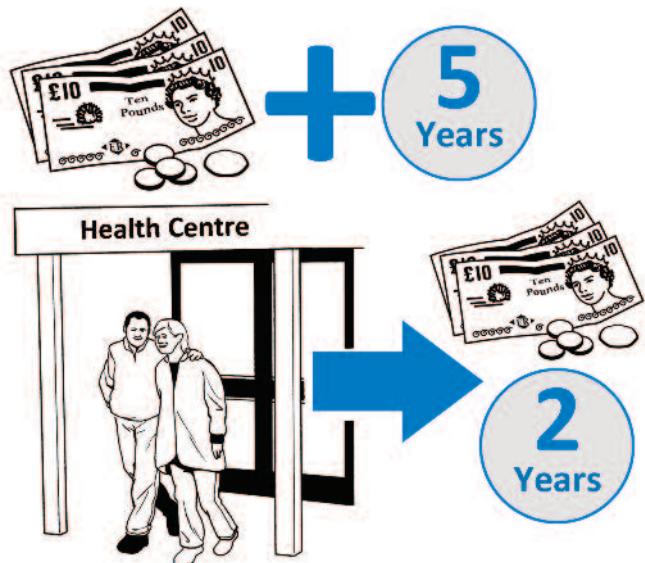
Midwives will have new options to take charge of the maternity services they offer.



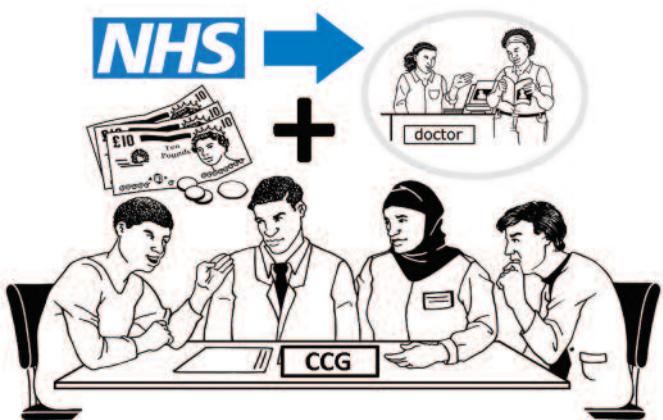
The NHS will provide more support for frail older people living in care homes.



The basis of NHS care will stay as primary care. Because of all the new work they will have to do, GPs will need new kinds of support.



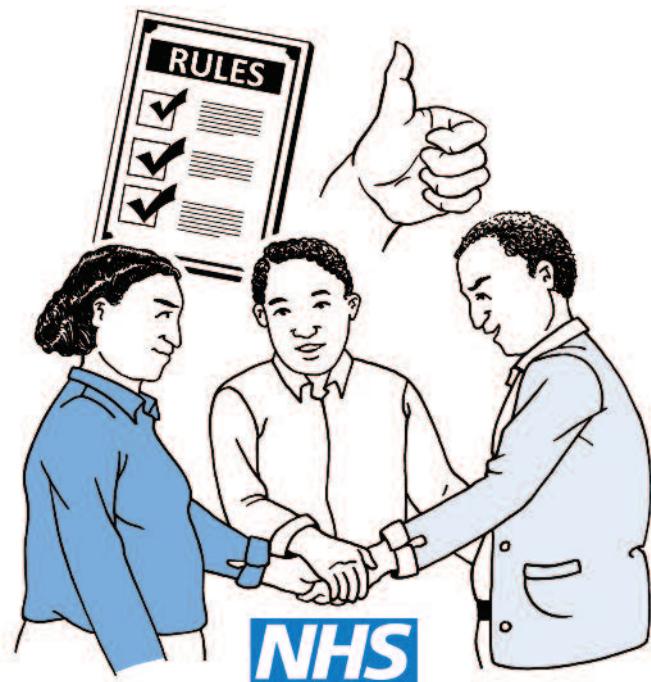
Over the next five years the NHS will put more money into primary care, and keep the amount of money the same to fund general practice nationally over the next two years.



GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget.



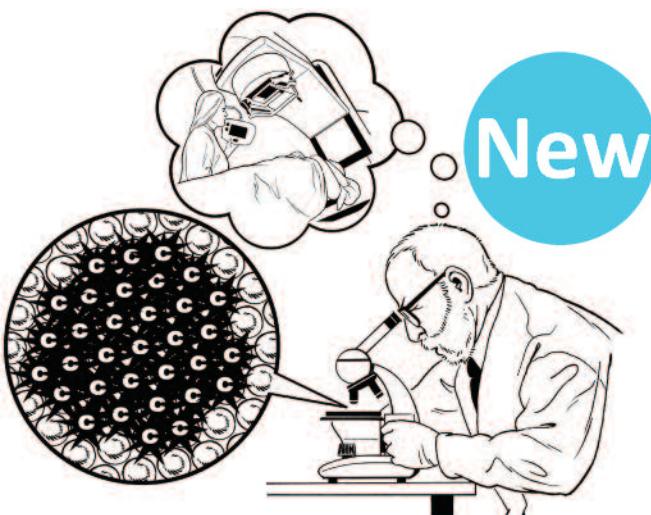
The number of GPs in training needs to be increased as fast as possible, with new options to help them want to stay working as GPs.



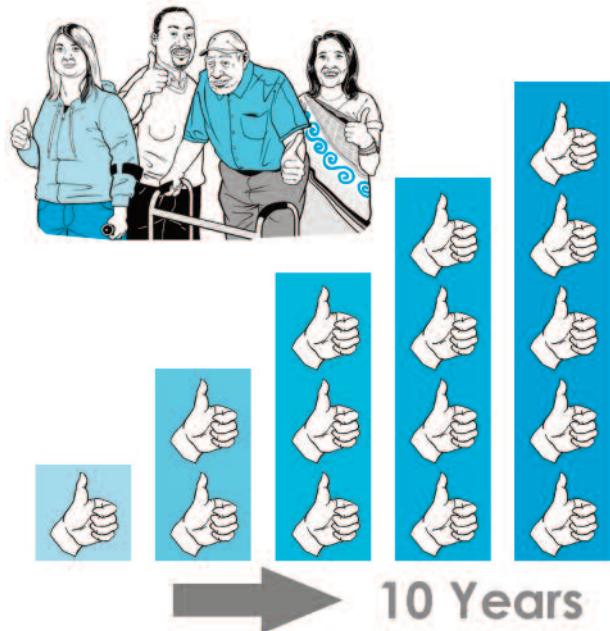
To support these changes, the national leadership of the NHS will need to act clearly together, and make sure that the rules and ways of working are able to be flexible to local needs. We will support local leadership with new ideas.



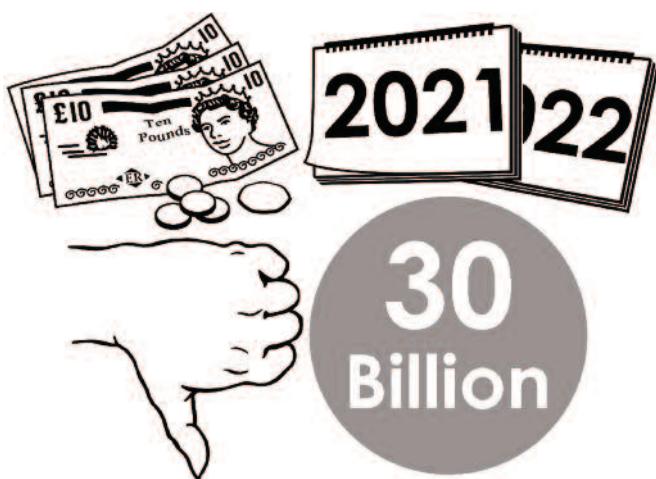
We will put money into new choices for our workforce, and improve health technology – so that patients' experience of working together with the NHS is much better.



We will improve the NHS' ability to do research and use innovation – new improved ways of working – including making places where completely new NHS services will be designed from scratch.



The **third** argument is about using money well. The NHS has been working well in the past but it needs to work in better ways so that it can meet the demands of the next ten years, use its money in the best way and be as good as other countries' health systems.



Monitor, NHS England and independent analysts have worked out that there will be a huge gap between resources and patient needs of nearly £30 billion a year by 2020/21.



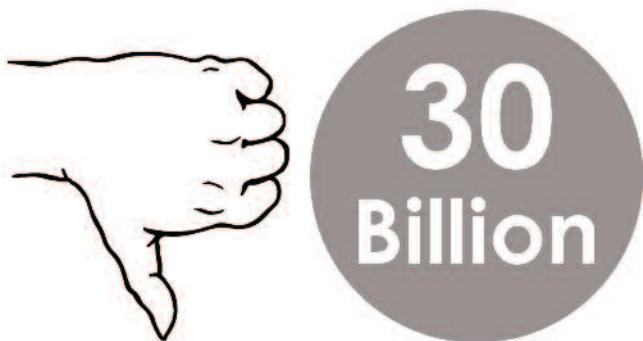
So to provide the full and high quality care the people of England clearly want from the NHS, action will be needed on all three fronts – demand (what is needed); efficiency (working in the best way); and funding (how much money is available).



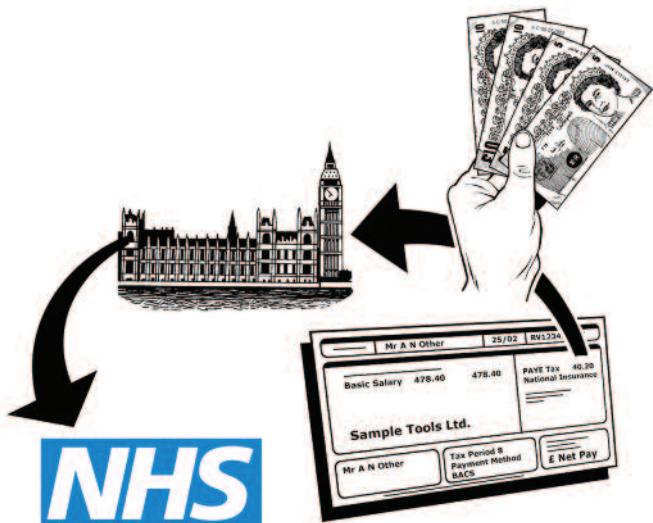
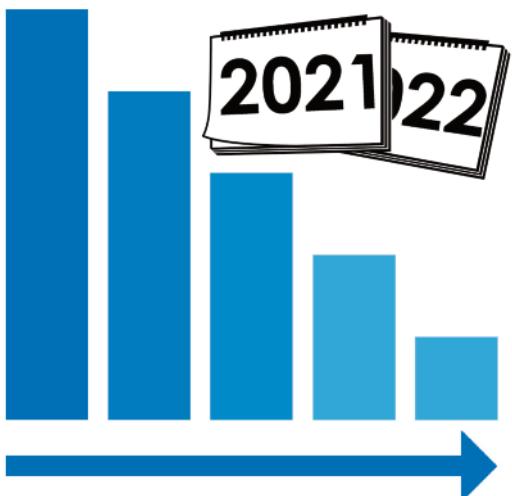
We believe it is possible to meet patient needs as long as we take action on prevention, put money into new care models, keep up social care services, and over time see improvements because we work in more efficient ways.



In modern countries spending on health care is generally increasing. If we are to reflect the growing number of people needing to use health services, we need to spend more on healthcare in this country as well.



We know that the NHS will not have enough money to continue to act as it does over the next five years. The amount lacking is about £30 billion.



**The Five Year Forward View** sets out some ways as to how we might make that amount less by 2020/21.

We believe that there are realistic and practical ways of delivering and improving services if everyone plays their part and that the NHS can remain a tax-funded organisation.

**The Five Year Forward View** sets out some new ideas for the NHS – both in the way it delivers services to people and in the way it manages its funding. However, any changes to how the NHS is funded or the amount of money it receives will be up to the government.

This easy read document was produced by  
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