



NHS Long Term Plan Implementation Framework: system support offer

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Introduction

The [NHS Long Term Plan Implementation Framework](#) was published in July 2019. It set out the approach sustainability and transformation partnerships (STPs)/integrated care systems (ICSs) are asked to take to create their five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24.

This **Long Term Plan Implementation Framework system support offer** signposts the national and regional support systems can draw on to develop their five-year strategic plans.

The system support offer mirrors the structure of NHS Long Term Plan Implementation Framework. Systems can also access other existing materials, guidance and relevant support [here](#).

Delivering a new service model for the 21st century

This section relates to Chapter 2 of the NHS Long Term Plan Implementation Framework.

Transformed ‘out-of-hospital care’ and fully integrated community-based care

The national ‘Ageing Well’ programme, the [Primary Care Network \(PCN\)](#) programme and the Integrated Care Systems (ICS) development programme will support systems by:

- publishing a review of GP vaccination and immunisation standards (2019)
- publishing the findings from Sir Mike Richard’s review of screening programmes (September 2019)
- publishing seven PCN service specifications including for Enhanced Health in Care Homes (EHCH) and Anticipatory Care (in 2020)
- supporting systems to embed a sustainable educational and training infrastructure into each system
- creating tools to support planning and delivery of an increased PCN workforce, including
 - guidance on GP retention, GP fellowships
 - training hubs and multidisciplinary teams
- creating national validation of risk stratification tools.

Throughout 2019/20 the national Ageing Well programme will make the following available to systems:

- publication of best practice tools and supporting service guidance for urgent community response, reablement care and community multidisciplinary teams
- publication of a maturity matrix for full delivery of the EHCH model across the whole country, as staffing and funding grows

- expansion of the Community Services Dataset (CSDS) to support service transformation, and to track progress in delivering the national two-hour and two-day standards
- response, reablement care and community multidisciplinary teams.

The national carers teams will support systems to build a more carer-friendly NHS by:

- launching the Quality Markers framework for primary care, in summer 2019, to better identify and support carers locally
- starting work to include carers' plans in Summary Care Records, and to improve adoption of carer passports
- better supporting carers in emergencies. Throughout 2019/20 national work will focus on the ways the NHS can support carers in emergencies. This includes agreeing a format that can be shared across integrated care records, to improve the identification and wellbeing of unpaid carers. By 2024, at least 100,000 carers will have benefitted.

Reducing pressure on emergency hospital services

The national Urgent and Emergency Care (UEC) programme will support systems by:

- publishing guidance, in summer 2019, that will support systems to reduce avoidable conveyances by ambulances to A&E. The national team will continue work to expand the roll-out of patient records access and improved support for paramedics, and ensure that paramedics have the right clinical support and training to safely avoid transporting patients to hospital
- providing targeted funding in 2019/20 for a single urgent community response and recovery services pilot site to implement the Single Point of Access (SPA) to interface with the clinical assessment service (CAS) in 2019/20. This will mean using the CAS to simplify the process for GPs, ambulance services, community teams and social care to make referrals for an urgent response from community health services
- establishing a baseline for potential call volumes for community response and mental health access via NHS 111 during 2019 and develop an

ambulance dataset that will, for the first time, bring together data from all ambulance services nationally

- using the [Commissioning Framework and the National Urgent and Emergency Ambulance Services Specification](#) to support system leaders to reduce unwarranted variation in the way ambulance services are provided and commissioned
- publishing best practice guidance establishing a SPA for urgent community response in alignment with integrated urgent care (IUC) CAS
- developing a shared narrative to describe the links between Integrated IUC, urgent treatment centres and primary care services to deliver 'out of hospital care' with examples of best practice, case studies, exemplar contracts and referral pathways
- continuing the development of IUC services, including embedding the CAS model, including:
 - by winter 2019, developing directory of services (DoS) user guides, a standard operating model for direct booking and policy for call steering for public, patients and health care professionals
 - by spring 2020, producing a revision of the IUC Specification
 - provision of other subject matter expertise and clinical leadership via regional teams.

The national UEC programme team will continue to support systems by:

- working alongside regional teams, the Emergency Care Improvement Support Team (ECIST), the accelerated support programme to build same day emergency care (SDEC) capability
- working with acute trusts and ambulance services to eliminate hospital handover delays
- supporting the implementation of a discharge patient tracking list (DPTL) within each acute provider as an enabler reducing length of stay for all patients who are in hospital for 21 days or more, working closely with regional teams to support the spread of emerging evidence-based interventions
- providing support for improving flow and delayed transfers of care (DTOCs), through the Better Care Support Programme and dedicated DTOC and discharge improvement nationally and locally.

Giving people more control over their own health and more personalised care

The national Personalised Care team will support systems through the following:

- the Institute for Personalised Care, that will establish capacity for training on personalised care approaches for 75,000 staff in priority workforce groups by 2023/24
- a national personal health budget (PHB) learning network that will share best practice and support implementation
- regional networks and peer mentoring relationships for all areas as they implement PHBs
- a dedicated social prescribing academy supported by an online social prescribing hub and established regional networks
- publishing guidance on introducing social prescribing link workers for PCNs, to be published in summer 2019/20
- working to develop the necessary system architecture, contracts, modelling, provider engagement, digital infrastructure and delivery support required to implement the NHS Comprehensive Model for Personalised Care
- helping staff to identify and care for patients in their last year of life with personalised, proactive care planning.

Digitally-enabling primary care and outpatient care

NHS England and NHS Improvement, working with NHSX, will support systems by:

- working with accelerator sites in 2019/20 to test and validate an approach to delivering digital primary care and the associated procurement routes
- through accelerator sites, developing service specifications that reflect user need for digital-first primary care. These will help local areas to purchase systems with confidence and allow vendors to develop products that they are assured will meet their needs
- reviewing out-of-area arrangements, GP payments and regulations in 2019/20 to ensure fair funding for all providers and ensure digital-first practices benefit the whole of the NHS

- supporting systems to improve primary care infrastructure and systems interoperability to enable planned developments in the functioning of primary care networks
- supporting primary care frontline staff to adopt digital transformation through the development of guidance, resources and training from 2019/20.

Outpatient transformation

NHS England and NHS Improvement are in the process of establishing an overarching national Outpatients Transformation Programme, which will bring together related work from across the NHS to deliver the Long Term Plan commitments. While this programme is being established, NHS England and NHS Improvement regional teams will support systems to develop their plans for outpatient transformation.

Once established, the national Outpatients Transformation Programme will:

- support systems to design and implement new, innovative models for delivering outpatient services, including remote monitoring with appropriate routes of escalation to face-to-face contact when required
- support the accelerated uptake of existing guidance, standards and good practice, including productivity opportunities and referral management
- work with suppliers, digital health innovators and NHSX so that local areas can reduce the need for follow up appointments through the use of virtual consultations, self-management and referral optimisation solutions, electronic communication and patient access to test results. This partnership will ensure co-ordination with the wider technology strategy and enable more efficient approaches to delivery
- work with the Personalised Care Programme to embed shared decision-making and supported self-management across patient pathways.

Better care for major health conditions: Improving cancer outcomes

The national Cancer programme team will support systems by:

- working with Public Health England to modernise the Bowel Cancer Screening Programme, including implementing the faecal immunochemical test and lowering the starting age for bowel screening from 60 to 50
- ensuring relevant changes to cancer screening programmes and the extension of the human papilloma virus (HPV) vaccination programme are mandated through the Section 7a public health functions agreement and detailed in national service specifications
- taking forward the recommendations in the independent review of cancer screening, led by Sir Mike Richards, due to be published in September 2019
- working with NHSX to ensure that technology to support screening is effective for users and purpose, and is embedded into the wider digital strategy
- setting the threshold for the Faster Diagnosis Standard in 2019, to support full monitoring from April 2020
- developing clinical and delivery models for rapid diagnostic centres, which will be tested in 2019/20 with wider roll-out expected from 2020/21
- publishing the updated service specification for children and young people's cancer services;
- developing and publishing guidance on cancer genomic testing, pathways and designated testing providers in 2019/20, in line with the National Genomic Test Directory
- commissioning proton beam therapy facilities at The Christie in Manchester and University College London Hospital
- reforming the national tariff for radiotherapy to incentivise trusts to offer advanced and innovative radiotherapy techniques
- establishing a radiotherapy healthcare learning system to speed up access to new and effective treatments and technologies from 2019/20
- implementing national tumour specific radiotherapy datasets to support radiotherapy networks to improve outcomes from treatment, from 2020/21
- setting the data collection method and threshold for the national quality of life metric in 2020
- delivering the National Cancer Patient Experience Survey each year
- developing and delivering a survey approach to capture the experiences and views of CYP aged under 16 who have cancer.

The national Cancer programme team and NHS England and NHS Improvement regional teams will support Cancer Alliances and their system partners by:

- providing a tool to better understand variation in early diagnosis rates
- working with Cancer Alliances to support the roll-out and evaluation of targeted lung health checks in ten local areas, with a view to further roll out following evaluation
- working with Cancer Alliances to test, evaluate and roll out approved, cost-effective innovations to support delivery of the Long Term Plan ambitions for cancer, spreading proven new techniques and technologies and reducing variation
- negotiating for prioritised investment in magnetic resonance imaging (MRI) and computed tomography (CT) scanner capacity as part of the 2019 Spending Review
- developing a framework to track progress in delivering on national priorities and milestones and their impact
- developing inequality indicators across key areas such as: smoking prevalence; screening; early diagnosis; emergency presentation; patient experience; and survival so variation can be investigated and addressed in local strategies
- providing access to evidence, best practice and guidance, and join in peer-to-peer discussions through the Cancer Alliance Workspace
- providing commissioning input into the oversight of radiotherapy networks.

Better care for major health conditions: Improving mental health services

The national Mental Health programme team will support systems by:

- publishing a comprehensive mental health implementation plan in summer 2019 for mental health providers and commissioners
- providing an analytical tool which indicatively apportions national mental health activity, workforce and costs of all ambitions at system-level to support the planning process
- providing support to selected areas receiving transformation funding to develop, test and deliver new approaches to care

- providing quality improvement support to assist local systems to reduce suicides
- developing a set of 'menus' of existing models of care systems that systems can choose from based on local needs, including:
 - guidance on the principles to apply, across both children and young people (CYP) and adult mental health services so systems can plan for extension and roll out of services for young adults from 2021, with a view to having a comprehensive model in place by 2023/24
 - example alternative mental health crisis services (eg sanctuaries), in 2019/20, to support local systems to identify which types of service might best meet their needs;
 - best practice models focused on staffing levels, mix and ways of working in acute adult inpatient mental health settings in 2019/20.

The national Mental Health programme team will continue to support the 'enabling' programmes that underpin the delivery of Long Term Plan commitments for mental health by:

- improving financial data transparency, including the development of the national currency model to support commissioning of high-quality patient care
- strengthening incentives and levers including:
 - implementing CQUINs during 2019/20 for acute services (72-hour follow-up post-discharge)
 - introducing Improving Access to Psychological Therapies (IAPT) use of anxiety disorder-specific measures
 - improving the quality and breadth of data submitted to the Mental Health Services Data Set (MHSDS)
- ensuring all agreed duplicate collections are removed by the end of 2020/21
- producing new standard sets of outcomes measures, by 2020/21, to cover:
 - anxiety, depression, obsessive compulsive disorders, and post-traumatic stress disorders among children and young people
 - personality disorder diagnosis
 - psychotic disorders
 - disorders related to substance use and addictive behaviour

- eating disorders
- neurodevelopmental disorders;
- identifying key headline indicators of equality across mental health services and beginning development of a patient and carers race equality framework in 2019/20
- building appropriate digital mental health leadership and strategy by 2021/22, to enable real time information sharing and the locally led development of mental health pathways with evidence-based technologies by 2023/24.

All systems are expected to factor advancing mental health equalities into their five-year plans. Systems should use the [Advancing Mental Health Equalities Toolkit](#) and [Working Well Together – Evidence and Tools to Enable Co-production in Mental Health Commissioning](#) to identify local health inequalities and formulate localised solutions to overcome barriers to access, experience and outcomes for groups experiencing health inequalities in care.

Better care for major health conditions: shorter waits for planned care

Throughout 2019/20, the national Elective Care Transformation Programme (ECTP) team will continue to develop guidance and support tools to help systems offer choice to patients and shorter waits, including:

- the Capacity Alert Tool, which will support patients and GPs to arrange referrals to secondary care.
- current support tools accessible via the existing [ECTP Community of Practice](#) on the [FutureNHS Collaboration Platform](#).

Increasing the focus on population health – moving to integrated care systems everywhere

This section relates to Chapter 3 of the NHS Long Term Plan Implementation Framework.

Developing primary care networks

A PCN development prospectus will be published in summer 2019. It will provide consensus view of the high-quality development support, responsive to local needs, that PCNs need to enable them to progress. Systems will need to consider their PCNs' support needs and deploy the funding accordingly.

Further information on PCN development is available through:

- PCN [frequently asked questions](#)
- network contract directed enhanced service [specification](#)
- network contract directed enhanced service [guidance](#)
- further details are also available at www.england.nhs.uk/pcn including details of forthcoming webinars and events, and PCN [podcasts](#).

More NHS action on prevention

This section relates to Chapter 4 of the NHS Long Term Plan Implementation Framework.

A national Prevention Programme has been established to work with regional teams and provide practical support and tools for local systems. In addition to this, the Diabetes Prevention Programme, the National Antimicrobial Resistance Programme and the NHS Sustainable Development Unit will offer support.

Delivering further progress on care quality and outcomes

This section relates to Chapter 5 of the NHS Long Term Plan Implementation Framework.

A strong start in life for children and young people

Maternity and neonatal services

The Maternity Transformation Programme will provide support for the implementation of the maternity commitments by:

- publishing further guidance to local maternity systems (LMSs) through the seven regional Maternity Programme Boards during summer 2019
- providing comprehensive and bespoke support for LMSs, delivered via regional Maternity Programme Boards and Maternity Clinical Networks. This will include support to implement:
 - continuity of carer for most women, including direct local support, tools and resources
 - targeted and enhanced continuity of carer specifically for women whose ethnic background is Black or Asian and those living in the most deprived areas. This will include target populations mapped across local systems by 2020 and a support offer for LMSs by early 2021
- publishing shared learning from Maternity Transformation Programme Early Adopters, Choice and Personalisation Pioneers, and digital maternity pilot areas
- appointing named maternity and neonatal safety champions in every national, regional and local NHS organisation involved in providing safe maternity and neonatal care to support safety initiatives, including the implementation of [Saving Babies' Lives Care Bundle \(v2\)](#)

- training 12 obstetric physicians by March 2022, to lead Maternal Medicine Networks across England
- publishing an action plan to implement the Neonatal Critical Care Review and accompanying resources to regions and local systems during summer 2019 to support the development of coordinated implementation plans to address neonatal critical care capacity
- producing tools to help systems address and narrow health inequalities, including:
 - a data viewing tool in 2019/20, which will allow clinicians to interrogate data from the Maternity Services Data Set, including the investigation of specific population groups and outcomes at a local and national level
 - improving the data quality and information on protected characteristics in the Maternity Service Data Set
 - initiation of a national programme of work to support all women to be able to hold their own maternity notes and information, accessible through their smart phones or other devices.

Services for children and young people

Support from the CYP Transformation Programme includes:

- identifying and working with 5-10 systems to develop an evidence-based approach to CYP integrated care models. Initial testing will take place from 2020/21 with wider roll-out in 2023/24. An assessment of the evidence of integrated care models will be published by March 2020 to inform local service design
- resources, to be published in March 2020, to help local systems improve transition from child to adult services, including direct support to trusts and a national framework
- The roll-out of CYP clinical networks that will support local systems to improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes;
- implementing the Paediatric Critical Care and Surgery in Children Review
- developing the digital version of the Redbook and making it available by the end of 2019/20 to all parents of new-borns in London, with all parents of new babies being offered access to the digital Redbook by 2021

- improving the flow of information across the wide range of services used by children and young people, to improve service commissioning and provision of services such as health visiting, school nursing and safeguarding
- working with the national Primary Care Commissioning team to support further roll-out of the Starting Well core initiative to improve oral health and reduce health inequalities in young children
- developing ‘top tips for primary care’ relating to young and young adult carers, with a final framework available by March 2020 and reflected in the Quality Markers framework
- The development of CYP-specific metrics, in collaboration with a range of stakeholders, that will allow us to monitor and track delivery of Long Term Plan commitments as the programme matures. In addition, specific CYP-related health inequalities measures will also be developed where appropriate.

Learning disabilities and autism

The national Learning Disability and Autism team will support systems by:

- developing the technical specification so that a ‘digital flag’ can be integrated into the patient record from 2020
- conducting a review to identify best practice in increasing uptake for health checks for those with a learning disability
- developing and testing of health checks for people with autism
- developing and testing best practice diagnostic pathways, including support packages, for autistic children and young people so that systems can roll out proven evidence-based diagnostic pathways from 2022
- determining the different potential offers for keyworkers for children and young people. Keyworkers for inpatients will be prioritised, working with key stakeholders to develop an appropriate model during 2019/20. Further work in 2020/21 will develop specifications for community keyworkers following testing of delivery models across different geographies
- reviewing the use of restraint, prolonged seclusion and segregation in care for children and young people in inpatient settings, with CQC doing the same for people with learning disabilities and autism, due for publication in autumn 2019

- reviewing metrics and measures across the Learning Disabilities and Autism programme, which will be published, along with guidance for the system, in summer 2019
- developing a support tool to help systems map and assess existing community provision in line with the national services model, due in summer 2019
- completing a national review of Care, Education and Treatment Reviews (CETR) and Care Treatment Review (CTR) policies
- establishing a strategic commissioning function to support local systems to incentivise, stimulate and grow the independent and voluntary sector care and support market for those with more complex needs;
- working with the national Primary Care Commissioning team to produce commissioning standards to improve access to oral health checks, eye sight and hearing checks for children with autism and learning disabilities, for autumn 2019 in special school settings and in community settings for 2020/21
- working with the Department for Education and the Local Government Association to continue improving awareness of and support for children and young people with learning disabilities, autism or both
- co-producing best practice guidance to support the local health and care system in the use and implementation of dynamic risk registers (also known as dynamic support registers)
- working with people with lived experience, the Care Quality Commission (CQC) and other stakeholders to publish and clarify a quality assurance framework to strengthen existing oversight arrangements by December 2019 for commissioners. This will include someone with a learning disability and/or autism placed as an inpatient out of area, they will be visited every six weeks if they are a child and every eight weeks if they are an adult, on site. A host clinical commissioning group will be given new responsibilities to oversee and monitor the quality of care for hospitals in their local areas.

The national NHS Learning Disability Employment Programme team will work with working with partners and providers to help systems that have made the NHS Learning Disability Employment Pledge to expand the number of supported internship programmes for people with a learning disability, autism or both. In partnership with NHS Employers, a national support programme will be delivered in 2019/20, including a paper easy read job application form and other resources.

Better care for major health conditions

Cardiovascular disease (CVD)

The national CVD and respiratory programme will support systems to deliver improved outcomes for CVD, by:

- developing a Quality and Outcomes Framework (QOF) quality improvement module from 2020, and lower QOF targets for hypertension and revised measure for heart failure and heart valve disease
- implementing the CVDprevent audit from March 2020. This will provide a tool through which systems, via PCNs, can identify and target those in their local population who are of highest risk, but not optimally treated. This includes identifying those likely to experience health inequalities
- developing the national accreditation and national audit programmes for cardiac rehabilitation, with support to act on results to improve service quality by the end of 2020/21
- publishing the PCN service specifications for CVD prevention for April 2021
- working with voluntary sector partners, such as the British Heart Foundation and the Stroke Association and others, employers, local authorities, community pharmacists and GP practices to provide opportunities for the public to check on their health, through readily accessible tests of high-risk conditions. There will be a particular focus on people from deprived and disadvantaged groups
- expanding access to genetic testing for familial hypercholesterolaemia through the new Genomic Medicine Service
- working with voluntary sector partners to launch a campaign to increase the number of volunteer responders to help improve outcomes of out-of-hospital cardiac arrests
- encouraging participation in the Out-of-Hospital Cardiac Arrest Registry to enable national and regional benchmarking and support to link this with mapping of location of public access defibrillators
- working with NHS Providers to encourage local NHS staff to sign up to the GoodSAM App, or other means by which ambulance services can identify their location when an out-of-hospital cardiac arrest occurs
- undertaking work to optimise heart attack pathways, including data monitoring, reducing variation in speed of access to coronary angiography,

developing the service specification for STEMI (ST-segment elevation myocardial infarction) heart attacks and commissioning PPCI (primary percutaneous coronary intervention) services that are 24/7

- linking with work to develop and test apps and digital technologies to support self-care and self-management pathways, including artificial intelligence (AI), ensuring the health inequalities gap is not increased as a consequence
- working with regions and networks to increase access to the BNP (B-type natriuretic peptide) blood test and echocardiography, to improve the early detection and optimum management of heart failure and heart valve disease
- working with the British Heart Foundation and ambulance services to roll-out a national defibrillator network. This will map the location of all public and restricted access defibrillators and provide the data to emergency medical despatchers to increase their use in an emergency.

Stroke care

In 2019/20 the national stroke team will assist systems to develop and deliver their plans by:

- working with the Stroke Association to support a number of ICS areas, focusing primarily on stroke rehabilitation service configuration and improvement
- continued improvement of Sentinel Stroke National Audit Programme (SSNAP), the national audit for stroke, providing effective data reporting, dashboards and evidenced guidance to drive full system stroke improvement
- developing and publishing a CQUIN for:
 - six months reviews post-stroke
 - thrombectomy staffing
- publishing, in summer 2019:
 - an outcomes-based Integrated Stroke Delivery Network (ISDN) service specification
 - a health economic modelling tool
 - the nationally commissioned evidence-base for stroke service improvement

- a FutureNHS platform to share best practice across the stroke community.

From 2020 onwards the national stroke team will develop and roll out:

- a digital approach to improving stroke pre-hospital pathways and communication
- a revised payment structure for stroke services, ensuring financial levers are appropriate for, and further incentivise, integrated provision within ISDNs
- an NHS RightCare stroke resource pack.

Diabetes

Nationally, we will develop and roll out the HeLP diabetes platform, providing full coverage by 2021/22. Systems can continue to draw on additional support from the national diabetes team via their regional diabetes programme teams. This will include support from quality improvement teams in clinical networks. A specific focus of the national programme is to develop ways to improve the monitoring of health inequalities in treatment and care interventions.

Respiratory disease

The national respiratory team will support to systems by:

- producing, in 2019, a national priorities initiative by NHS RightCare which will include:
 - medicines optimisation for inhaler use
 - pulmonary rehabilitation
 - accurate diagnosis of chronic obstructive pulmonary disease (COPD)
- publishing, in 2019, a suite of resources to support commissioners of pulmonary rehabilitation including case studies on different models of pulmonary rehabilitation and spirometry commissioning guidance
- commissioning a review of the research and evidence on the Learning Disabilities Mortality Review Programme (LeDeR) for pneumonia-related deaths amongst people with a learning disability, to direct approaches to address inequalities amongst this patient group.

The national respiratory team will also:

- test AI technologies to interpret lung function tests and support diagnosis from 2021
- review and implement COPD and asthma indicators within QOF in 2020/21
- publish the Network Service Specification for Medication Reviews in April 2020
- develop a new best practice tariff asthma discharge bundle from 2020/21
- develop education programmes for respiratory diseases with testing in 2021/22.

Research and innovation to drive future outcomes improvement

National support for innovation will be enhanced and better co-ordinated with the Accelerated Access Collaborative (AAC) now responsible for delivering a number of key priorities across the NHS and government. Specific activity includes:

- a new, single horizon-scanning process to identify future innovations that will have the most benefit for the NHS, along with effective demand signalling of national NHS priorities to researchers and innovators
- a single national point of call and advisory system for innovators, where they can access information and support relating to funding, testing and adoption, linked to local support for innovators provided by the Academic Health Science Networks (AHSNs)
- ensuring systems and local providers have the evidence they need to assess new types of innovations – to do this the National Institute for Health and Care Excellence (NICE) will double the number of evaluations for devices, diagnostics and digital products by 2021/22
- improved opportunities for real-world testing from 2020/21, when Regional Test Bed Clusters will support local systems to collaborate with innovators in a range of different settings
- accelerating adoption through:
 - piloting a 'ready for spread' standard through the National Cancer Programme from 2019/20 that will highlight proven innovations and come with individualised adoption support

- implementation of a MedTech Funding Mandate from April 2020 that will accelerate selected cost-saving devices, diagnostics and digital innovations being made available to NHS patients. Guidance detailing requirements for organisations and systems will be published in Q4 2019/20
- continuing to focus the work of AHSNs on spread of proven innovations across their local region, continuing their function as a bridge between NHS, industry and academia; and also linking with other regional support (NHS RightCare and GIRFT) to ensure innovation and service improvement are delivered hand-in-hand
- building innovation and research into core NHS performance metrics by 2021/22 including revising the Innovation Scorecard and working with the CQC to increase the focus on innovation in their assessment process
- continuing to support innovators working in the NHS through our Clinical Entrepreneurs and NHS Innovation Accelerator programmes. Through a major expansion, from 2019/20, these will include those seeking to drive quality improvement through non-commercial models.

The national Innovation, Research and Life Sciences teams will support systems to increase participation in research by:

- introducing a right of referral to research that will empower patients to participate in research. More detail on the timescales for this will be published in autumn 2019/20
- developing an incentive to boost research activity in primary and community care in 2020/21
- introducing a new function within the NHS App from 2020 for patients to register their interest in participating in research
- continue ongoing work to make it faster, cheaper and easier to undertake research in the NHS, such as simplifying set up of commercial contract research.

Volunteering

The national voluntary partnerships team will work with the voluntary, community and social enterprise (VCSE) sector to develop:

- a community grants programme for the VSCE sector. These grants will be used to support the development of volunteering within the community sector for activity that aligns with LTP priorities
- a national programme, to be developed in 2019, to test models of volunteering and social action for younger volunteers to support the development of life skills of young people and provide more inclusive volunteering opportunities.

Using taxpayers' investment to maximum effect

This section relates to Chapter 8 of the NHS Long Term Plan Implementation Framework.

To improve clinical productivity and release more time for patient care NHS England and NHS Improvement will:

- update guidance on rostering and job planning to support changes in e-rostering and e-job planning and monitoring in summer 2019
- develop a national software specification, national workforce data standards and contract guidance, as well as working with software providers to improve their products to be fully interoperable and modular in line with the Secretary of State's technology vision
- support the purchasing of best-practice e-rostering and e-job planning systems
- develop staff acuity and dependency tools to cover all types of provider and care by 2023, including pathway-specific allied health professional establishment setting tools
- develop a multiprofessional workforce model for doctors and advance practitioners to support workforce planning processes
- continue to update the staff deployment and productivity metrics in the Model Hospital system, including implementing a metric to measure productivity of non-ward based clinical workforce activity, Clinical Hours to Contacts (CHtC), and ensuring this approach is extended to mental health, community health and other services
- publish case studies and Cost Improvement Programme guidance for workforce deployment
- support, via regions, to apply the guidance, tools and models listed above in developing and delivering local plans, including providing direct support

to trusts through the Retention Direct Support Programme and the Sickness Absence Reduction programme.

To maximise the buying power of the NHS, the national team will:

- further develop the Purchase Price Index and Benchmarking Tool (PPIB) to help systems compare prices and value of products, supported by the GIRFT clinically led procurement work
- design the target operating model for NHS procurement, to transform the way procurement is delivered to maximise the efficiency and effectiveness of the function, including, reducing unwarranted variation and mitigating supply chain risk
- support Supply Chain Coordination Limited (SCCL) to develop the 11 national category towers and double their market share to 80% by 2022.

To support the development of pathology networks across England by 2021 and of diagnostic imaging networks across England by 2023, the national team will:

- continue to help trusts to adopt the [Pathology Networking Guidance](#) and [Pathology Networking Toolkits](#)
- reissue the Pathology Quality Assurance Dashboard (PQAD) to trust boards, which seeks to demonstrate the clinical, operational and commercial performance and ensure; networks support the requirements of the LTP. The national pathology optimisation and delivery group will be developing a governance role to ensure the network formation and PQAD are fit for purpose;
- Develop a national strategy for diagnostic imaging networks, to be published in summer 2019, with supporting guidance and toolkits developed later in the year
- undertake national data collections for diagnostic imaging to support benchmarking, the development of the Model Health System and to inform system planning
- assess technologies that could support increased productivity and better use of diagnostic imaging resources, including facilitating clinical testing;
- deliver national events to provide leadership support to network leads, facilitate spread, adoption of good practice and development of innovative deliver models.

The national improvement team will support systems to deliver care more efficiently so that staff can spend more time with patients. To do this, the national team will:

- support implementation of [Lord Carter's recommendations for mental health and community health services](#) including development of the Model Health System, [guidance on service delivery models](#), case studies and advice for service improvement
- support implementation of [Lord Carter's recommendations for NHS ambulance trusts](#) including support for capital bids, a national fleet specification, disaster recover standards and support to standardise high cost areas
- work with national service transformation programmes to ensure that new service models and primary care contracts maximise opportunities for productivity and efficiency
- work with NHSX to ensure digital tools that support efficiencies in community, mental health and primary care are developed and implemented at pace
- support, via regions, to apply the guidance, metrics and models in developing and delivering local plans.

The Pharmacy and Medicines Optimisation Team will continue to support pharmacy staff and the Medicines Value Programme to help the NHS deliver better value from the £16 billion annual spend on medicines. Working alongside GIRFT, both programmes will optimise the contribution clinical pharmacy plays in improving clinical productivity and provider national support for systems as they develop plans to increase medication safety and reduce medication errors, reduce prescribing of low value medicines and increase the use of technology to drive best practice and remove duplication. This includes:

- continuation of the Top 10 Medicines programme, highlighting the medicines used in secondary care that have the greatest potential for efficiency savings and improved safety
- guidance for systems, including [items which should not routinely be prescribed in primary care](#) and a [Commissioning framework for biological medicines](#)

- expanding the Model Health system to enhance workforce and clinical metrics, developing guidance on Hospital Pharmacy and Medicines Optimisation and job planning for pharmacy professionals
- support for pharmacy infrastructure and workforce productivity plans releasing pharmacy staff time for clinical roles, including a toolkit for developing medicines stores
- deliver a report of the future of aseptic medicines services in England to model a cross system clinical pharmacy service that support the expansion of cancer treatment, advanced therapeutic medicines, pharmacogenomics and personalised care
- provision of capital support as set out in for electronic prescriptions management in order to support a reduction in prescribing errors by 30%.

Improved collaboration between NHS providers and commissioners, including a simplification of the contracting process, will enable the NHS to save an additional £700 million in administration costs by 2023/24 (£290 million, commissioners; over £400 million, providers). National support for this includes:

- benchmarking tools, such as the [Corporate Services productivity toolkit](#) and the corporate service module within [Model Hospital](#)
- developing the corporate services functional system-wide operating models for roll out from 2021/22
- support for organisations that are collaborating to deliver improved shared corporate services;
- developing automated solutions to deliver all core transactional corporate services such as processing of invoice payments at lower costs and with greater accuracy.

Financial Test 5 in the Long Term Plan requires the NHS to make better use of capital investment and its existing assets to drive transformation. Investment in NHS estates will be a critical part of system planning, with a focus on improving safety, transforming the patient pathway and working environment, with resulting benefit of reducing future revenue operating costs. National support for estates and facilities management includes:

- working with government to reform the NHS capital regime to ensure capital funding is prioritised and allocated efficiently and effectively, supports the

transformation of services reducing critical risk backlog maintenance and increasing productivity through effective planning and control

- publishing the Backlog Maintenance report, setting out recommendations on life cycle management and the effects that infrastructure failure has on safety, productivity and clinical service provision
- developing system-wide estates strategy, disposal workbooks, together with improved technical standards and guidance in 2019/20, to support systems to improve safety, assurance and delivery
- consulting on and publishing the next version of the cleaning standards and delivering the NHS Food Review in 2019
- working with systems to reduce the amount of non-clinical space by a further 5%, freeing up an additional one million m2 of space for disposal or reconfiguration
- providing access to specialist estates and facilities expertise to support local development and delivery of the workforce plan to ensure appropriately trained and qualified staff are available nationally
- developing system-wide information systems to enhance the utilisation of the Model Health System and other core data collections, including the Estates Return Information Collection (ERIC) and Premise Assurance Model (PAM) to further drive increased productivity, assurance and throughput
- supporting the development of [system-wide Sustainable Development Management Plans](#) that will set and deliver local sustainability and efficiency targets, supported by a Sustainability Academy and the £46 million [energy efficiency fund](#)
- Driving forward improved models of standardised design driving capital costs down by 20%.

The national Patient Safety Strategy will be published in summer 2019. To help with this, the national team will:

- develop the first national patient safety syllabus and, by April 2020, set out plans for including patient safety training in training and education for all NHS staff with foundation training for all staff available from 2021
- release a new Patient Safety Incident Response Framework in summer 2019 and work with early adopters across several local system to gain

insight into how best to implement new expectations for patient safety incidents response, including new patient safety investigation standards. Insights will be used to support subsequent wider delivery. All local systems should plan for full implementation by summer 2021

- launch the new Patient Safety Incident Management System (PSIMS) from April 2020, which local systems should be using for reporting by March 2021
- support the implementation of medical examiner scrutiny of non-coronial deaths, with local systems establishing acute trust-based medical examiner scrutiny of all deaths in acute hospitals by April 2020, and all deaths by April 2021
- implement the National Patient Safety Alerting Committee credentialing system from April 2019
- oversee the implementation of the Healthcare Safety Investigation Branch (HSIB) recommendations
- develop a framework to standardise and improve patient involvement in patient safety. Following publication of this patient involvement framework later in 2019, local systems will be expected to have two or more patient representatives on safety-related committees by April 2021
- continue to develop the National Patient Safety Improvement Programme (formerly the patient safety collaborative programme)
- develop a national Medication Safety Improvement Programme in 2019
- continue work to deliver the national Mental Health Safety Improvement Programme and the Maternal and Neonatal Safety Improvement Programme.

Contact us:

NHS England

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Please call 0300 311 22 33 or email england.contactus@nhs.net.

NHS Improvement

enquiries@improvement.nhs.uk

improvement.nhs.uk

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