Foundation Trust Network
on the day briefing

NHS England Five Year Forward View

On The Day Briefing by the Foundation Trust Network
23 October 2014

INTRODUCTION

Today NHS England published the Five Year Forward View which aims to provide a strategic framework within which the NHS will operate and develop in future years, and therefore forms key reading for all of our members. The document has been led by Simon Stevens, chief executive, NHS England and has shared branding with the statutory bodies, including Monitor, Trust Development Authority (TDA), the Care Quality Commission (CQC), Health Education England (HEE) and Public Health England (PHE).

This briefing summarises the content of the Five Year Forward View (the 'Forward View'), providing FTN's initial analysis on each chapter, as well as thematic summary of the key implications for our membership. As always, we would welcome your comments and feedback on the proposals. Please contact: Cassandra.cameron@foundationtrustnetwork.org

KEY MESSAGES

- **FTN welcomes the overall tone of the publication which seeks to act as an 'enabling framework'** and clearly articulates the improvements and achievements the NHS has delivered over the last ten years
- **We welcome the principle of new partnerships between local health economies and the central bodies** which we hope will champion local accountability and provider autonomy and help to align the national policy and regulatory approach across the statutory bodies
- **We look forward to hearing more detail about the potential for local flexibilities to national rules and regulations** where there is a clear case for differential treatment in order to transform and sustain high quality care for patients
- **NHS providers will wish to look closely at the models of care proposed within the Five Year Forward View to inform local discussions with their partners about what best serves the interests of their populations.** We welcome the alignment with the Dalton Review and the acknowledgement that change will build on the progress many trusts are already progressing with their locality partners.

However,

- **While we accept that the proportion of public spending available to the NHS remains a political decision, there is a clear and pressing need for additional funding to meet growth in demand if NHS providers are to remain sustainable and protect quality of care in the immediate term, as well as a need to invest in new ways of working.** The lack of detail within the funding options proposed will not alleviate concerns across our membership. Additional investment in primary care can only be made with some provision for 'double running' to protect patient safety in the secondary care sector during the

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transition to new models. We note with considerable caution assumptions about the potential use of 'FT surpluses' as one source of funding to drive local transformation and note the autonomy of provider boards to take those decisions based on the needs of their local populations

- **While greater alignment of the national bodies is welcome, greater clarity about the role NHS England, and the regulators, intend to play in supporting the transition to new models of care in localities would be helpful**, and we look forward to working with members and the national bodies to shape this process. It is important that proposals relating to improved performance information (with regard to pathways or supporting a 'healthy workforce') honour the spirit of a new central/local partnership and do not evolve into top heavy performance frameworks
- **In the current financial environment, it remains essential that NHS provider boards have the autonomy to make informed decisions in the interests of their local populations,** working in partnership across their local health economies
- **There is an urgent need for a higher quality of debate between a representative cross section of providers, and NHS England with regard to their intentions for specialised commissioning, which remain unclear within this report**
- **We would welcome further clarity on how the new models of care proposed interact with, and enable, those trusts in the FT pipeline to develop sustainable solutions**
- **Ensuring commissioner capacity to take on additional responsibilities and a larger proportion of the budget in commissioning primary care, will be fundamental.** We would urge an incremental approach in order to test the approach and manage risk at local levels.

CHAPTER 1: Why does the NHS need to change?

The opening chapter sets out the rationale for NHS England's strategy by acknowledging the significant progress in care quality, patient satisfaction and clinical outcomes, as well as delivery efficiencies the NHS has made in fifteen years despite sustained growth in budgetary and population pressures. Common challenges facing all industrialised countries' health systems reflect the broader context for strategic change in the NHS: changes in patient health needs and personal preferences about how care is delivered and received; changes in treatments, technologies and care delivery that require and enable more patient-centred approaches to organising care services; and sustained constraint on central funding for health services.

This broader context frames the more specific imperatives that NHS England identifies as driving the rationale for a strategy to drive change across the NHS:

- *The health and wellbeing gap*: prevention strategies are needed to reduce health inequalities and prevent further increasing proportions of funds and services allocated to treating avoidable illness.
- *The care and quality gap:* reshaping care delivery and harnessing technology to reduce variation in quality, safety and outcomes.
- *The funding and efficiency gap:* matching 'reasonable' funding levels with system efficiencies.

The subsequent chapters set out the three elements of the strategy – prevention, service delivery reform, and implementation – to achieve the Forward View's future vision of the NHS.

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FTN View:

We welcome the report's acknowledgement of the NHS's achievements. We look forward to contributing to a new central-local partnership which champions provider autonomy and local accountability.

CHAPTER 2: What will the future look like? A new relationship with patients and communities

The centrality of **prevention** to future sustainability underpins the approaches outlined in this chapter, which are designed to target lifestyle behaviours specifically and to help counter the deprivation and social and economic influences contributing to rising avoidable illness. These approaches position the NHS as a social movement - an 'activist agent of health-related social change' - by facilitating healthier lifestyles and incentivising earlier intervention:

- *Incentivising and supporting healthier behaviour* - focusing specifically on strategies to reduce and prevent smoking, obesity, and harmful drinking.
- *Local democratic leadership on public health* – giving local authorities and Health and Wellbeing Boards stronger powers to more rapidly implement localised public health improvement strategies.
- *Targeted prevention* – emphasising the NHS's role in secondary prevention, through proactive primary care, more systematic use of evidence-based interventions and strategic investment decisions. NHS England will develop a preventative services programme with Public Health England.
- *NHS Support to help people get in and stay in employment* – implementing the new Fit For Work scheme and improving access to NHS services for at-risk individuals.
- *Workplace health* - incentivising employment-based access to NICE-approved mental and physical health programmes, and the NHS specifically to 'set a national example' on healthy lifestyles with a range of health improvement strategies for NHS staff, who will also act as local 'health ambassadors'.

In addition, NHE England will focus on strategies that aim to **personalise care by empowering patients** – improving patient access to their records; giving patients a greater say and control over their healthcare; and facilitating improved personal health monitoring and management. Voluntary access to Integrated personal Commissioning (IPC) will provide personal 'year of care' budgets that enable blended health and social care services, managed by either the patient, their local council, the NHE or a voluntary organisation.

NHS England will seek to more directly **engage communities** through programmes and strategies that provide better support for professional and voluntary carers, including flexible working for NHS staff with major unpaid caring responsibilities, and encouraging community volunteering (citing Yorkshire Ambulance Services' "community first responders" program as an example). NHS England will also encourage stronger local charitable and voluntary sector partnerships by accelerating and easing access to local NSH funding through a shorter local alternative to the standard NHS contract, and encouraging funders to commit where possible to multiyear funding.

FTN View:

NHS England's emphasis on local democratic leadership and flexible, locally tailored public health strategies is welcome. However, while Health and Wellbeing Boards remain the primary vehicle for NHS input into localised decision-making, the essential contribution from NHS providers will remain as variable as their inclusion by

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HWBs across the country. This proposal will need to be backed by a framework for engagement that clearly specifies the involvement of local NHS providers in developing locally tailored public health strategies.

We also welcome NHS England's vision of the NHS as a social movement – Foundation Trusts collectively enjoy the active involvement of over two million members. As the big 'experiment' in public involvement in health is now coming to fruition, the challenge for the future is to involve them effectively to help drive the necessary prevention and engagement strategies in the English population. Fortunately, many NHS foundation trusts have strong public engagement mechanisms and are well placed to build on their current arrangements to enhance public engagement and deliver strong local accountability. Central support for local NHS leadership will be essential is this is to be achieved. Similarly, accountability for performance can only be meaningful if it involves the recipients of the service and their representatives and therefore to be effective must be led at a local level.

The ambitions to empower patients through strategies such as integrated personal commissioning suggest a very complicated blend of health and social care provision to meet complex and interdependent healthcare needs. To be realisable, NHS England and Monitor will need to significantly consider the current approach to tariff to ensure that funding will follow the patient through the system and compensate providers appropriately for costs.

However, we are concerned that the Forward View's main strategy for coping with increased demand rests on greater investment in prevention. In the short term at least, NHS providers will require an injection of funds to sustain quality of care and rising operational pressures. Investment is also required to move to the new models of care proposed.

CHAPTER 3: What will the future look like? New models of care

NHS England positions the need for new models of care in the context of existing approaches to NHS service provision that are an increasingly costly impediment to improvements in patient-centred and coordinated care. New approaches to care delivery in the NHS will be guided by key imperatives including:

- A need to manage networks of care, not just organisations;
- Necessary growth in out-of-hospital care;
- Integration of mental and physical health services around the patient or service user;
- Faster learning from local and international best practice; and
- Evaluation of the beneficial impacts on cost and patient benefit.

NHS England considers the strengthening of primary and out-of hospital care as critical to effective service delivery transformation across the NHS. The Forward View sets out several immediate measures to stabilise general practice that include:

- Stabilised core funding for the next two years while an independent review examines resource distribution for primary care;
- Giving CCGs greater influence over the wider NHS budget to facilitate a shift in investment from acute to primary and community services;
- New funding through schemes such as the Challenge Fund to improve GP infrastructure and services availability, and GP training and recruitment and retention schemes.

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Innovations in primary and secondary care delivery in Kent, Airedale, Cornwall, Rotherham, and London are cited as good examples of early transformations underway in care models that have led to improved care quality, patient experience and value for money. The following **seven new care delivery models** will be prioritised and promoted by NHE England:

Multispeciality Community Providers (MCPs) – extended group practices of GPs, nurses, therapists and other community-based professionals will be allowed to form as federations, networks or single organisations to provide an expanded range of care services and shift more outpatient and ambulatory care out of hospital settings. These organisations could eventually take over running local community hospitals, facilitate more immediate referral and coordination between GP and hospital care, and hold responsibility for management of patients' personal health budgets. NHS England will work with emerging practice groups to address barriers to change, service models, access to funding, and optimal use of technology, workforce and infrastructure.

Primary and Acute Care Systems (PACs) will form a new variant of single organisation, providing vertically integrated GP and hospital care together with mental health and community services. These models will be pilot-tested by NHS England with the aim of developing prototypes; they could be achieved by:

- Permitting hospitals to open their own GP surgeries with registered lists, allowing FTs with surpluses and strong investment positions to expand primary care in areas of high health inequalities;
- Positioning PACs as the next stage in development of MCPs who are in a position to take over running their local DGH; or
- An Accountable Care Organisation-type approach where the organisation is responsible for holistic healthcare services for a population of registered patients under a delegated capitation budget.

Urgent and emergency care (UEC) networks – a reorganisation and simplification of existing NHS UEC pathways by developing networks of linked hospitals to facilitate more rapid access to: specialist emergency and major trauma centres; seven day services; proper funding and integration of mental health crisis services including liaison psychiatry; strengthening clinical triage and advice services; and new ways of measuring the quality of UEC services.

Viable smaller hospitals – where smaller hospitals provide the best option clinically, financially and with local support, their sustainability will be bolstered by reviewing:

- the NHS payments regime to account for impacts of scale (as evidenced by lower EBITDA margins for smaller FTs);
- models of medical staffing to build sustainable cost structures; and
- as will be recommended in the Dalton Review, three new organisational models of small hospital provision that gain the benefits of scale without having to centralise services:
    - 'hospital chains';
    - outsourced specialist services provision (ie; Moorfields Eye Hospital); and
    - a mini-PACs approach incorporating local acute, primary and community care.

Specialised care - where there's a strong evidence base for a greater concentration of a particular care service (as has been demonstrated for orthopaedic care in South West London), NHS England will work with local partners to drive consolidation through a programme of three-year rolling reviews. Specialised providers will be incentivised through prime contracting and delegated capitated budgets to develop geographic networks of services, integrating organisations and services around patients.

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Modern maternity services - NSH England will commission a review of future models of maternity units to report by summer 2015; seek better alignment of tariff-based funding with patient choice; and facilitate midwifery services.

Enhanced health in care homes – utilising the Better Care Fund, NHS England will work with local authority social services and care homes to develop new shared models of in-reach support to reduce avoidable admissions to hospital.

NHS England will lead the development of new local and national partnerships to facilitate the introduction and development of these new approaches, to enable the necessary local discretion in the application of payment rules, regulatory approaches, staffing models and workforce policies, alongside technical and transitional support. They will support these processes by developing:

- detailed prototypes of the seven new care models outlined above;
- a shared method of assessing the characteristics of local heath economies to help inform local choice of preferred models;
- national and regional expertise and support for implementation through greater alignment in the work of strategic clinical networks, clinical senates, NHS IQ, the NHS Leadership Academy and the Academic Health Science Centres and Networks;
- national flexibilities in the current regulatory, funding and pricing regimes to assist local areas to transition to better care models; and
- design of a pump-priming model to fast-track care model transition in areas where it is likely to most rapidly deliver improvement, including through support for FTs that are willing to use accrued savings to help local service transformation.

FTN View:

FTN welcomes the Forward View's emphasis on driving towards more integrated models of care. We particularly welcome the potential for smaller providers to thrive including within networks in their local health economy. We also welcome alignment with the Dalton Review and with existing work underway to review the urgent and emergency care, and the proposals for variants of integrated and accountable care organisations.

We particularly welcome the potential for local flexibilities with regards to pricing and regulation. We also look forward to much greater clarity on how the central bodies will support and enable change at local levels working closely with providers.

However, there is an immediate need for greater clarity about NHS England's intentions with regards to specialised commissioning. Fundamentally, it is not clear where the investment to allow providers to move to new models will come from given current pressures on the service.

We are pleased that NHS England is seeking to strike a balance between the need for locally tailored models of service delivery and commonalities across health communities. However FTN will of course be looking in much greater detail at each of the proposed models on members' behalf and will provide you with a more comprehensive analysis of the implications in due course.

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CHAPTER 4: How we will get there?

To implement the prevention strategies and care delivery models outlined in chapters 2 and 3, NHS England will focus on the following approaches:

Aligned national leadership – strategies to develop shared work across the key national health bodies to reduce burden on frontline service provision will include:

- cooperation with national statutory bodies and patient and voluntary sector organisations to develop a combined work programme that supports the development of new local care models;
- greater alignment between NHE England, Monitor and TDA across their respective local assessment, reporting and intervention regimes for FTs, NHS trusts and CCGS to develop a develop a whole-system, geographically based intervention regime where appropriate, and a new risk-based assurance regime for CCGs including 'special measures';
- deploy national regulatory, pricing and funding regimes under existing flexibilities and discretion to incentivise local change where in the interest of patients; and
- re-energise the National Quality Board as a forum where key NHS oversight organisations can share intelligence, agree action and monitor overall assurance on quality.

Support a modern workforce – working with Health Education England, NHS England will:

- Develop improved recruitment and retention strategies for NHS organisations that include professional skill development, flexibility in deployment across organisational and sector boundaries, and improved education and training;
- Improve existing workforce flexibility through commissioning and expansion of new health and care roles for clinicians and nurses;
- Support NHS organisations to evolve their existing work and pay systems, and terms and conditions to reward high performance, support job and service redesign and encourage recruitment and retention.

Exploit the information revolution – a National Information Board for NHS information technology will publish before April 2015 a set of 'road maps' setting out how to transform digital care in the NHS, including:

- Comprehensive transparency of performance data to drive choice and improvement;
- NHS-accredited health apps to assist patients to organise and manage their health and care;
- Fully interoperable electronic health records to which patients will have full access, with the NHS number being used in all care settings;
- Widespread availability of on-line family doctor appointments and electronic and repeat prescribing;
- Joining up of hospital, GP, administrative and audit data (with patients given the choice of 'opting out');
- Approaches that also support non-technology users to access to information or their medical records.

Accelerate useful health innovation – a range of strategies will be explored to speed development of new treatments and diagnostics, and to combine different healthcare technologies to transform care through 'combinatorial innovation'. NHS England will test three new mechanisms to support innovation in healthcare delivery:

- A small number of real world 'test bed' sites alongside Academic Health Science Networks and Centres;
- Expanding NHS operational research to address pressing and high-impact healthcare service redesign challenges and behavioural 'nudge' policies in healthcare;

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- Explore development of health and care 'new towns' where modern healthcare services are designed and implemented free of legacy constraints, and integrate health and social care and other social services including welfare, housing and education (for example, as currently planned for Watford).

Drive efficiency and productive reinvestment – to address the predicted £30 billion funding gap by 2020/21, NHS England will focus strategies on the three drivers of cost pressure:

- **Demand** – as outlined in the FYFW, NHS England's commissioning will promote a more activist prevention and public health agenda; greater support for patients, carer and community organisations, and new models of care.
- **Efficiency** – Accelerating current NHE efficiency programmes and supporting the FYFP strategies to drive up the annual NHS net efficiency gain from 0.8% to 2.0% from now until 2020.
- **Funding** – three possible approaches to address the funding gap are discussed. Depending on the combined efficiency and funding option pursued, £30 billion gap could be reduced by one third, one half, or all the way.
    - **Scenario one:** the NHS budget remains flat in real terms from 2015/16 to 2020/21, and the NHS delivers its long run productivity gain of 0.8% a year. The predicted combined effect would cut the £30 billion gap by about a third, to £21 billion by 2020/21.
    - **Scenario two:** the NHS budget remains flat in real terms over the period, but the NHS delivers stronger efficiencies of 1.5% a year. NHS England estimates the combined effect would halve the £30 billion gap in 2020/21 to £16 billion.
    - **Scenario three**: the NHS receives the infrastructure and operating investment to rapidly adopt the new care models and ways of working described in the Forward View, which NHS England estimates will deliver demand and efficiency gains worth 2%-3% net each year. Combined with staged funding increases close to 'flat real per person' NHS England predicts the £30 billion gap would be closed by 2020/21.

FTN View:

Strong local leadership is critical to achieving the radical change described. The Forward View's recognition of this is important, as a set of assumptions flow from it. This includes an expectation of underlying capability and capacity within the individual and collective participants in a local health economy. In particular, organisational boards – of providers and commissioners – must take responsibility for agreeing local health priorities and be held accountable for the results. To date, emphasis has been on provider accountability, with little attention paid to commissioners.

CCGs remain under-developed and do not exercise the full breadth of their rights and responsibilities, in particular, towards demand management and unmet need. The Forward View's places a great deal of weight on the ability of CCGs to lead transformational change, but they are unproven. The Better Care Fund is promoted as a model for closer working between the NHS and local government, but the FTN would urge a review of the Fund to date, including the performance of CCGs in developing its strategic intent, planning and implementation.

The FTN welcomes the growing consensus across the sector that there should not be wholesale structural reorganisation of the NHS, and the Forward View's acknowledgement that the only "wrong answer" is "to keep changing your mind". However, such commitments are often accompanied by an expectation of other far-reaching changes. This is true of the Forward View, and it is important that the implications of such changes do not force fundamental reorganisation by stealth.

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In particular, the Forward View champions greater collaboration between Monitor, the TDA and NHS England in regional working and whole system geographical intervention. This raises serious questions about the autonomy and accountability of individual organisations within a health economy, as well as that of the statutory bodies themselves. The role of good governance in delivering results and successful change cannot be understated. Without corporate governance there is no direction, no accountable leadership and no systematic control. That good boards lead good organisations is proven day in, day out across the public and private sectors. Any solution to healthcare challenges over the coming period must include locally accountable boards of directors leading strong, responsive institutions. Careful consideration of this proposal is critical.

We welcome the clear recognition that more money is needed for the NHS to support patient care and transition to new models of care. Doing so will deliver benefits for both patients and taxpayers. The Forward View puts forward a tangible assessment of the NHS's funding needs. Part and parcel of closing any funding gap is a realistic expectation of achievable productivity gains. The Forward View recognises whole system efficiencies, and – with providers the key determinants in driving such savings – a clearer parallel statement that provider efficiency requirements must be set at a credible level is necessary.

We also welcome recognition that investment is needed in new models of care, but there also needs to be a firmer commitment to longer term planning and funding cycles, and to reform of payment mechanisms in order to ensure adequate funding for services delivered. This would make bests use of funding, enabling investment in savings and improvements, as well as help to better share risk and reward through local health economies.

ADDITIONAL THEMATIC ANALYSIS

There are a number of issues and themes running through the Forward View that it is worth highlighting. As more information emerges around implementation and how the Forward View will fit with other parts of the system infrastructure and established processes the FTN will ensure that members are fully informed.

PROVIDER FINANCES

Alongside the funding section the Forward View makes a number of proposals on provider finances in terms of payment systems, control and accountability for expenditure. These sit alongside the core proposals on funding (set out above in the summary of section 4):

- Use of FT surpluses and investment powers – it is suggested that FT surpluses and investment power could be used to kick start the expansion of new style primary care. It is also suggested that FT surpluses could be used to pump prime a cross section of the new care models.
- Tariff adjustments/tariff issues - the Forward View commits NHS England and Monitor to working together to consider adjustments to the payments to reflect the costs that smaller providers face. It will also ensure that tariff funding supports choices for maternity rather than constraining them.
- Payment rules – throughout the document it is made clear that to implement new care models and new approaches discretion will be needed nationally and locally in applying payment rules. Our view is that these will need to be over and above the current scale of local variations and modifications to be meaningful.
- Split between national and local funding – the Forward View suggests that incrementally local CCGs will gain more influence over the total NHS budget for their local populations across the piece from primary through to specialised care.

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- Prevention - The introduction of integrated personal commissioning, a voluntary approach to blending health and social care funding for those with complex needs, which will mean an integrated "year of care budget" managed by individuals or their behalf by councils, NHS or voluntary organisations.
- New models of care – over time GP led multispecialty community providers could take delegated responsibility for managing the health service budget for registered patients, or the pooled health and social care budget where relevant.
- There is a clear shift in investment from acute to primary and community services. Where this is clinically appropriate and patient benefit then it is sensible to move care closer to home, but this will need funding to run in parallel run

Although the Forward View sets out options for sustainable funding, it is unclear how the different approaches to tariff and investment will be reflected in them.

COMPETITION AND REGULATION

Although regulation and competition do not have a separate focus in the report, they are clearly underpinning elements of any new structures and system.

More integrated organisational models, such as the Multispecialty Community Providers and Primary and Acute Care Systems, could potentially reduce patient choice and would require a shift in approach from the regulators and competition authorities when reviewing and approving significant transactions.

In terms of regulation:

- It is clear a more flexible and nuanced regulatory approach would be needed to support the development of new organisational models and new models of care, with a focus on health economies and/or pathways, rather than institutions.
- The vision sets out a proposal for a geographical – either regional or local health economy approach to regulation and intervention regime, using flexibilities and discretion.
- The future impact of being in special measures is unclear – it is suggested that new organisational models may be imposed as a result of local failure "and the resulting implementation of special measures".

In terms of competition:

- The future role of competition in the NHS is unclear. A different approach than currently exists would be required to deliver this vision. The future role of the Competition and Mergers Authority (CMA) also seems unclear. They are currently restricted in the way they analyse 'substantial lessening of competition', which is based on economic principles and a refined economic formula. Reviewing proposed models that incorporate elements of vertical integration may well present challenges.
- The vision seems to support the AQP agenda, by calling for a shift in focus around the role of the voluntary sector in providing NHS services, committing to reducing the time and complexity associated with these organisations securing contracts to provide services.

These proposals do suggest a substantial shift away from both the institutional focus and accountability of the current regulatory regime, to a geographical, whole system, local health economy approach to accountability and regulation.

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FOCUS ON MENTAL HEALTH

The document sets out five year ambitions for mental health, driving towards both an equal response to mental and physical health and treating the two together. It references current and planned initiatives including the introduction of waiting standards for mental health from next April. It also references the importance of tackling mental health problems as part of NHS support to help people get and stay in employment.

Importantly it states a wider ambition of genuine parity of esteem between physical and mental health by 2020 improving waiting time standards and expanding mental health services to include children's services, eating disorder and those with bipolar conditions. This will need:

- New commissioning approaches;
- Additional staff to coordinate care
- Further investment

The need to properly fund and integrate mental health crisis services, specifically including liaison psychiatry, is highlighted as part of the proposals to develop urgent and emergency care networks.

Alongside this it highlights support for people with dementia, and the proposes a five year approach to offer consistent standards of support for patients newly diagnosed – including named clinicians or advisors to develop proper care plans developed in partnership in partnership with carers and families. It proposes a broader coalition of support pulling together statutory services, communities and business.

One of the key areas of concern in mental health over the past year has been around the shape of commissioning of specialised services, and the provision of children's and adolescent mental health services in particular. It is a shame that the forward view does not focus more heavily on commissioning and address the importance of these 'life stage' services in mental health.

FTN MEDIA AND BLOGS:

PRESS STATEMENT

Five Year Forward View is a statement of great confidence in the NHS

"The Five Year Forward View (5YFV) published today by NHS England is a statement of great confidence in the NHS", said Chris Hopson, chief executive of the Foundation Trust Network.

"It both recognises the strengths and unique place of the NHS in our nation to improve its peoples' health and the changes it will need to make to achieve them. At a time when everyone is worried about coping with this winter's huge demand and the tough tariff expected for next year, it is important to be able to look further forward with vision and ambition for the future. While noting the careful implementation it will require, the FTN strongly welcomes this tone and also the realism that recognises much of the vision can only be fulfilled with significant additional funding, including for mental health services.

"The 5YFV rightly recognises that the NHS is admired world wide, and has a history of progress and of improving the nation's health. It also clearly states the country's rising health needs and the increasing demand that will continue to be placed on the NHS. Its emphasis on parallel endeavours to avoid ill health, minimise the need for dependence on health and social care services and to develop a health care service fit for the 21st

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century is very welcome. Simon Stevens is also quite right to highlight the role we must all play as individuals and employers to promote healthy lifestyles to minimise ill health and dependency.

"NHS England's broad view under Simon Stevens helps us to step back and see what we can achieve and what we should want for ourselves and our country's health. His talk of both patients and citizens is a meaningful affirmation that healthcare is not simple and only about treatment and transactions, but about lifestyle, social cohesion and community collaboration. While true, our members across the ambulance, community, mental health and acute sectors are already pioneering elements of the plan and collaborating with primary care, voluntary sector and local authorities to create new models of care.

"We are also encouraged that it has been developed in partnership with other NHS regulators and national bodies and seeks a new partnership for local and national bodies with a clear emphasis on enabling and emancipating providers across all sectors to innovate and collaborate by removing barriers and stimulating progress where necessary which we hope will reduce regulatory burden and barriers to rapid progress.

"With the general election looming the 5YFV presents a perfect opportunity for political unity on the way forward and a welcome first step would be for the political parties to commit to its vision. We have a tough winter and painful funding round to get through, and significant detail to work out to make a reality of the view. However, having a view and a route to it, beyond the short-term targets, quarterly figures and small pots of patching funding, provides hope and opportunity for the NHS' sustainability and the improving health of this country."

In an exclusive blog for the HSJ, FTN chief executive Chris Hopson provides his analysis: www.hsj.co.uk/comment/the-entire-nhs-can-back-the-forward-views-vision/5076088.article

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