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The man with the plan

Sunniva Davies-Rommetveit asks whether Simon Stevens' 'Five year forward view' encapsulates his own saying "think like a patient, act like a taxpayer", or if significant issues are left unaddressed

The release of NHS England's 'Five year forward view' was, some say, timed to perfection. Published six months after Simon Stevens was appointed NHS England chief executive and six months before the general election, the document could not have generated more traction than it did. There was a lot to chew on, too. Its compact 39 pages advocated efficiency and prevention, increased integration between primary and secondary care, while calling for more NHS funding (£8 billion) to plug the ever-yawning funding gap.

This NHS England "manifesto" was immediately celebrated for bringing the fight to squabbling politicians, ahead of their own official NHS stance in the run up to May 2015. Paradoxically, though, in one breath industry experts have labelled it "radical" yet "ineffectual" - but why?

Publishing something that directly contradicted politicians' NHS funding pledges, ahead of a general election no less, was in itself bold. However, the, at times, cautious and ambivalent language used throughout the 'Five year forward view' (FYFV) is what ultimately weakens it.

Though supportive of the FYFV, senior researcher at Reform, Cathy Corrie, notes that the media ran with funding headlines instead of the overall focus of the report. "The media asked: 'Will politicians step up and offer this cheque that's been demanded by NHS England?' What Reform argues, though, is that a portion of the document is about improved efficiency and productivity first and foremost."

Dr Alison Rose-Quirie, chief executive at learning disability provider Swanton Care & Community, welcomed the report but agrees that the language used could have been more robust at times. She points to a part which discusses "perhaps" combining mental and social care with other community services. "For me, it's not 'perhaps', it's an imperative. The language needs to be a lot stronger and be directive if things are really going to change."

For some experts, pointing out decade-old goals such as improving the public's health and personalised care, without detailed description on how to implement them was unoriginal at best. Ian Smith, chairman of the UK's largest care home group Four Seasons Health Care, thinks that the FYFV made a critical error here. "When you read it, there's nothing to disagree with, but there's nothing original detailing how you get to this brave new world either."

Perhaps the best example of an idea to drive real change that the report bypasses is the role of the private sector. The increasingly toxic political NHS privatisation debate is likely the reason for this. However, wading in and providing the official NHS line would have arguably proved invaluable. Corrie argues: "It would have been incredibly powerful to have an apolitical opinion on competition and a detailed description of the role that the independent sector could play in future."

On the day of the FYFV's release and speaking on Channel 4's Today programme, Stevens did acknowledge that "sometimes there will be a case" for private provision. During the document's press launch, moreover, Monitor chief executive David Bennett agreed that competition had its place in the system: "Choice and competition are one of the ways in which we can drive change and improvement for patients, and we don't see that this will cease to be the case."

For Smith, though, failing to mention competition in the FYFV altogether was not just a missed opportunity, but a mistake. "In a document like this, you need a basic, incontrovertible commitment saying that the provider who can produce the best sustainable outcomes for the patient at the lowest cost to the taxpayer is the one who should be chosen."

However, collaboration within the NHS itself was discussed at length, and based partly on the impending Dalton Review (figure 1). This latest review is expected to argue that a variety of options should be made readily available to struggling NHS providers and will explore solutions to bad practice in the NHS as a whole.

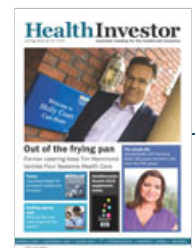


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NHS ENGLAND: FIVE YEAR FORWARD VIEW			
Suggested	MCP Multidisciplinary community provider	RACS Primary acute care system	UCC Urgent care centre
For who?		Acute hospitals Primary care providers e.g. Federations • Encouraged to develop hospital chains	• A&E (ED) • GP out-of-hour care • Urgent care centres • Ambulance trusts • NHS 111
How?	• Expand by mergers and acquisition • Align all back office spend and deliver care coordination	• Hospitals take over primary care, or • primary care take over hospitals	• Clear, single emergency provider
Deliver?	• Horizontal community integration • Share back office services	• Vertical integration, like ACO (acute care organisation) • Share back office services	• Emergency integrated services
Financial budget?	• MCP could bid for NHS budget • Integrated budgets, e.g. BCF (Better Care Fund) • Social care budgets, and public health	• NHS, CCG and NHS England budget • Integrated budgets, e.g. BCF • Prime contractors/lead provider/ capitated budget	• NHS budget

Sources: NHS Five Year Forward View, Simon Stevens; Candescic Analysis

[Click here to expand figure 1](#)

With this in mind, Candescic partner Michelle Tempest speculates that the document hasn't necessarily excluded private providers: "Within the conglomeration of providers that the FYFV says should work together,

it's pretty ambivalent whether these would be private operators, NHS or both."

In the absence of a proper debate on who the providers should be, funding subsequently caused the most stir. Even if the NHS were to achieve the maximum efficiency gains possible, the system would still have an £8 billion funding gap in 2020-21, Bennett said at the FYFV launch. This would need to be plugged by an annual 1.5% increase in NHS England spending.

Many experts commended the document for being bold enough to challenge the three main parties' own funding pledges to the NHS. The paper contextualised some politicians' promises that were made throughout party conference season. For instance, the Conservative seven-day GP access vow seems near impossible in light of the FYFV funding recommendations.

Even if politicians take heed, though, it is unclear where this money would come from. Ian Targett, director at Westminster Advisers, thinks that in light of state funding restraints, coughing up yet more money for the NHS could prove difficult.

"You have to remember that other departments have also had cuts to compensate for the NHS's budget being ring-fenced. Many of the savings have been made through salary restraints measures, as well. Therefore, it might be a challenge for the next government to offer much more. Though, as the chancellor's Autumn Statement shows, the NHS holds a fear factor for politicians which can lead to some leeway on extra funding."

Given that the FYFV talks about more integration between health and social care, funding restraints need to be addressed in that sector too. Chai Patel, chairman of care home operator HC-One, says: "We need to be spending money on incentivising and retraining staff as there's a very troublesome shortage at present."

Despite these concerns, much reaction to the document was positive. And – original or not – the suggestions are highly pertinent. Furthermore, it has brought the NHS's case to politicians, and in doing so dragged them back down to earth following their attempts to outdo each other at party conference season.

The political responses have already flown in thick and fast, highlighting how the report has engaged with politicians. Chancellor of the exchequer George Osborne announced a £2 billion "down payment on the NHS's own long-term plan" early in December for example. Health Secretary Jeremy Hunt told the House of Commons that this extra funding would be dependent on hospitals formulating plans to become more "efficient and sustainable", making it clear that the NHS would also need to make a "commitment to a paperless NHS by 2018".

However, the fact that shadow health secretary Andy Burnham pounced on the absence of competition as proof that it "fragmented" the service, underlines the report's failure to address the political debate on NHS privatisation.

Ultimately, the FYFV has attempted to be all things to all people. While it had many good points it also tiptoed around increasingly important debates and, for some, this was an unacceptable admission.

Will the document's discrepancies hinder much needed changes, though? Corrie thinks not: "Politicians would be very foolish not to pay attention to what the chief executive of NHS England has said about enormous issues facing the health sector. And many industry experts have been extremely supportive." In future, then, both MPs and chief executives could well end up doing just what Simon says.



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