



Labour's Pains – New government, new NHS

Primary Care Premises Forum
November 2024



Labour's manifesto promise – building a fit for the future NHS

- Ensure people live longer by **preventing ill health** in the first place, supporting people with **long-term conditions**, and **tackling the biggest killers** (cancer, cardiovascular disease and suicide)
- Future models must be geared towards **delivering early intervention** locally, **harnessing AI** to improve accuracy and speed, and **embedding prevention**
- Get a grip on waiting lists with **40,000 more appointments every week** delivered through incentives, out of hours work and use of the independent sector



'Opt-out' **smoking cessation** as routine care and restrict vapes; ban **advertising junk food** to children; build on the Online Safety Act and reform gambling regulation to **protect mental health**



Reset relations with staff; **deliver the long-term workforce plan** and additional 8,500 CYP MH staff; **reform the dental contract**; **Royal College of Clinical Leadership** to champion the clinical voice



Halve gap in life expectancy between richest and poorest; close the Black and Asian **maternal mortality gap**; modernise **discriminatory MH legislation**; action plan to **end HIV cases by 2030**



'Fit for the Future' **fund** to double CT and MRI scanners to enable prevention; **transform the NHS app** so patients can understand their choices; commit to deliver the **New Hospital Programme**

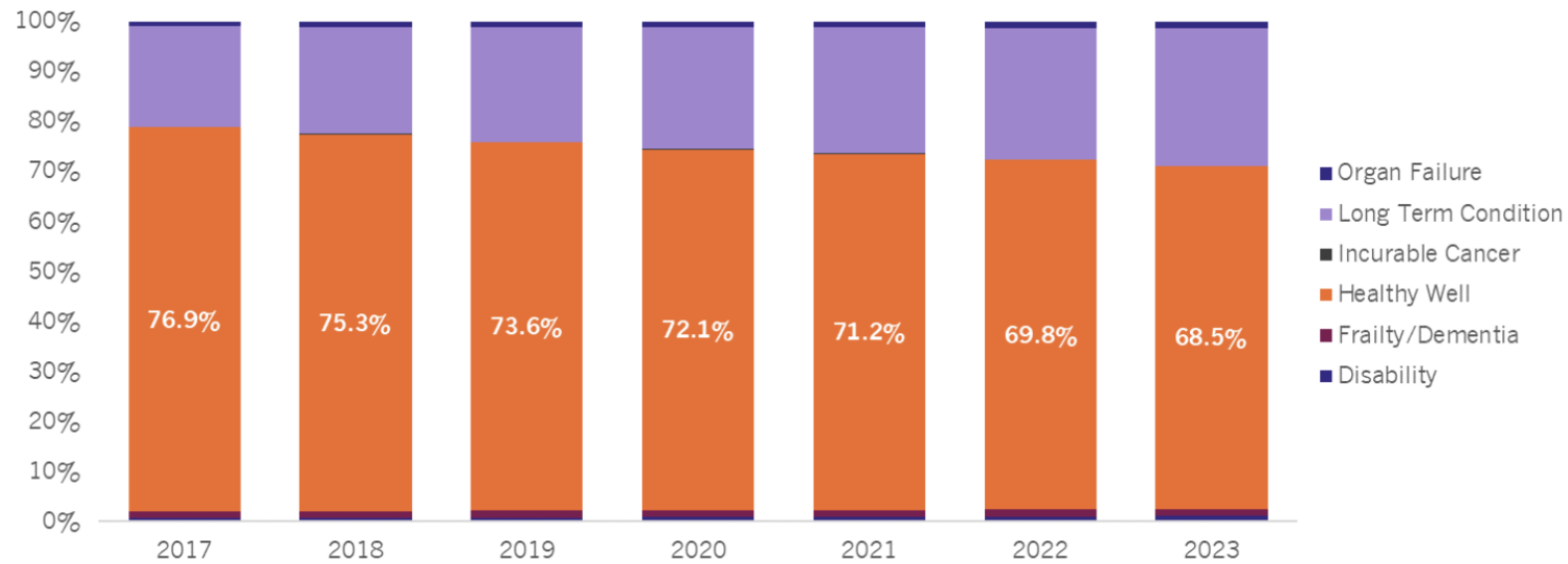


Train thousands of GPs and return the **family doctor**; create a **Community Pharmacist Prescribing Service** and widen referral routes; trial **Neighbourhood Health Centres** and **Young Futures Hubs**



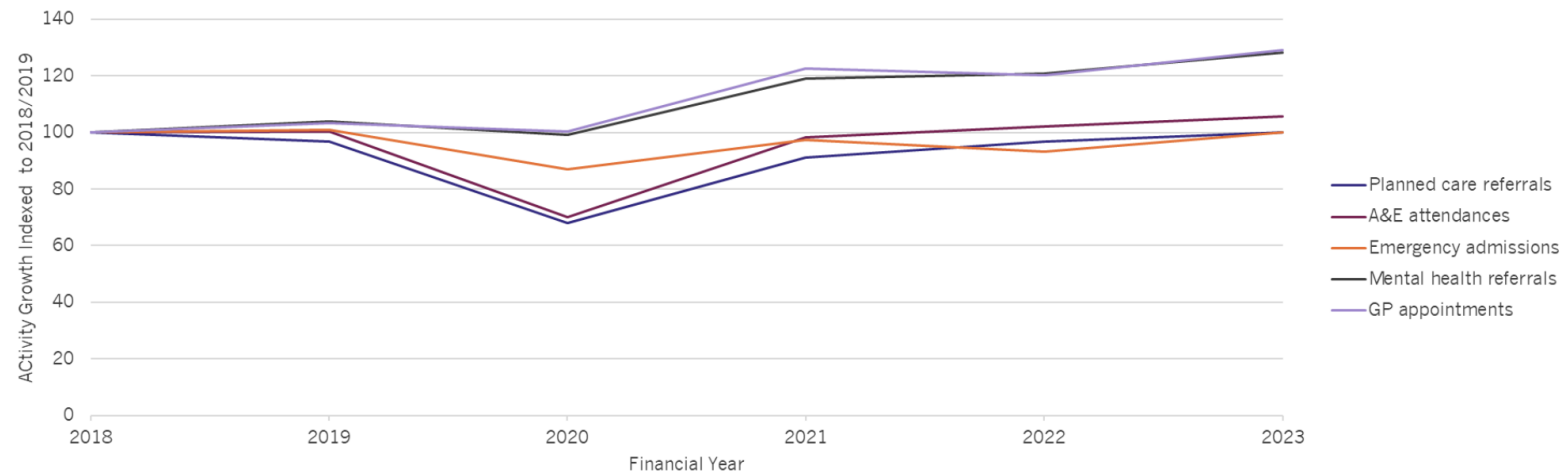
An NHS **innovation and adoption strategy** covering procurement, incentives and regulatory approval; an ambition to be **world leading in clinical trials**, including in **dementia**

Demand is rising inexorably...



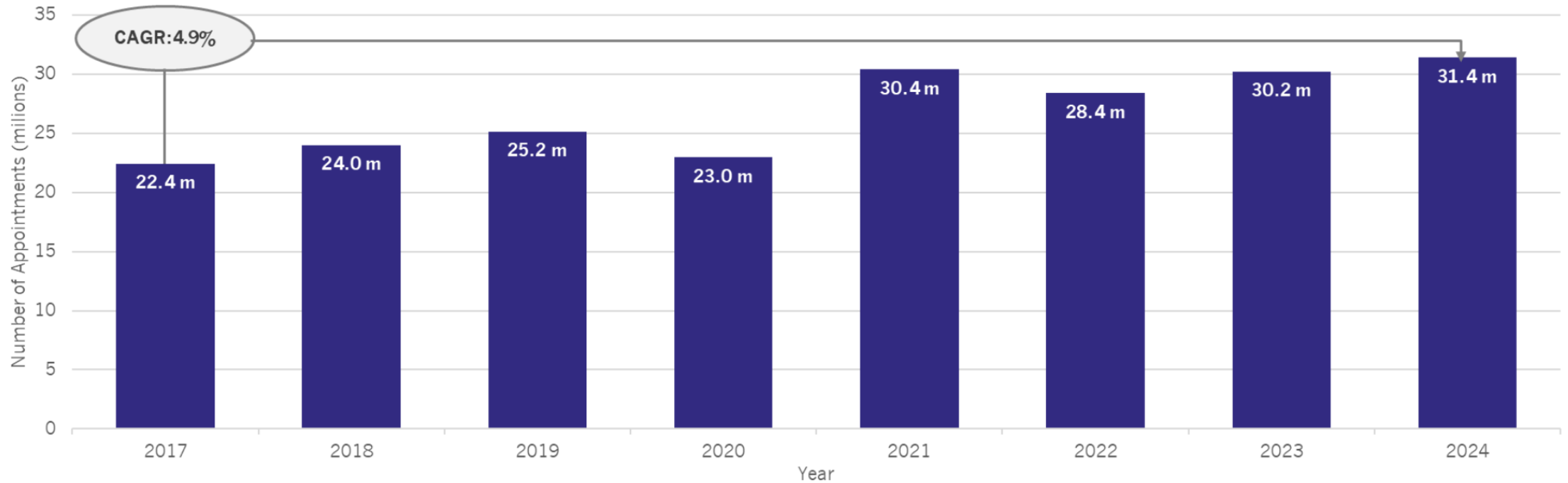
CAGR, 2017-2023

Disability	9.1%
Frailty/ Dementia	2.0%
Healthy Well	-1.9%
Incurable Cancer	11.6%
Long Term Conditions	5.3%
Organ Failure	5.0%



... and Primary Care is no exception

Monthly GP Appointments delivered, Nov 2017 to Jun 2024



Lord Darzi's review set out the interlinked challenges facing the NHS...

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low



People struggle to see a GP despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction



Community waiting lists have soared to > 1M 50,00+ people who had been waiting >1 year - 80% CYP. 345k people waiting more than a year for **MH** services



A&E is in an awful state and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1 year

Funding has been misaligned to strategy, with increased expenditure in acute driven by poor productivity



Too great a share of funding is on hospitals, rising from 47% to 58% of NHS budget since 2006; 13% of beds occupied by people fit for discharge



The number of hospital staff has increased, by 17% since 2019, with 35% more working with adults and 75% more working with children



Poor patient flow in hospitals leading to 7% fewer OP appts. per consultant, and 18% less activity for each clinician working in emergency

People receive high quality care *if* they access the right service at the right time, without health deteriorating, but



Cardiovascular mortality has rolled back as rapid access has deteriorated



Cancer mortality is higher in part due to minimal improvement in detecting cancer at stage I and II

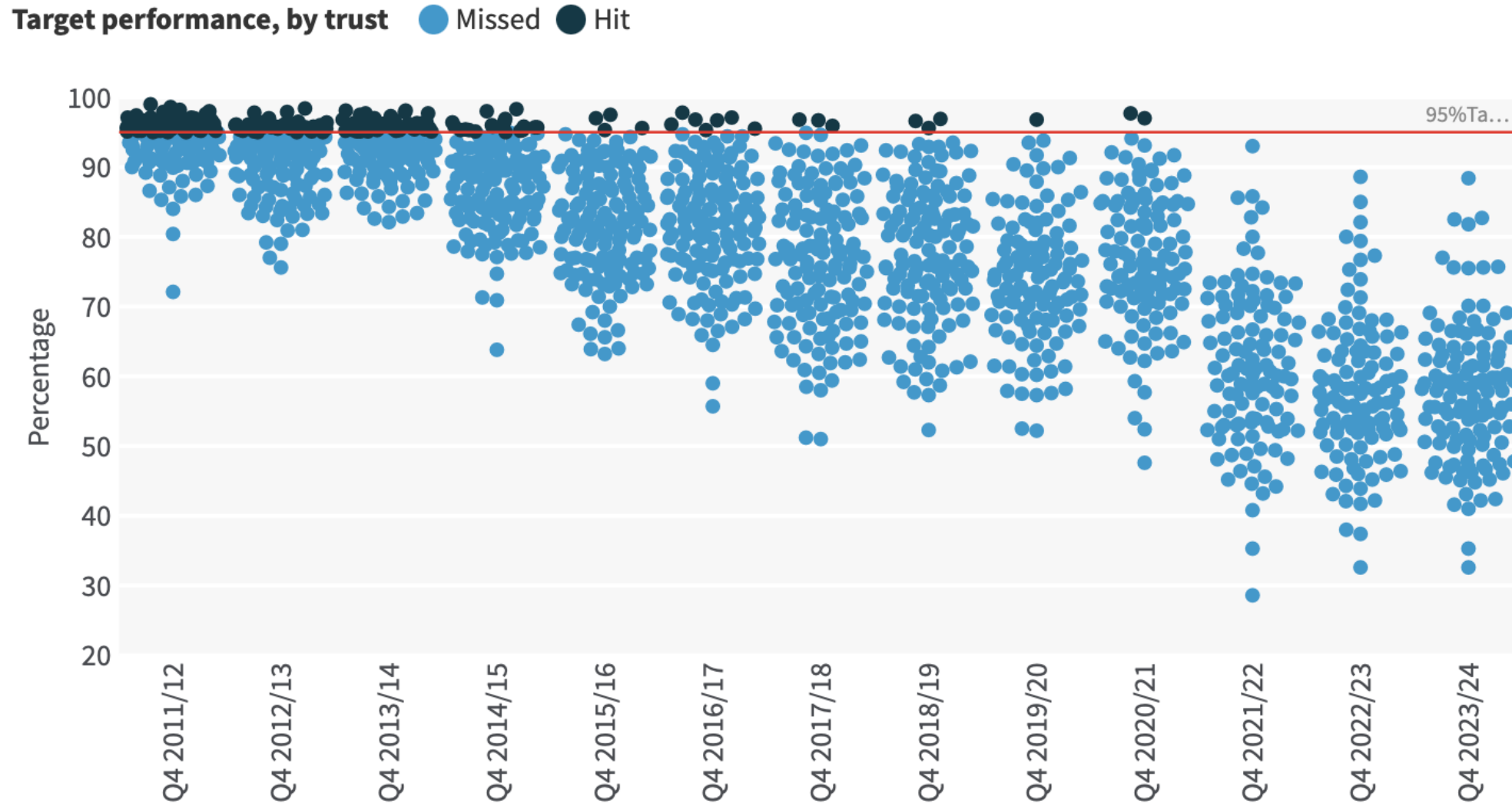


Dementia has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

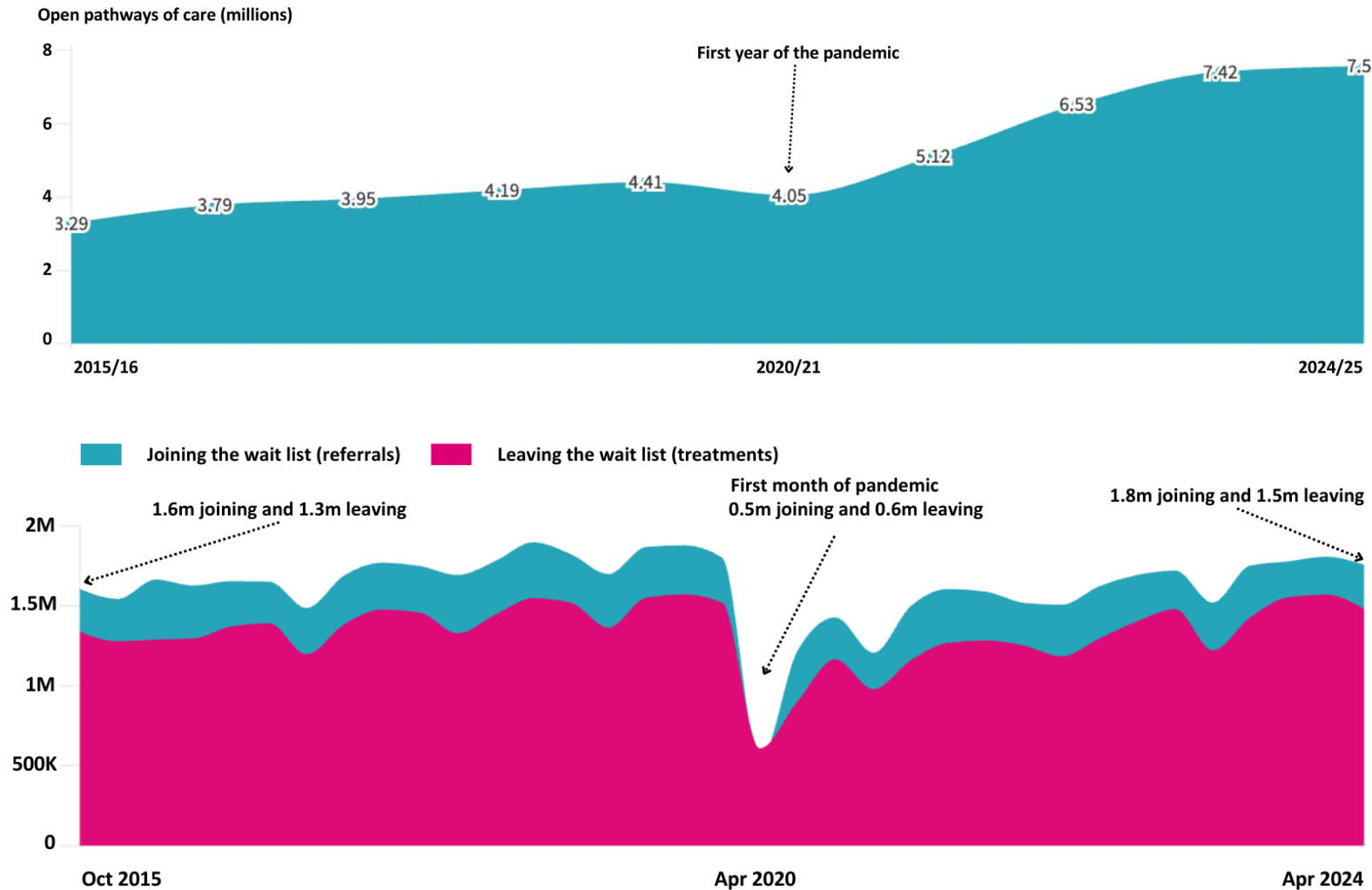
...and made recommendations for what the Government's 10-year plan needed to include

- **Re-engage staff and re-empower patients**, harnessing staff talent to deliver change and enabling patients to control their care
- **Change financial flows** to promote and **sustain the expansion of GP, MH and Community services** at a local level, embracing a **multidisciplinary neighbourhood care team model** that brings these services together
- **Improve productivity** in hospitals through improved **operational management**, **capital investment** and **empowering staff**
- Across the system, **tilt towards technology** through **digital systems**, especially for staff **outside hospitals**, and **embracing the potential of AI** for **care and life sciences**
- **Clarify roles and accountabilities** in NHS England and ICBs, **rebalancing management resource** with emphasis on the **capacity to deliver plans**, while **avoiding top-down reorganisation**
- **Direct effort** at aspects that will **drive national prosperity** by supporting people to **get back to work**, and **working with British biopharmaceutical** companies

Performance challenges in urgent and emergency care are significant and deep rooted



The current waiting list contains 7.6 million care pathways requiring definitive treatment



- The waiting list has been growing since 2013, and had increased in size by 75% by the pandemic
- Activity and referrals dropped during the pandemic itself
- Since then, referral rates have continued to exceed activity, resulting in a waiting list that has now plateaued at around 7.6 million
- Over 20 million people joined the waiting list last year, with year-on-year growth in referrals of 3.8%
- One patient in 6 has more than one active pathway

The Budget heralded significant investment in the NHS, despite the Prime Minister's declaration of 'no new money without reform' in response to the Darzi review

- Since the July Statement, the government has **already spent £1.8 billion on elective recovery**
- The funding announced in the budget on October 30 **comes before the NHS 10 Year Plan**, due to be announced in the spring, with the Chancellor **describing today's announcements** as a **"down payment on this plan"**



NHS funding announcements made in the budget come alongside an **expectation of 2% productivity gains next year**, with the Chancellor saying **"reform must come alongside investment"**

- **£22.6 billion increase** in the day-to-day **health budget** in 2025/26 compared to 23/24 outturn, representing a **4% average growth over 2 years**
- **£3.1 billion increase in capital budget** over this year and the coming year, including £1 billion to address the critical maintenance backlog and tackle RAAC in hospitals

Capital spending increases include funding for the following:

- **£1.5 billion for infrastructure** (beds, surgical hubs and scanners) to support delivery of the manifesto pledge of 2 million more appointments per year and add capacity for millions of diagnostic tests in England
- **£70 million for radiotherapy machines** to improve cancer treatments

Dr Clare Fuller's stocktake of integrated primary care in May 2022 set out next steps towards a model to improve access, experience and outcomes

The stocktake is centred on a new vision for integrating primary care through three core offers:

- **Streamlining access to care** and advice for people who get ill but only use health services infrequently, providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- Providing **more proactive, personalised care** with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- **Helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention.

The stocktake describes clear next steps to deliver the offers:

- Enable PCNs to evolve into **integrated neighbourhood teams**, with shared ownership for improving health outcomes
- Work with local people and communities to tackle ill health
- **Take a system-wide approach to a single integrated urgent care pathway**
- Create a clear development plan to support **primary care sustainability**
- Primary care workforce as an integral part of system and national level strategy
- System leadership to become the driver of primary care improvements
- **System-wide estates plan** to support fit for purpose buildings, adopting a 'one public estate' approach
- Improve data flow and embed digital transformation
- Legislative, contractual, commissioning and funding frameworks, with **primary care estates as central to a health infrastructure plan**

The Government has set a direction of travel over its first five months in office, but the detail is currently lacking

Wes Streeting has consistently described **three big shifts** in the focus of the NHS needed to reform the service and create a healthier society:

- from analogue to digital
- hospital to community
- sickness to prevention

The 10 year plan for the NHS to be published in 2025 will set out how these shifts will be delivered

- Eleven advisory groups are being established to feed ideas into the 10 year plan
- Four 'Vision' groups are to report before Christmas, and are based on a set of 'I' statements:
 - I can stay healthy and manage my health in a way that works for me (prevention and condition management)
 - I am treated in a fair and inclusive way, irrespective of who I am (inequalities)
 - I can access the high-quality and effective care I need, when and where I need it (access)
 - My care is integrated around my needs and I am listened to (person-centred care and multimorbidity)
- Seven 'Enabler' groups are to report by February. These cover Accountability and Oversight; Digital; Finance and contracting; Mobilisation/making it happen; People; Physical infrastructure; Research, life sciences and innovation

At the NHS Providers conference, the SoS said:

- The NHS received a **record- breaking capital allocation** in the budget
- **'Triple devolution'** is needed to ICBs, providers and patients
- Three national priorities whilst continuing to drive cost reduction are **waiting lists, UEC access and primary care access**
- ICBs are shifting to **commissioning and transforming services** whilst NHSE holds Trusts accountable for performance

Summary

- While the detail is yet to be defined, there is a renewed focus on shifting care delivery away from hospitals
- Primary care will have a critical role; delivering some aspects of the ask will require working at scale, while others require closer integration across existing services
- Integration will need to be broad to address public health challenges and meet care needs, including social care and non-statutory sectors
- Shifting activity to the community is likely to require workforce shifts from hospital to community settings
- Delivering an efficient and effective community-based model of health and care will require significant changes to estates and digital infrastructure