

The NHS 10-Year Plan: how should the extra funding be spent?

- The Government has asked the NHS to come up with a 10-year plan for how the extra funding it recently announced will be spent
- The centrepiece of the new plan should be a commitment to bring about measurable improvements in population health and to reduce health inequalities
- This depends on making further progress in integrating health and social care
- There should be a focus on: older people with frailty, people with complex needs and children
- Reforming the NHS from within needs much more emphasis, drawing on the intrinsic motivation of staff. This depends on building capability among leaders and staff as less reliance is placed on external interventions from regulators
- The Government must increase funding for the social care and public-health services provided and commissioned by local authorities
- The NHS and Government must work together to produce a comprehensive workforce plan and bring forward proposals to make social-care funding sustainable
- The Government's new funding translates to an average annual increase of 3.4%
- Productivity in the NHS has grown by around 1.4% a year since 2009 and the Government wants this kept up for the next five years
- The OECD estimates that about a fifth of spending on health care makes no or minimal contribution to health outcomes this includes:
 - Adverse events
 - People who are in hospital because no appropriate alternatives are available
 - Administrative costs
- Ways of tackling waste include:
 - More generic prescribing
 - Tackling variations in practice
 - Reducing overuse of antibiotics and procedures of limited value
 - Reducing the transaction costs of the internal market
 - Reducing the number of national bodies
 - Reduce over-reliance on inspection and regulation
- There should be more use of social prescribing for things such as volunteering, arts activities, cookery, gardening etc
- Alternative solutions to those offered by the public sector are needed - these could come from charities
- The aim should be to work towards a single health and social-care system - a move to free personal care would cost an additional £14bn by 2030/31
- There is a need to train, retain and retrain staff
- Physician and nursing associate roles should be expanded and more use made of apprentices
- The workforce should be re-balanced to more primary and community staff
- Integrated care systems (ICSs) should be established in law as NHS bodies held to account on goals for improving population health
- Peer-to-peer connections should be enabled through learning networks, improvement collaborative and communities of practice