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PSNC Briefing 024/19: NHS Long Term Plan Implementation Framework

Following the publication of the NHS Long Term Plan, NHS England and NHS Improvement (NHSE&I) committed to publishing an implementation framework, setting out further detail on how it would be delivered. This [implementation framework](#) has now been published, containing guidance on the approach [Sustainability and Transformation Partnerships \(STPs\) and Integrated Care Systems \(ICSs\)](#) are asked to take to create their strategic plans to deliver the Long Term Plan.

STPs/ICSs are currently working to develop their five-year strategic plans. These plans will clearly describe the population needs and the case for change in each area, alongside proposals for practical actions that the system will take to deliver the commitments set out in the NHS Long Term Plan. These plans will need to cover the period to 2023/24 and be agreed by Autumn 2019.

NHSE&I have also published a [Long Term Plan Implementation Framework system support offer](#) to signpost systems to further support when developing their plans.

This PSNC Briefing summarises the elements of the implementation framework that are of most relevance to community pharmacy contractors and Local Pharmaceutical Committees.

Increasing the focus on population health – moving to ICSs everywhere

The local plans must set out how STPs will develop to become ICSs by April 2021. NHSE&I expect systems to set out how they see the provider and commissioner landscape developing, for example, to overcome challenges faced by providers in rural or remote locations. Further guidance has also been published to detail the growing freedoms and flexibilities that will be available to ICSs as they increasingly mature.

More NHS action on prevention

The guidance advises that in developing their plans, systems will need to work in close partnership with regional and local Directors of Public Health to set out how they and their local authority partners who have commissioning responsibility for many of these preventative services will develop and deliver prevention activities that respond to local health needs and deliver on the commitments in the Long Term Plan, including obesity, smoking, alcohol, sexual health, antimicrobial resistance and air pollution.

To support the delivery of prevention activities, additional funding will be made available:

Activity	Funding
Smoking	<ul style="list-style-type: none"> Targeted investment to develop NHS-funded smoking cessation services in selected sites in 2020/21; Additional indicative allocations for all STPs and ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant

	women and users of high-risk outpatient services (as a complement not a substitute for local authority's own responsibility to fund smoking cessation).
Obesity	<ul style="list-style-type: none"> Systems should set out local referral trajectories that will contribute to uptake of the national Diabetes Prevention Programme by patients; Targeted funding for 2020/21 and 2021/22 for a small number of sites to test and refine an enhanced weight management support offer for those with a BMI of 30+ with Type 2 diabetes or hypertension and enhanced Tier 3 services for people with more severe obesity and comorbidities.
Alcohol	<ul style="list-style-type: none"> Targeted funding available from 2020/21 to support the development and improvement of optimal Alcohol Care Teams in hospitals with the highest rates of alcohol dependence-related admissions.
Antimicrobial resistance	<ul style="list-style-type: none"> Targeted support available to regions to drive progress in implementing the Government's five-year national action plan, Tackling Antimicrobial Resistance, to reduce overall antibiotic use and drug-resistant infections.

Better care for major health conditions

Cardiovascular disease

System plans should set out how they will, over the next five years, improve the prevention early detection and treatment of cardiovascular disease (CVD). Funding to deliver improved treatment for CVD is included in indicative additional allocations, with additional 'fair share' funding for systems from 2020/21 to increase the number of people with CVD who are treated for the cardiac high-risk conditions; atrial fibrillation, high blood pressure and high cholesterol. NHS England and NHS Improvement [signpost](#) local systems to work with community pharmacists, among others, to build on this.

Diabetes

Systems are asked to set out their approach for delivering improved services in line with the Long Term Plan commitments for people with Type 1 and 2 diabetes, including:

- Support for more people living with diabetes to achieve the three recommended treatment targets;
- Targeting variation in the achievement of diabetes management, treatment and care processes;
- Addressing health inequalities through the commissioning and provision of services; and
- Expanded provision of access to digital and face-to-face structured education and self-management support tools for people with Type 1 and Type 2 diabetes.

Respiratory disease

System plans should set out how they will support local identification of respiratory disease and increase associated referrals to pulmonary rehabilitation services for those who will benefit, particularly for the most socio-economically disadvantaged people who are disproportionately represented in this patient cohort.

Funding to deliver improvements in respiratory care in line with Long Term Plan commitments is available as follows:

- Targeted funding for a number of sites in 2020/21 and 2021/22 to expand pulmonary rehabilitation services and test new models of care for breathlessness management in patients with either cardiac or respiratory disease. From 2022/23 fair shares funding will be available to all systems to support wider roll out;
- Targeted funding available to increase spirometry training via new Primary Care Training Hubs from 2020/21.

Delivering digitally enabled care across the NHS

Systems need to develop a comprehensive digital strategy, which includes their approach to ensuring all secondary care providers are fully digitised by 2024. Providers should also be integrated with other parts of the health and care system, for example, through a local shared health and care record platform.

The document states that digital transformation will require all NHS staff to make adjustments in how they work – from the receptionist who supports outpatient clinics to those on their Board. The interim NHS People Plan addresses the need for an increase in the technical skills of the NHS workforce for both specialist and non-specialist staff.

Nationally delivered services are available to develop core digital services:

- The transformed [NHS.UK](#) website continues to provide high quality information about conditions and treatments, keeping well and NHS services and acts as a platform for other tools, providing Application Programming Interfaces (APIs) that enable partners to provide consistent and coherent information to users of NHS services. The NHS Login provides a single way for patients to identify themselves to a range of services;
- The [NHS App](#), acts as a platform, providing APIs so that third parties can provide their own digital tools and services, and ensures that tools and services can be integrated into it. It also provides a digital front door to primary care, symptom checking, the ability to register as an organ donor and to NHS 111. Two-thirds of GP practices are already connected to the NHS App with 96% expected to be connected by July 2019

National work is supporting the development of locally delivered digital personal healthcare records so that patients, or their authorised carer, can access and provide contributions to their care record. This includes:

- By 2020, every patient with a long-term condition will have access to their care plan via the NHS App, enabled by the Summary Care Record (SCR). By 2023, SCR functionality will be moved to the local shared health and care record systems and be able to send reminders and alerts directly to the patient;
- Personal Health Records will be delivered through local health and care records that will also hold care plans, which incorporate information added by the patient themselves, or their authorised carer and additional information which the patient chooses to provide.

Using taxpayers' investment to maximum effect

Improving productivity

The document references the need to continue supporting hospital pharmacy staff to take on increased patient facing clinical roles and, through the Medicines Value Programme, help the NHS deliver better value from the £16 billion annual spend on medicines. The NHSE&I Pharmacy and Medicines Optimisation Team will continue to work with systems to support this.

Next steps

Milestone	Date
Interim People Plan published	3 June 2019
Publication of the Long Term Plan Implementation Framework	June 2019
Main technical and supporting guidance issued	July 2019
Initial system planning submission	End of September 2019
System plans agreed with system leads and regional teams	Mid November 2019
Further operational and technical guidance issued	December 2019
Publication of the national implementation programme for the Long Term Plan	December 2019
First submission of draft operational plans	Early February 2020
Final submission of operational plans	By end March 2020

If you have queries on this PSNC Briefing or you require more information, please contact the PSNC Services Team at: services.team@psnc.org.uk