

Old Lock, New Key?

Sizing up the NHS Long-Term Plan – Tom McCarthy



'It's the economy, stupid' was coined by Bill Clinton's election strategist, James Carville, in 1992 to emphasise the single most important issue to voters. The mantra became established thinking; the economy was thought to trump all other areas of policy. **The NHS Long Term Plan** shouts out *'it's integration, stupid'* throughout its 133 pages. The, not so new, theory of integration has been posited as the way to develop a 'future fit' NHS with the next decade acting as the springboard.

Integration, a more joined up and coordinated NHS at both the service delivery and planning level, will be the panacea for a whole host of issues currently faced. Money will be fed into developing primary medical and community health services, and into a host of clinical priorities (especially mental health). The ultimate aim is increased capacity, more responsive care, reduced upstream pressures (especially on overstretched acute hospitals) and so a rebalanced NHS morphing gradually from cure to prevention.

The idea of 'fracking' money in at the primary and community level hoping for resultant benefits will take a real leap of faith.

It's unlikely that there will be placard waving fracking protesters turning up at the doors of the new neighbourhood teams complaining about the resource push into their integrated neighbourhood hubs. However will the benefits be realised? The Nuffield Trust recently noted that they have reviewed over 40 evaluations of 'integration' projects and none delivered the intended benefits.

However, assuming the fracking process goes well it will directly lead to financial winners too. Primary Care Networks will have their 'shared savings scheme' and acute hospitals will also receive a fracking 'dividend' as their future funding will not be offset by assumptions about reduced system demand.

So all the new integrated systems have to do is:

- propose and develop new integrated models of working;
- assess the pathway interdependencies across systems;
- allow for variability in performance in setting new care delivery thresholds and standards;

- ensure patients can be tracked as they flow through the new pathways of care;
- model the workforce needed with the right skills and competencies;
- ensure the governance systems are in place to mitigate the turbulence of major change;
- keep a look out for any untoward outcomes of change;
- set up proper evaluation frameworks to see if what we are doing is actually making a difference; and
- model the funding flows to ensure systems are delivering better VFM, and of course measuring the fracking 'dividends' to be paid out.

This requires a whole new skill set for Integrated Care Systems (ICSs) and within that, NHS managers and leaders. Capacity, patient flow and demand planning skills (as well as reliable models and analytic systems) have traditionally been hard to source within the NHS workforce. Complex analytical and data science professionals are as rare as hen's teeth and the requirement for this capability is now more urgent than ever if we are to unlock the potential of the long-term plan.

Simulating a single provider's supply and demand interactions has been hard enough for most organisations to achieve. Now add to this the need to model how care is delivered, and actual patients treated, across multiple providers within an integrated and seamless new system and the complexity 'tends towards infinity'. But this is the task, this is the challenge, this is the agenda and a 'future proofed NHS' is the prize.

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