

The NHS Plan

A plan for investment
A plan for reform

A Summary

The NHS Plan: A summary

This is a Plan for investment in the NHS with sustained increases in funding. This is a Plan for reform with far reaching changes across the NHS. The purpose and vision of this NHS Plan is to give the people of Britain a health service fit for the 21st century: a health service designed around the patient. The NHS has delivered major improvements in health but it falls short of the standards patients expect and staff want to provide. Public consultation for the Plan showed that the public wanted to see:

- more and better paid staff using new ways of working
- reduced waiting times and high quality care centred on patients
- improvements in local hospitals and surgeries.

In part the NHS is failing to deliver because over the years it has been underfunded. In particular there have been too few doctors and nurses and other key staff to carry out all the treatments required. But there have been other underlying problems as well. The NHS is a 1940s system operating in a 21st century world. It has:

- a lack of national standards
- old-fashioned demarcations between staff and barriers between services
- a lack of clear incentives and levers to improve performance
- over-centralisation and disempowered patients.

These systematic problems, which date from 1948 when the NHS was formed, are tackled by this Plan. It has examined other forms of funding healthcare – and found them wanting. The systems used by other countries do not provide a route to better healthcare. The principles of the NHS are sound but its practices need to change.

The March 2000 Budget settlement means that the NHS will grow by one half in cash terms and by one third in real terms in just five years. More money will fund extra investment in NHS facilities...

- 7,000 extra beds in hospitals and intermediate care
- over 100 new hospitals by 2010 and 500 new one-stop primary care centres
- over 3,000 GP premises modernised and 250 new scanners
- clean wards – overseen by ‘modern matrons’ – and better hospital food
- modern IT systems in every hospital and GP surgery

...and investment in staff:

- 7,500 more consultants and 2,000 more GPs
- 20,000 extra nurses and 6,500 extra therapists
- 1,000 more medical school places
- childcare support for NHS staff with 100 on-site nurseries.

But investment has to be accompanied by reform. The NHS has to be redesigned around the needs of the patient. Local hospitals cannot be run from Whitehall. There will be a new relationship between the Department of Health and the NHS to enshrine the trust that patients have in frontline staff. A new system of earned autonomy will devolve power from the Government to the local health service as modernisation takes hold.

The Department of Health will set national standards, matched by regular inspection of all local health bodies by an independent inspectorate, the Commission for Health Improvement.

The National Institute for Clinical Excellence will ensure that cost effective drugs like those for cancer are not dependent on where you live. A Modernisation Agency will be set up to spread best practice.

Local NHS organisations that perform well for patients will get more freedom to run their own affairs. There will also be a £500 million performance fund. But the Government will intervene more rapidly in those parts of the NHS that fail their patients.

For the first time social services and the NHS will come together with new agreements to pool resources. There will be new Care Trusts to commission health and social care in a single organisation. This will help prevent patients – particularly old people – falling in the cracks between the two services or being left in hospital when they could be safely in their own home.

For the first time there will be modern contracts for both GPs and hospital doctors. NHS doctors work hard for the NHS. But the contracts under which they work are outdated. There will be a big extension of quality-based contracts for GPs in general, and for single-handed practices in particular. The number of consultants entitled to additional discretionary payments will rise from half to two-thirds but in return they will be expected to increase their productivity while working for the NHS. Newly qualified consultants will not be able to do private work for perhaps seven years.

For the first time nurses and other staff, not just in some places but everywhere, will have greater opportunity to extend their roles. By 2004 over half of them will be able to supply medicines. £280 million is being set aside over the next three years to develop the skills of staff. All support staff will have an Individual Learning Account worth £150 per year. The number of nurse consultants will increase to 1,000 and a new role of consultant therapist will be introduced. A new Leadership Centre will be set up to develop a new generation of managerial and clinical leaders, including modern matrons with authority to get the basics right on the ward.

For the first time patients will have a real say in the NHS. They will have new powers and more influence over the way the NHS works:

- letters about an individual patient's care will be copied to the patient
- patients' views on local health services will help decide how much cash they get
- patient advocates will be set up in every hospital
- if operations are cancelled on the day they are due to take place the patient will be able to choose another date within 28 days or the hospital will pay for it to be carried out at another hospital of the patient's choosing
- patients' surveys and forums to help services become more patient-centred.

For the first time there will be a concordat with private providers of healthcare to enable the NHS to make better use of facilities in private hospitals – where this provides value for money and maintains standards of patient care. NHS care will remain free at the point of delivery – whoever provides it.

These far reaching reforms to the service will result in direct improvements for patients.

Patients will see waiting times for treatment cut as extra staff are recruited:

- by 2004 patients will be able to have a GP appointment within 48 hours and there will be up to 1,000 specialist GPs taking referrals from fellow GPs
- long waits in accident and emergency departments will be ended
- by the end of 2005 the maximum waiting time for an outpatient appointment will be three months and for inpatients, six months.

The treatment of cancer, heart disease and mental health services – the conditions that kill and affect most people will improve with:

- a big expansion in cancer screening programmes
- an end to the postcode lottery in the prescribing of cancer drugs
- rapid access chest pain clinics across the country by 2003
- shorter waits for heart operations
- hundreds of mental health teams to provide an immediate response to crises.

Older people use the NHS more than any other group. This Plan will provide them with both better and new services:

- nursing care in nursing homes will be free
- by 2004 a £900 million package of new intermediate care services to allow older people to live more independent lives
- national standards for caring for older people to ensure that ageism is not tolerated
- breast screening to cover all women aged 65 to 70 years
- personal care plans for elderly people and their carers.

The NHS Plan will bring health improvements across the board for patients but for the first time there will also be a national inequalities target. To help achieve this we will:

- increase and improve primary care in deprived areas
- introduce screening programmes for women and children
- step up smoking cessation services
- improve the diet of young children by making fruit freely available in schools for 4-6 year olds.

The NHS Plan will require investment and reform to make it work. But the funding is there to support change and it is backed by the key organisations in the NHS. There is a new national alliance behind a reformed, patient-centred NHS. These are the most fundamental and far reaching reforms the NHS has seen since 1948. It will take time to get there but over the next few years the NHS will be modernised from top to toe.

This is the summary version of The NHS Plan - A plan for investment. A plan for reform. (Cm 4818 - I). The summary and full document can be found on the internet at www.nhs.uk/nhsplan

The summary is available in English, Hindi, Punjabi, Gujarati, Urdu, Bengali, Chinese, Vietnamese, Greek, Turkish, Somali and Arabic. It is also available as an English audio cassette tape and in braille and large print.

All summary versions are available free of charge from:

Department of Health

P.O Box 777

London

SE1 6XH

Fax: 01623 724524

Email: doh@prolog.uk.com

© Crown Copyright

Produced by the Department of Health
22101 1p July 00 2500K(TSO)

The text of this document may be reproduced without formal permission or charge for personal or in-house use.