

Five Year Forward View: A briefing for members

What is the FYFV?

[The Five Year Forward View \(FYFV\)](#) sets out a vision for the NHS in England. It was published in October 2014 and co-signed by a collaboration of organisations; NHS England, Care Quality Commission, Health Education England, Public Health England, National Institute for Health and Care Excellence and NHS improvement (formerly Monitor and National Trust Development Authority). The vision in the FYFV is for a sustainable NHS that continues to be tax-funded, free at the point of use and that is fully equipped to meet the evolving needs of its patients, now and in the future. The implementation of the FYFV aims to improve outcomes: better health for the whole population, increased quality of care for all patients and better value for the taxpayer.

This forward view sets out a triple integration agenda involving greater integration between primary and specialist care, physical and mental health care and health and social care. Services will be organised around the needs of patients rather than professional boundaries.

What does this mean for me as a pharmacist?

Pharmacists are experts in medicines and their use. The use of medicines is the largest treatment intervention in the NHS. Pharmacists can help support efficiencies in the NHS and improve patient care by undertaking person-centred medicine reviews in a range of different care settings and as part of care pathways and multidisciplinary teams.

Pharmacists who work in an area where there is a vanguard / new model of care, should work with their Local Professional Network (LPN), Local Practice Forum (LPF) or Local Pharmaceutical Committee (LPC) to ensure that there is pharmacy input and involvement in the vanguard. A list of vanguards can be found at <https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/>

Pharmacists can contribute expertise and solutions to all of the new models of care. Locally pharmacist leaders need to engage with the development of the Strategic Transformation Plan (STP) and ensure pharmacists are included as part of local transformation.

Funding for community pharmacy through the contractual framework is currently under threat (<https://www.gov.uk/government/publications/putting-community-pharmacy-at-the-heart-of-the-nhs>) and this makes it more important for pharmacists to seek opportunities to be commissioned to provide care via the new models outlined in the FYFV as these are funded from other sources.

The pharmacy profession has a great opportunity to capitalise on the changes that are happening and realise the opportunities that are forthcoming in the progression of delivery of the FYFV.

What is the Royal Pharmaceutical Society doing?

- Influencing decision makers nationally and supporting our members to influence key people at a local level
- The RPS is regularly meeting with key stakeholders to shape and influence the direction of travel for the pharmacy profession
- Bringing together pharmacists involved in new care models to share and learn from their experiences. This will provide peer support and enable these pharmacists to share ideas and methodology with each other, and via the RPS, with the wider profession
- Providing support and understanding to members about new roles for pharmacists (in U&E care, GP practices, enhancing health in care homes). More information can be found [on our website](#)
- Keeping members informed and supported [via our website](#).

Background Information:

What is the FYFV hoping to achieve?

The main aim of the FYFV is to deliver high quality care for patients whilst making efficiency savings within the system.

The FYFV aims to close the significant and widening gap between current resources and the demands on the service. There are three main areas it is focusing on:

- **The health and wellbeing gap**

This has a particular focus on prevention and healthy living.

If people are healthier there will be fewer admissions to hospital and a reduced demand on NHS services in general.

- **The care and quality gap**

This has a particular focus on seamless care across the current sectors within the NHS and ensuring primary care is fit for purpose.

It seeks to give patients greater control over their own care.

It focuses on new ways of working to deliver care and the ability to meet the evolving demands on the NHS service.

- **The funding and efficiency gap**

This has a particular focus on redirecting demand for NHS services so that more effective and efficient care is given to those who need it.

It is exploring the spending patterns in the NHS to see where changes could and should be made.

The main strategy of the FYFV is prevention and public health, patients to have far greater control of their own care, and to remove any barriers to the provision of more integrated care.

How will the FYFV achieve this?

At the core of the FYFV strategy is the development of new models of care, or the vanguards. It recognises that there will not just be 'one size fits all' care model across the whole of England, but there must also remain certain universal levels of care provision that require a degree of conformity. It has, therefore, proposed a number of new care models that are being explored and implemented via the vanguards. These vanguards will develop models of care that are suitable for the needs of their local population and geographical location. This will provide a wide range case studies of what works for certain populations and real world examples that can then be replicated across the country.

The different types of vanguards are:

- **Primary and Acute Care Systems (PACS)**

This model combines general practice and hospital services, similar to the Accountable Care Organisations developing in other countries.

- **Multispeciality Community Providers (MCPs)**

This model enables groups of GPs to combine with other primary care providers, community health services, hospital specialists etc. to create integrated out-of-hospital care.

- **Enhanced Health in Care Homes**

This model focuses on care homes and ensures that residents get the care and support they need for their often complex medical conditions.

- **Urgent and Emergency Care Networks (UECN)**

This models enables services to be redesigned to integrate between A&E departments, GP out of hours services, NHS 111, urgent care centres and primary care.

- **Viable smaller hospitals**

This model supports smaller district hospitals to continue to provide care to the local population.

The FYFV also mentions two other models:

- **Specialised care**

This model focuses on providing specialist care in a certain location, for example a specialised stroke unit.

- **Modern Maternity Services**

This model will explore future ways and models for sustaining and developing maternity units across the NHS.

In addition to these vanguards there are also a number of other initiatives that have been put in place to support the implementation of the FYFV:

- **Diabetes Prevention Programme**

This programme has been set up to help people in England who are at high risk of getting Type 2 diabetes become healthier and so avoid getting the condition. The programme will help people lose weight and become more active in a structured way – this ‘behaviour change’ needs to be long term and the programme will support people to achieve that.

- **A focus on cancer**

The FYFV aims to address the fact that cancer survival in England is lower than the European average by focusing on better prevention, swifter access to diagnosis and better treatment and care.

- **A focus on mental health**

The FYFV states that the NHS must drive towards an equal response to mental and physical health.

- **A focus on learning disabilities**

The FYFV sets out an aim to significantly improve the care of those with learning disabilities.

- **Ten point plan for General Practice**

This plan has been developed by NHS England, British Medical Association, Royal College of General Practitioners and Health Education England and aims to ensure that there is a skilled, trained and motivated workforce in general practice.

The support to develop practice-based pharmacists within GP surgeries is one part of improving the workforce section.

In order to futureproof the NHS, the FYFV also promises to develop a workforce that is modern and will be able to provide the services required now and in the future, and to use and develop technology to support the services and the care it delivers.

Planning for 2016/17

In December 2015 NHS England published the [Planning guidance for 2016/17 – 2020/21](#). This guidance very much focuses on place-based commissioning at a local level. It is starting to move away from planning by individual institutions towards planning for a local population which will help providers of care to come together to deliver care for the locality.

It requires organisations to produce a five year sustainability and transformation plan (STP) supported by a one year operational plan for 2016/17. The local NHS planning process has funding attached to enable transformational change and this will be provided on the basis of the STP. These STPs will be place-based, multi-year plans built around the needs of local populations. STPs will help drive a genuine and sustainable transformation in health and care outcomes between 2016 and 2021. They will also help build and strengthen local relationships, enabling a shared understanding of where we are now, the ambition for 2021 and the concrete steps needed to get there. The [STP footprints guidance](#) provides details on the geographical areas covered by the individual footprints.

The planning guidance encourages engagement with the Lord Cater provider productivity work programme and the RightCare programme to make significant efficiency savings and reduce variation across the country. Both of these could have a significant impact on medicines and pharmacists.

It is expected that the new models of care will cover 20% of the population in 2016/17 and that this will expand to at least 50% by 2020.

Key messages from FYFV:

- Prevention is key – supporting people to live healthier lives
- People want to be more involved in their own care – empower people to take responsibility for their care
- Services are organised around the patient and their needs
- Commissioning will happen across a place / population
- Supporting carers to help sustain the NHS and engaging more with volunteers, charities and voluntary sector organisations
- Good practice needs to be learnt from and spread more quickly
- Expand and strengthen primary care (out of hospital care)