



Challenging the NHS Long-term Plan

Kailash Chand MRCGP OBE

Honorary Vice President of BMA, Ex-deputy Chair of BMA Council & Chair, Tameside & Glossop NHS Trust

Keywords: NHS Long term plan, Brexit, Five year forward view, workforce crisis, interim people plan

cite as: Chand, K. Challenging the NHS Long term plan. *Sushruta* 2019 Nov vol12(1):14
DOI: [10.38192/12.1.6](https://doi.org/10.38192/12.1.6)

The NHS long-term plan, announced early this year with £20.5bn of funding, was seen as atonement by Theresa May for the health service being starved of funding for the past nine years. But the extra funding will barely make up for nine years of austerity that have crippled the NHS and social care and undermined public health. The Health Foundation think-tank rightly warned that ministers must spend an extra £8bn a year on health, on top of the £20.5bn increase, or the plan will fail.

Aside from the funding issues, delivering the plan depends on political choices outside the control of the NHS, particularly on Brexit, social care, and wider social policy. A no-deal Brexit could stall investment in the NHS and worsen staffing shortages. Continuing to duck decisions on social care funding will pile even more pressure on the NHS. And continued cuts to public health and social services will undermine the plan's ambitions to improve health and reduce inequalities.

The five year forward view – the blueprint that preceded the long-term plan – was both ambitious and humble as it recognised that the sustainability of the NHS and an improvement in health outcomes demanded action and participation beyond the health service. The long-term plan focuses exclusively on the NHS. Despite its objectives on prevention and sustainability, it prescribes only solutions amenable to NHS control. Any reform that fails to account for such crucial issues as public health and social care cannot be seen as a credible proposal, let alone be called a “long-term plan”.

A further five issues could limit the plan's potential to deliver on its aims.

1. *Inspiring leadership and participation:* the plan does not abandon the health service's culture of targets and tick boxes. Although it includes rhetoric about patient and public involvement in health, there are few practical solutions.

2. *Narrowed ambition:* there are three gaps to plug – health outcomes, finances and care quality – but only one of those sits solidly within the ambit of the NHS. Health outcomes and financial sustainability rely on sectors beyond the NHS: in social care, in wider public services,



among the public themselves. The long-term plan acknowledges this but doesn't seek to encourage or incentivise the NHS to build those alliances.

3. *Facing upwards not outwards*: accountability is upwards to regional and national structures, not outwards to the population served. Devolution can change that. NHS Scotland is still recognisably the health service, but its political accountability is more direct.

4. *Increasing demand*: as a society we are all living longer; it is projected that the population over 75 in the UK will double in the next 30 years, and by 2040 nearly one in four people will be aged 65 or over. Deep-seated health inequalities continue to exist across society and different regions in the UK, as well as an epidemic of largely preventable long-term disease and ill-health. This has created a challenging environment for patients and doctors working in an already pressurised service. Strains such as these are causing patients to wait longer.

5. *Workforce crisis*: the most concerning omission is the absence of a comprehensive plan to address the severe problem of the NHS staffing crisis. Such a strategy should have been incorporated; instead the [Interim NHS People Plan](#) was published separately this August. The problems facing the health service are likely to be compounded by staffing shortages in social care, which will almost certainly be exacerbated by Brexit. Workforce shortages in health and social care are at an all-time high. With the NHS at breaking point, if the government doesn't get to grips with this workforce crisis, the health service will struggle to attract and retain highly trained staff, and patient care will continue to suffer as a result.

In many ways, the workforce crisis is worse than a financial calamity; the only thing keeping the health service going is the goodwill and dedication of its staff, but believe me, that goodwill is dangerously close to running dry. When it does, we will have not have the NHS of which we are so proud. The NHS is like a black hole to ministers – they know it's there, but act as though it's way beyond us in outer space and so they don't have to find a solution. They would rather have a shrinking NHS, workforce and funding crises. The long-term plan is a half-baked solution to these problems and, like [Andrew Lansley's reforms](#), will end in tears.

<https://www.longtermplan.nhs.uk/>

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<https://improvement.nhs.uk/resources/interim-nhs-people-plan/>

<https://www.theguardian.com/healthcare-network/2016/sep/23/andrew-lansley-fails-recognise-nhs-reforms-dont-work>