

<p>other hospitals further afield, and partnering with specialist hospitals to provide more local services.</p> <p>e) Midwives will have new options to take charge of the maternity services they offer.</p> <p>f) Specialised care</p> <p>g) Enhanced care in care homes</p> <p>a) Foundation of NHS care will remain list-based primary care. NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention. New incentives to encourage new GPs and practices to provide care in under-doctored areas</p>	<p>Has implications for current Maternity Services Consultation. Creates opportunity to CHUFT and/or One to One Midwives</p> <p>Relates to Essex wide stroke review and Acute Services review</p> <p>Work Moraig Kirkpatrick has been undertaking</p> <p>Co-commissioning</p> <p>Care Closer to Home</p> <p>NHS E workforce development centre project</p>
<p>Other points</p> <p>Meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied</p> <p>invest in new options for our workforce,</p> <p>raise our game on health technology</p> <p>new 'test bed' sites for worldwide innovators, and new 'green field' sites where completely new NHS services will be designed from scratch</p> <p>action needed on all three fronts – demand, efficiency and funding – to ensure we don't have a £30 billion funding gap by 2020</p> <p>Delivering on the transformational changes set out in this Forward View and the resulting annual efficiencies could - if matched by staged funding increases as the economy allows - close the £30 billion gap by 2020/21</p>	<p>CC2H</p> <p>QIPP combined with CC2H plus a request for extra funding</p>

<p>measure and publish meaningful and comparable measurements for all major pathways of care for every provider – including community, mental and primary care – by the end of the next Parliament. We will continue to redesign the payment system so that there are rewards for improvements in quality.</p> <p>Healthier NHS workforce Integrated personal commissioning (IPC), a new voluntary approach to blending health and social care funding for individuals with complex needs. Including voluntary care support and volunteers</p> <p>Engaging communities</p> <p>New ways to support carers,</p> <p>Dementia Friendly Communities</p> <p><i>Build the public's understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit.</i></p>	<p>Quality incentives – development on outcome based commissioning. Performance and payment linked.</p> <p>CC2H long term vision</p> <p>Engagement Strategy</p> <p>CC2H</p> <p>Mental Health Strategy for NE?</p> <p>Urgent Care and A&E wont Make it Better campaign</p>
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