

# Everyone Counts – Planning for Patients 2013/14

## Briefing Paper

### Background

This document is the 2013/14 planning and rule book for Clinical Commissioning Groups and NHS Commissioning Board Area Teams. It sets out how each group will be monitored, what improvements they are expected to make and how money should be spent. Below is the headline news of this document

[Everyone counts: Planning for Patients 2013/14 | NHS Commissioning Board](#)

### Headline 1 – The importance of the NHS Constitution.

The NHS Constitution establishes the principles and values of the NHS in England. It sets out patient and staff rights and responsibilities. It protects the NHS and helps ensure we receive high-quality healthcare that is free for everyone. The constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service.

[NHS Constitution | Department of Health](#)

### Headline 2 – The NHS Offer.

The document identifies five offers, these are outlined below

Offer	Description
Offer 1 – 7 days a week routine NHS care	All routine services should be available seven days a week. A report on how this will be achieved is due in Autumn 2013
Offer 2 –More transparency and choice	By releasing statistics on consultants performance, clinical audit and casemix comparisons, commissioners and patients will be able to make informed choices about how well local services are performing. Publication will start in Summer 2013 and will be built into 2014/15 contract.
Offer 3 – Listening to patients and their experiences	Commissioners will be expected to put in place real time patient and carer feedback mechanisms by 2015. This work will start this summer with the feedback of patients attending A&E depts. Being captured, moving to maternity services in October 2013. CCG plans will need to show that they have taken account of feedback and Health and Wellbeing boards will need to monitor the implementation of improvement.
Offer 4 – Better Data, which helps planning	A new data system will ensure commissioners have access to the latest technologies to local level data. The NHS contract will have minimum requirements for data built into the 2014/15 version. CCG will have to develop a strategy for implementing data improvements by 30 <sup>th</sup> September 2013
Offer 5 – Higher Standards, better care	All CCG's will be required to implement the Winterbourne View report recommendations. There will also be a focus on improving practitioner competence by implementing "compassion in practice" and revalidation for medical practitioners.

Local Health and Wellbeing boards will be expected to oversee the implementation of this work, by ensuring that local priorities meet the needs of the population, agreeing local plans and then ensuring their implementation.

Clinical Commissioning Group Outcome Data sets have been published to help CCG's and Health and Wellbeing Boards to ensure that the right priorities are picked. These can be found here.

[Local Authority and Clinical Commissioning Groups Benchmarking Packs](#)

### Headline 3 – Delivering against the NHS Outcomes Framework

The NHS Outcomes Framework identifies five areas for improvement which all organisations will be measured against. These "domains" are listed overleaf

Domain	Description
<b>Domain 1</b> - Preventing People from dying prematurely	This domain has identified four key factors which contribute to reducing early deaths, these are <ul style="list-style-type: none"> <li>• Early Diagnosis</li> <li>• Improving Management in community settings</li> <li>• Improving Care and treatment in acute settings</li> <li>• Preventing reoccurrence after an acute episode</li> </ul>
<b>Domain 2</b> - Enhancing quality of life for people with long term conditions	This domain aims to improve the patients experience by ensuring commissioners consider patient centred care and integrated services for people with long term conditions. This domain includes personal budgets, personal care plans and better co-ordination of care
<b>Domain 3</b> - Helping people recover after episodes of ill health	This domain aims to reduce avoidable admissions by maximising effective treatments such as telemedicine, better communication between professionals and better discharge planning/co-ordination
<b>Domain 4</b> - Ensuring People have a positive experience of care	The domain expects CCG's to develop systems for rapid comparable feedback which commissioners can act upon.
<b>Domain 5</b> - Keeping people safe and protecting people from avoidable harm	This domain includes the need to reduce hospital acquired infections, there will be a national dashboard for commissioners to access their performance against national and regional peers

#### Headline 4 – Three local priorities

The CCG is expected to, with the help of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment, to identify three local priority areas which they intend to address throughout 2013/14. The plan will be agreed by and monitored through the Health and Wellbeing Board.

#### Headline 5 – Other National Priorities to be rolled out

There are also a few national targets which CCG's will be monitored against these are as follows

- Reduction of waiting lists – zero tolerance of 52 week waits, 18 week waits continue to be a right in the NHS constitution
- More responsive Urgent and Emergency Care – fines for ambulance delays and zero tolerance of trolley waits over 12 hours
- Reducing cancellations
- 100% roll out of the IAPTS service (Improving Access to Psychological Therapies)

#### Timetable for Implementation

Date	Expected Action
25 <sup>th</sup> January 2013	First Draft of CCG plan to be shared with the Area Team, this should include <ul style="list-style-type: none"> <li>• Key elements of transformation change</li> <li>• Trajectories for NHS outcomes</li> <li>• 3 local priorities</li> <li>• Activity plan</li> <li>• Financial Information</li> </ul>
8 <sup>th</sup> February 2013	Feedback from Area team
29 <sup>th</sup> March 2013	Further work on plans with Area team to ensure plans are robust
31 <sup>st</sup> March 2013	Sign off of the plan locally
5 <sup>th</sup> April 2013	Final CCG plans to be shared with Local Area Team
19 <sup>th</sup> April 2013	Plans to be agreed by Board and areas of risk identified and planned for
10 <sup>th</sup> May 2013	Plans to be approved by NHS CB Local Area Team Board
31 <sup>st</sup> May 2013	Local Prospectus to be published to local population