

Everyone Counts - Key Points

- The NHS challenges: ageing population, greater demand and limited resource growth. The new framework addresses health inequalities and putting customers first
- New system “assumes liberty” - CCG’s and local communities are empowered to prioritise on the basis of local needs and patient and public preferences
- The NHS Outcomes Framework, NHS Constitution and the NHS Standard Contract set out the goals and responsibilities - approaches for delivery will vary and local commissioners will have freedom to develop those that work in their community.
- Joined up planning- Commissioners to work with local Health and Wellbeing Boards and with local Healthwatch England to assess local population needs and expectations
- Healthcare success in the future will be judged on the quality of outcomes rather than set targets - an NHS Commissioning Assembly has organised around a single goal of securing the delivery of better outcomes for patients.
- Quality of services must be sustained and cannot be compromised if outcomes are to be improved; each decision to change the cost base of a service has been assessed by clinical experts and identified as being safe. QIPP remains essential. Quality Premiums and CQUIN payments made to those providers delivering over and above the set requirements.

Five offers to help commissioners deliver for the public:

- 1. Support for routine NHS Services seven days a week**
 - Essential to offer a much more patient-focused service
- 2. Greater transparency on outcomes**
 - Publication of consultant-level outcome data covering mortality and quality for ten surgical and medical specialties
- 3. Listening to patients and increasing participation**
 - Real time feedback on any service by 2015, starting with Friends and Family Test in 2013
 - NHS CB guarantee every patient the opportunity of online access to their own primary care medical record by the spring of 2015
 - Emphasis on take up of telehealth and telecare in line with patient need
 - Move to paperless referrals in the NHS by March 2015 so that patients and carers can easily book appointments in primary and secondary care
- 4. Better data, informed commissioning, driving improved outcomes**
 - NHS Standard Contract requirement that all NHS providers submit data sets that comply with published information standards so that all commissioners have comparable data
 - Development of a Clinical Commissioning Group Outcomes Indicator Set: useful in identifying local priorities for quality improvement
 - A modern data service, *care.data* will provide timely, accurate data linked along care pathways- will require universal adoption of the NHS number as the primary identifier by all providers in 2013/14
- 5. Higher Professional Standards, Safer Care**
 - Address recommendations from the Winterbourne View and Francis report
 - Maximise expertise of care staff to deliver improved patient outcomes using 6C’s -values
 - Improve quality and safety of care by ensuring licensed doctors are up to date and fit to practice
 - Ensuring the professionalism of management meets the highest quality standards

Abbreviations



- **6C's** - care, compassion, competence, communication, courage and commitment
- **CCG** - Clinical Commissioning Group
- **CQUIN** – Commissioning for Quality and Innovation
- **NHS CB** - National Health Service Commissioning Board
- **QIPP** - Quality, Innovation, Productivity and Prevention