EVERYONE COUNTS: PLANNING FOR PATIENTS 2013/14

SUMMARY VIEW

INTRODUCTION

The NHS Commissioning Board (NHS CB) has released Everyone Counts: Planning for Patients 2013/14, which outlines the incentives and levers that will be used to improve services from April 2013. This summary document is intended to highlight the main points outlined within that planning framework.

The NHS is facing unprecedented challenges in the form of an ageing population, greater demand and limited resource growth. Of these challenges the new commissioning system will focus on reducing health inequalities and advancing equality to improve outcomes for patients by putting their interests first. The NHS CB will:

- retain oversight and assure responsibilities are being met but will 'assume liberty ' so that CCGS 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 – but the approaches for delivery will vary and local commissioners will have freedom to develop those that work in their community.
- act as a strong contributor to Health and Wellbeing Boards to help achieve joined up planning and will work with Healthwatch England to assess local population needs and expectations.

As well as 'Everyone Counts' the NHS CB has also released a CCG Outcomes Indicator Set, which includes NHS Outcomes Framework indicators that can be measured at clinical commissioning group level and additional indicators developed by NICE and the Health and Social Care Information Centre.

OBJECTIVES

The approach set out within Everyone Counts is aimed at securing three important objectives:

- **Balancing change and continuity:** 2013/14 sees wide scale organisational change at a time of increasing financial pressures and the best confidence the Commissioning Board can provide patients and the public is that local health services are driving change, not reacting to it
- **Making assumed liberty a reality:** through creating the time and space for clinical commissioning groups to drive local health priorities within a framework driven by Health and Wellbeing Boards
- **Balancing annual requirements with the longer-term:** the best indicator we have of future quality improvement is current delivery and we need to assure ourselves that the health service is sufficiently robust to deal with the challenges of increasing demand when limited resource growth is likely to be a feature for several years ahead

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PATIENT OUTCOMES

The NHS Outcomes Framework, NHS Constitution and the NHS Standard Contract set out the goals and responsibilities – but the approaches for delivery will vary and local commissioners will have freedom to develop those that work in their community. There is a critical role for CCGs and the Board's direct commissioners to work together under the auspices of the local Health and Wellbeing Boards to achieve success in the following five domains:

1. Preventing People from Dying Prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill-health or following injury
4. Ensuring people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

SUPPORT FOR COMMISSIONERS

Rather than setting targets, the NHS CB has been working with CCGs to identify what support the Board can offer to drive improvements in services. It has provided five offers to commissioners to give them the insights and evidence they need to produce better local health outcomes

1. Support for routine NHS Services seven days a week

- The NHS CB's National Medical Director will establish a forum that includes providers and regulators to identify how there might be better access to routine services seven days a week and to report in the autumn of 2013.

2. Greater transparency on outcomes

- Data will be published on consultants practising within ten surgical specialties– including activity data, clinical quality measures and survival rates. This will help patients choose where they want to be treated, both at the point of GP referral and along the care pathway, and encourage competition.

3. Listening to patients and increasing participation

- A Friends and Family Test will be implemented in 2013 which will aim to collect real time feedback on any service by 2015
- The NHS CB has guaranteed that every patient will have the opportunity to access their own primary care medical record online by the spring of 2015
- Patients will be helped to access digital tools in order to manage their own health with an emphasis on telehealth and telecare
- The Board will also support a 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

- A modern data service will be built called care.data, which will provide timely, accurate data collected as part of the care process and linked along care pathways.
- A core set of clinical data will be collected from GP practices for 2013/14.
- The Board will work with CCGs and providers to develop comprehensive clinical data for secondary care in order to consult and plan guidance for 2014/15.
- By 31 March 2013 advice will be produced on what a high quality data set should look like and each CCG will be asked to identify its own strategy by 30 September 2013

5. Higher Professional Standards, Safer Care

- Recommendations from the Winterbourne View and Francis report will be included in CCG assurance documentation
- The NHS CB will support the new approach set out in Compassion for Practice which advocates the values of; care, compassion, competence, communication, courage and commitment – the 6Cs.
- It will also support revalidation which will improve quality and safety of care by ensuring licensed doctors are up to date and fit to practice
- In partnership with the NHS Leadership Academy the NHS CB will ensure that the professionalism of management within the NHS meets the highest quality standards

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TOOLS AND LEVERS

The NHS CB has provided a number of financial and related levers that commissioners can use in their overarching strategies. These levers are structured to support CCGs and the NHS CB's direct commissioners to secure quality service improvements which will deliver better outcomes for patients, whilst also, in the first year of reform, maintaining strong financial management and managing change.

- **The NHS Standard Contract** This is a key enabler in securing improvements to quality of services. Commissioners must enforce the standard terms set out within this contract, which will allow them to hold providers to account and enable innovative commissioning
- **CQUIN - Commissioning for quality and innovation** CQUIN rewards can be paid by commissioners when providers deliver a level of quality that is over and above the NHS Standard Contract. The reward is set at 2.5% of the value of all services commissioned which will provide local commissioners with significant freedom to negotiate greater and locally-focused quality from providers.
- **Quality Premium** Subject to Regulations, a Quality Premium will be paid in 2014/15 to CCGs that in 2013/14 improve or achieve high standards of quality in four key measures from the NHS Outcomes Framework. The Quality Premium will also include three locally identified measures.
- **Financial Planning and Business Rules** The income allocated to CCGs has been published alongside this guidance and templates for the collection of key financial data for both CCGs and direct commissioners have been issued. These have been constructed to enable an assessment of the risk inherent in plans and triangulation of plans with providers.
- **Programme and Running Costs** Income is allocated separately for programme and administrative costs. Expenditure against these allocations will be tracked individually.
- **Surplus Policy** A key measure of the financial resilience of an organisation is the recurrent, or underlying, financial position after stripping out non-recurrent income and expenditure. Commissioners should plan to be in 2% recurrent surplus by the end of 2013/14. Guidance will be published on how this requirement will be defined and measured by the end of January 2013.
- **Managing Risk** Each CCG should hold a contingency of at least 0.5% of revenue within their plans to determine locally the contingency required to mitigate risks. This is in addition to 2% ring-fenced non-recurrent funds.
- **Planning Assumptions** Commissioners should plan for an underlying growth in demand based upon both demographic and non-demographic changes.
- **Integrated Care** The integration of the provision of services, including the pooling of budgets to reflect local need, should be an explicit consideration in local area planning. CCGs will assume responsibility for the management and administration of the £300 million a year reablement provision, but will work with local authorities to agree allocation of the monies and will be accountable their local Health and Wellbeing Board and Area Team.

ABBREVIATIONS

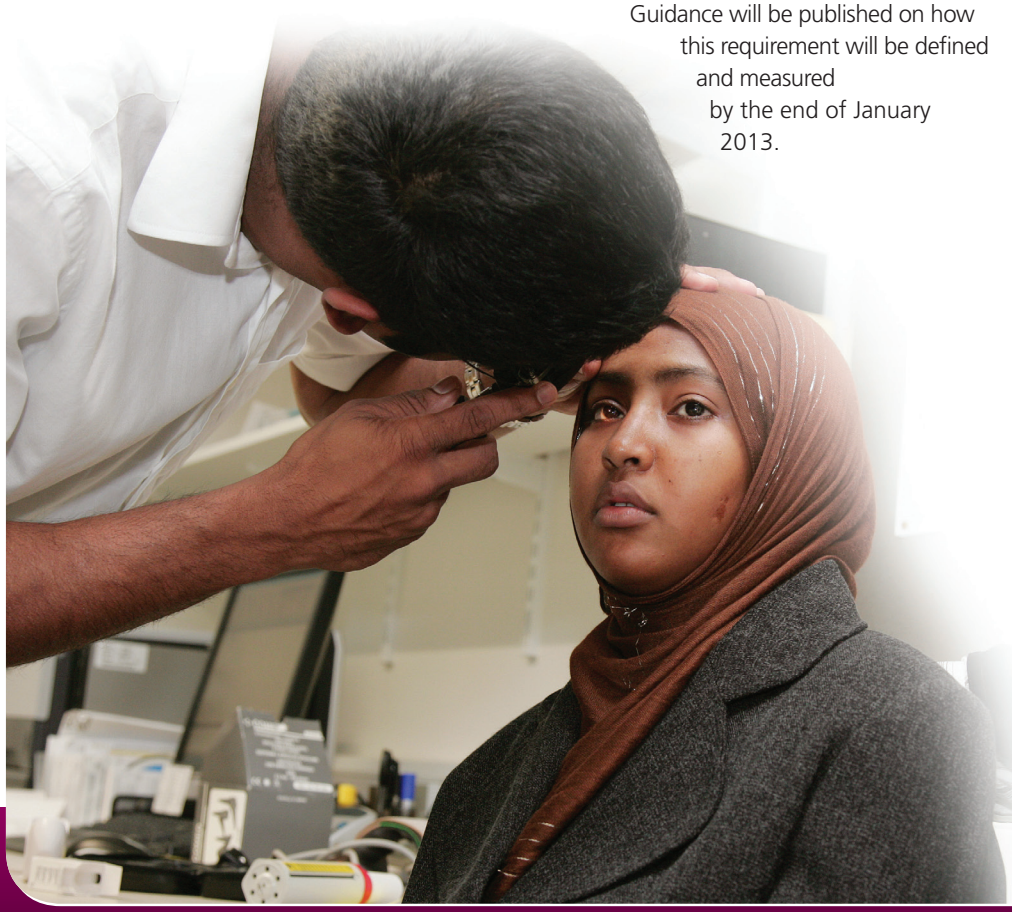
6C's – care, compassion, competence, communication, courage and commitment

CCG – Clinical Commissioning Group

CQUIN – Commissioning for Quality and Innovation

GP – General Practitioner

NHS CB – National Health Service Commissioning Board



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