

December 2013

PSNC Briefing 114/13: Everyone Counts – NHS England’s planning guidance for 2014/15 to 2018/19

In late December 2013 NHS England published [Everyone Counts: Planning for Patients 2014/15 to 2018/19](#), the new planning guidance for NHS organisations. The document describes NHS England’s ambition for the NHS over the years ahead. It describes a series of changes to the way health services are delivered that NHS England considers are required to deliver improved outcomes within the resources that will be available to the NHS.

It also sets out a requirement for local commissioners to develop 5 year strategic plans over the next few months. LPCs will want to be aware of the key points in the document, as they will influence future local commissioning by clinical commissioning groups (CCGs) and NHS England area teams (ATs). LPCs will want to seek to influence the development of the strategic plans to ensure community pharmacy services feature prominently.

A focus on outcomes

NHS England states that delivery of outcomes for patients is to be the central focus of its work. NHS England will focus on delivering the Government’s mandate (see [PSNC Briefing 108/13](#) for more details), which is largely based on the five domains of the NHS Outcomes Framework and going beyond that to secure even better care for patients.

These outcomes are translated into **seven specific measurable ambitions** which NHS England believes are critical indicators of success and against which they can track their progress:

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

1. Securing additional years of life for the people of England with treatable mental and physical health conditions;
2. Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions;
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital;
4. Increasing the proportion of older people living independently at home following discharge from hospital.
5. Increasing the number of people having a positive experience of hospital care;
6. Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community; and
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

Additionally, there are **three more key measures** that are vitally important and on which NHS England expect to see significant focus and rapid improvements:

- i. **Improving health**, which must have just as much focus as treating illness. NHS England will work closely with Public Health England (PHE) at a national level to ensure that the key elements of [Commissioning for Prevention](#) are delivered and at a local level all stakeholders should work on improving health through Health and Wellbeing Boards (HWB).
- ii. **Reducing health inequalities**, to ensure that the most vulnerable in society get better care and better services, often through integration, in order to accelerate improvement in their health outcomes.
- iii. moving towards **parity of esteem for mental health**, making sure that the NHS is just as focused on improving mental as physical health and that patients with mental health problems don't suffer inequalities, either because of the mental health problem itself or because they then don't get the best care for their physical health problems.

Delivering transformational change

Delivering NHS England's long-term ambitions will require a change in the way health services are delivered. As was highlighted in July 2013 in [A Call to Action](#), the NHS needs to find ways to raise the quality of care for all to the best international standards while closing a potential funding gap of around £30bn by 2020/21. NHS England says this will require a significant shift in activity and resource from the hospital sector to the community.

NHS England suggests that the funding and implementation of the Better Care Fund (previously known as the Integration Transformation Fund – see [PSNC Briefing 100/13](#)) has the potential to improve sustainability and raise quality, including by reducing emergency admissions. They note that hospital emergency activity will have to reduce by around 15% and CCGs will need to make significant progress towards this during 2014/15.

NHS England note that there is a good degree of consistency in the themes emerging from submissions to [A Call to Action](#), the strongest message being that citizens must be at the centre of all health service planning - their interests and aspirations must be the organising principles for the future of health and care.

Taking this principle as a starting point, the document recognises that different, identifiable groups within the population have different needs; and that the way services organise themselves to respond has a direct impact on outcomes and use of resources. NHS England is proposing a direction of service development, based on meeting the needs of whole populations, to be applied consistently across the country. That means identifying the models of care that will apply in five years' time and determining the steps needed to realise that vision.

NHS England has identified that any high quality, sustainable health and care system in England will need to have the following **six characteristics (models of care) in five years**:

1. A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care;
2. Wider primary care, provided at scale;
3. A modern model of integrated care;
4. Access to the highest quality urgent and emergency care;
5. A step-change in the productivity of elective care; and
6. Specialised services concentrated in centres of excellence.

1) Citizen inclusion and empowerment

The document notes the extension of the Friends and Family Test to cover all NHS services by the end of March 2015. It also describes how better use of digital technology can support greater inclusion of patients in their own care and in strategic discussions on service development. For example, people with long term conditions should have a personalised care plan which is available electronically and is linked to their GP record. By the summer of 2014 NHS England anticipates that data in at least 5% of GP practices will be linked to hospital data; by the end of March 2015 this will have increased to 90%.

The changes to the GMS contract in 2014/15 (see [PSNC Briefing 107/13](#) for more details) will help empower patients by enabling practices to register patients from outside traditional catchment areas, thereby creating

greater patient choice. It also introduces a new requirement for practices to promote and offer all patients the ability to book appointments online, order repeat prescriptions online and access their medical notes online. NHS England will develop metrics to identify the number of practices with access to online services.

The contract changes also introduce a new requirement for GP practices to upload information about medicines, allergies and adverse reactions onto the Summary Care Record.

2) Wider primary care, provided at scale

NHS England's aim is that people with a moderate mental or physical long term condition (about 20% of the population) should have access to all the support and care they need from a wider primary care offering which is provided at scale. This will mean access to a broader range of services in primary care, in their own homes and in their communities, centred on a much more pivotal and expanded role for general practice to co-ordinate and deliver comprehensive care in collaboration with community services and expert clinicians.

NHS England's strategic framework for commissioning of general practice services, to be published in 2014, will set out the action they are taking at national level to support commissioners in developing joint strategies for primary care as part of their five year strategic plans. One of their key aims is to enable general practice, community pharmacy and other primary care services to play a much stronger role, at the heart of a more integrated system of community-based services, in improving health outcomes.

The document notes that responses to the Call to Action make it clear that there is a widespread appetite for developing new models of primary care that provide more proactive, holistic and responsive services, particularly for frail older people and those with complex health needs; play a stronger role care in preventing ill-health; involve patients and carers more fully in managing their health; and ensure consistently high quality of care. NHS England and CCGs have a joint responsibility to drive up all aspects of quality in primary care services.

The document says there is a growing consensus that this will mean enabling general practice to work at greater scale and in closer collaboration with other health and care organisations, whilst retaining personal continuity of care and strong links with local communities. NHS England will create the strategic framework for this approach and will work with CCGs to stimulate new models of care and to develop innovative forms of commissioning and contracting to support these new models.

3) A modern model of integrated care

For the 5% of patients with multiple, often complex, mental or physical long-term conditions, often compounded by being elderly and perhaps frail, NHS England says a modern model of integrated care with a senior clinician taking responsibility, through a personal relationship, for active co-ordination of the full range of support from lifestyle help to acute care is needed.

The Government has determined that there will be a specific focus during 2014/15 on those patients aged 75 and over and those with complex needs. The revised GMS contract includes specific arrangements for all patients aged 75 and over to have an accountable GP and for those who need it to have a comprehensive and co-ordinated package of care. NHS England expects similar arrangements will apply to increasing numbers of people with long term conditions in future years.

CCGs will be expected to support general practices in transforming the care of patients aged 75 or older and reducing avoidable hospital admissions by providing funding for practice plans to do so. They will be expected to provide additional funding to commission additional services which practices, individually or collectively, have identified will further support the accountable GP in improving quality of care for older people. This funding should be at around £5 per head of population for each practice. Practice plans should be complementary to initiatives being undertaken through the Better Care Fund.

General practices may propose that this new funding be used to commission new general practice services that go beyond what is required in the GMS contract. Alternatively practices may propose that this money be invested in other community services to secure integration with primary care provision. NHS England says that practices should have the confidence that, where these initial investment plans successfully reduce emergency admissions, it will be possible to maintain and potentially increase this investment on a recurrent basis. In addition, CCGs will need to demonstrate how individual practices can have as much influence as they need over the commissioning of associated community services, community nursing especially district nursing and end of life care, so that their accountable GPs can discharge their responsibilities and so as to ensure that these services are co-ordinated with the services provided by the practice itself and provide integrated care for patients.

As the Better Care Fund is introduced at a local level, NHS England envisages that different models of integrated care will be developed across the country, but the following common features are likely to be present in all models:

- senior clinicians (within a team) taking full responsibility for people with multiple long-term conditions;
- full responsibility lasting from presentation to episodic care, including personalised care planning for those who would benefit; and
- co-ordination of care including lifestyle support and advice, social care, general practice care and hospital episode co-management.

The Better Care Fund will be available in 2015 but the planning to introduce it has already started across the country.

4) Access to the highest quality urgent and emergency care

The document notes the vision for urgent and emergency care set out in the report on the first phase of Prof Sir Bruce Keogh's review (see [PSNC Briefing 110/13](#) for more details) and that it will take some time to implement. In the short term, NHS England will work with CCGs to develop a new service specification for NHS 111 services. It also expects local resilience planning, led through Urgent Care Working Groups (UCWGs), to be a continuous process with preparations continuing on from this winter to the next. NHS England states that UCWGs should refresh their membership to ensure that all relevant stakeholders are involved in discussions. They expect UCWGs will build on their plans for 2013/14 in the spring and will have a fully refreshed set of plans before summer 2014.

During 2014/15, NHS England will oversee pilots designed to extend access to general practice services and stimulate innovative ways of providing primary care services, supported by the Prime Minister's £50 million challenge fund. There will be at least nine pilots covering around half a million patients and testing new ways of providing evening and weekend access, making greater use of email and phone consultations, joining up urgent care and out-of-hours care, and providing a range of other flexibilities in how citizens access services.

5) A step-change in the productivity of elective care

The document says that if the NHS is going to transform out of hospital care and look to concentrate specialised hospital services in fewer sites, then there will be a need to review how routine planned admissions for patients for less complex treatments are delivered. International comparisons suggest that, as well as quality improvements there are significant productivity gains to be made if the model of delivering elective care can be changed. It is expected that CCGs will develop their model of elective care so that local providers (hospital trusts etc.) can achieve a 20% productivity improvement within 5 years, so that existing activity levels can be delivered with better outcomes and 20% less resource.

6) Specialised services concentrated in centres of excellence

NHS England states that specialised services are currently being delivered from too many sites, with too much variation in quality and at too high a cost in some places. Through its direct commissioning it will be looking to reduce significantly the number of centres providing NHS specialised services.

Maintaining the focus on essentials

The document notes that there are a number of essential elements that will apply to all of the characteristics of every successful and sustainable health economy:

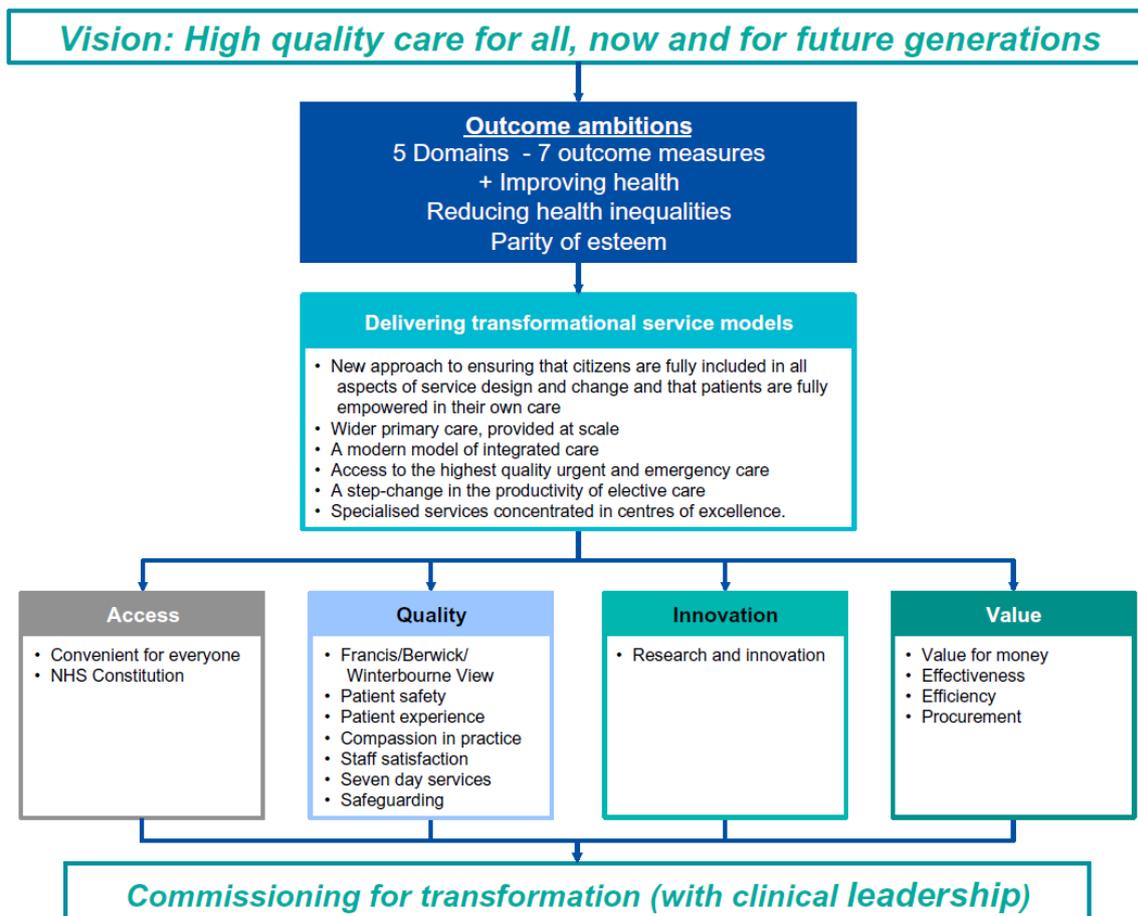
- quality;
- access;
- innovation; and
- value for money.

Local plans will be expected to include a special focus on each of these elements.

NHS England is introducing a number of approaches to improve patient safety and reduce avoidable harm:

- the creation of Regional and Area Team Quality Surveillance Groups to provide evidence and intelligence to support early intervention when issues develop;
- a new Patient Safety Alerting System to identify safety issues early;
- continued zero tolerance of MRSA bloodstream infections with continued focus on reducing *Clostridium difficile* infections;
- setting up a Patient Safety Collaborative Programme to create a comprehensive, effective and sustainable collaborative improvement system that underpins a culture of continual learning and patient safety improvement; and
- creating new NHS Safety Thermometers for mental health care, medicines safety and maternity that can be used by organisations to support local improvement activity.

The document summarises the priorities for the NHS in the following diagram:



A new approach to planning

The document describes a new approach to NHS planning which is required to address the looming financial gap of around £30bn by 2020/21:

- Local commissioners will need to agree stretching local ambitions to deliver improved outcomes against the five domains of the NHS Outcomes Framework. Credible and costed plans to deliver these ambitions will

need to be developed;

- Commissioners will need to plan for the transformation of services over a five year period, ensuring alignment with the six service models outlined above;
- Each five year strategic plan should include the first two years of operational delivery in detail;
- Plans must be explicit in dealing with the financial gap and contain appropriate risk and mitigation strategies;
- CCGs have been asked to choose their own footprint for strategic health and social care planning. This may involve a number of CCGs working together as part of a larger 'Unit of Planning' to enable wider issues which affect more than one commissioner to be dealt with at scale.

NHS England expects plans to be:

- bold and ambitious;
- developed in partnership with providers and local authorities; and
- locally led.

Local plans have to be agreed by 14th February 2014 at which point they will undergo an assurance process. Final 2 year operational plans, following the completion of the assurance process, and draft 5 year strategic plans have to be submitted by 4th April 2014. 5 year strategic plans will have to be finalised by 20th June 2014. Area teams will lead the assurance of CCG plans and regional teams will manage the assurance of area team's direct commissioning plans.

NHS England's area teams will produce strategic and operational plans for the services they commission, including community pharmacy, on the same basis as CCGs. The document says there are two central objectives to NHS England's direct commissioning of primary care services:

- to develop more integrated out-of-hospital services that help people stay healthy and provide proactive, coordinated support, particularly for people with long-term conditions; and
- for area teams, CCGs and Local Professional Networks to work collaboratively with local communities to develop joint strategies for commissioning primary care and wider community services, based on patient and public insight. These should be part of an integrated strategy for out-of-hospital care.

It goes on to say that local strategic plans should include specific actions to support development of general practice services in ways that reflect the six key characteristics of high-quality care set out in the general practice *Call to Action*:

- proactive coordination of care, particularly for people with long-term conditions and more complex health and care problems;
- holistic care: addressing people's physical health needs, mental health needs and social care needs in the round;
- ensuring fast, responsive access to care and preventing avoidable emergency admissions and A&E attendances;
- preventing ill-health, ensuring more timely diagnosis of ill-health, and supporting wider action to improve community health and wellbeing;
- involving patients and carers more fully in managing their own health and care; and
- ensuring consistently high quality of care: effectiveness, safety and patient experience.

The document also states that area teams should also work with their Local Professional Networks and, where appropriate, CCGs to develop equivalent commissioning strategies for dental care, community pharmacy care

If you have queries on this PSNC Briefing or you require more information please contact [Alastair Buxton, Head of NHS Services](#).