The diagram above illustrates the national and local contexts in which job planning is undertaken. A short commentary on these follows with more detail supplied in Appendix 1.

The NHS Plan
The NHS Plan set out the direction of travel for the NHS over a 10 year period - the modernisation of the service by increasing investment in staff and facilities, standardisation of care, removing demarcation between staff groups, increasing performance, reducing central control and increasing patient choice.

The Plan outlined the objective to reform the consultant contract by having a career structure that rewards and incentivises consultants making the biggest contribution to the NHS, with a commitment for better arrangements for professional development and clarity of consultants’ time commitment.

The Plan stated that increased investment would be made in facilities, the development of new roles, increasing staff numbers, changes in education and training, maintenance of skills through appraisal and revalidation, and encouraging staff to undertake increasingly complex work through systems of competencies and assessment.

The quality of service would also be raised through the development of core standards, expanding best practice, developing National Service Frameworks (NSF) and ensuring services are commissioned and redesigned around patients’ needs with staff working in teams rather than autonomously. A greater emphasis is being put on placing the patient at the centre of the NHS, by increasing patient choice and access and focusing chronic disease management in primary care.

Primary Care Trusts (PCTs) have been set up to commission services to take account of local needs and priorities in light of the national requirements of the NHS Plan. These priorities and plans for change being set out in the Local Delivery Plan (LDP).

For consultants this would mean a change in the use of their time, use of resources, service delivery, multi-disciplinary working and training and accreditation.

Proposals
Integral to the NHS Plan proposals for a new approach to the consultant contract was a desire to reduce work intensity during a consultant’s career. This new approach to tackling work-life balance was amplified in
Consultant job planning - standards of best practice. This applies to all medical and dental consultants employed by the NHS in England. For consultants, job planning should:

- clarify the commitments that are expected of them and the resources and other support they can expect from the employer to help meet these commitments
- prioritise work and better manage excessive workload
- promote flexible working
- support, where appropriate, a phased approach to consultant careers.

There is no doubt that consultants have busy lives. Patient needs, increasing complexity of treatments and the introduction of working time regulations for junior doctors are some of the additional demands made. Job planning should seek to achieve a reasonable work-life balance as well as addressing these and other demands.

Priorities and Planning Framework

The Priorities and Planning Framework (PPF) 2003/06, to be superseded by the Health and Social Care Standards and Planning Framework, identifies the national priorities and targets to be built into LDPs.

The PPF sets out to:

- increase the range and quality of services
- give more choice for patients
- give payments by results
- ensure patient safety
- involve users
- change practice
- provide training and development
- modernise IT systems.

The priorities for action laid out in the PPF are to:

- improve access
- improve care through NSFs e.g. cancer
- improve the patient experience
- reduce health inequalities.

Local Delivery Plans and monitoring arrangements

The NHS Plan ensures that organisations within health economies produce three-year plans and identify progress for each priority supported by a financial plan and strategy. Health economies need to set up systems to monitor progress to ensure plans are being delivered with the ability to amend them should the need arise.

The monitoring and performance management arrangements are clearly laid out.

- Each organisation to have its own system
- PCTs to hold provider organisations to account for service delivery that they have commissioned
- Strategic Health Authorities (SHAs) to hold all NHS organisations to account for their performance, with the exception of Foundation Trusts
- The Department of Health to hold SHAs to account for the performance of the NHS in their area, with the exception of Foundation Trusts.

How this handbook can help

Clinical managers need to understand the objectives and targets set out in the PPF and how these are to be delivered through the LDP. However, health economies, whilst taking account of the PPF, will have made some local interpretations to suit their population. It is, therefore, important that clinical managers and consultants have a sound working knowledge and understanding of their LDP.

Set out in Appendix 1 are the key areas for improvement found in the PPF that will have driven the LDP. Many specialty areas now have National Service Frameworks (NSF); in addition, there are a series of government initiatives and healthcare priorities in existence. A few examples of these are set out in Appendix 2. Each specialty will need to understand the requirements of the NSF pertinent to their area.