Appendix 1: Local and national priorities and the job planning process

The national context

The NHS Plan

The NHS Plan, published in July 2000, set out the direction of travel of the NHS for the next 10 years. In the Plan the Government set out its intention to modernise the NHS by increasing investment in facilities and staff. The focus of the Plan was to overcome the lack of national standards in care, old fashioned demarcation between staff, the lack of clear incentives and levers to improve performance. The over centralisation of control and the disempowerment of patients were clearly laid down.

In the paper “The NHS Plan – proposals for a new approach to the consultant contract” (February 2001) the primary objectives in relation to reforming the consultant contract were clearly stated. These objectives included a career structure rewarding and incentivising consultants making the biggest contribution to service delivery, improving health services and long term commitment to the NHS and a stronger unambiguous framework of contractual obligations providing greater ability to manage consultants’ work for the NHS. In return there was a commitment to better arrangements for supporting professional development, greater clarity and transparency about consultants’ time commitment to the NHS and an improved reward system.

The NHS Plan described the planned investment in facilities such as Treatment Centres, and in staff by developing new roles, increasing staffing, changes in education and training, ensuring doctors maintained their skills through appraisal and revalidation and developing a “skills escalator” through “Agenda for Change” allowing other clinical staff to undertake an increasing complexity of work through systems of competency training and assessment.

Whilst staff continue to be developed the quality of service is also to be raised through the development of core standards; supporting best practice development through the Modernisation Agency; development of National Service Frameworks (NSFs) in a number of diseases and specialties and ensuring that services are commissioned and redesigned around the needs of patients.

The hierarchical structure is to be replaced by a whole systems approach to service redesign recognising that clinical staff cannot act autonomously but must work in multi-disciplinary teams.

As the NHS Plan has been put in place and developed greater emphasis has been put on placing the patient at the centre of the NHS. This has developed by expanding the concept of patient choice, increasing patient access, the development of the concept of the expert patient and focussing chronic disease management in primary care.

To meet the demands of a modernised health service the education and training of all staff needs to change to deliver what is required. The reform of medical education by the development of the Postgraduate Medical Education and Training Board and the changes in medical education both at undergraduate and postgraduate levels will ensure that this is accomplished.

Setting up Primary Care Trusts (PCTs) has allowed the commissioning of services that takes account of local needs and priorities in the light of the requirements of the NHS Plan. The NHS Plan drives both the national and local objectives and requirements and ensures that the latter are prioritised through the Local Delivery Plan (LDP) to meet specific locally agreed needs, both within primary and secondary care sectors.
It also sets the direction of travel for all staff working in the NHS. For consultants, this means a change in the use of their time, their use of resources, service delivery, multi-disciplinary working, training and reaccredidation. To ensure this occurs, leadership skills are needed to drive and support doctors in achieving a patient centred service.

The Priorities and Planning Framework

The Priorities and Planning Framework (PPF) for 2003-06 sets out 62 national targets, the Health and Social Care Standards and Planning Framework will supersede the PPF in 2006/7 where the targets will be reduced to 20. The PPF identifies national priorities and the targets that need to be built into local plans. Emphasis being placed on changing the perception of public service and transforming the culture by adopting diverse service provision and increasing choice for patients. This cultural change being brought about by an increased involvement of the public, staff, service users and NHS partners.

The PPF sets out to increase the range and quality of services and improve user experience by:

- making measurable progress
- developing capacity – increasing staffing numbers and providing more facilities, equipment and providers
- changing the way in the whole system works to enable the delivery of goals and increase choice.

Change is set out giving:

- more choice for patients in terms of how and where healthcare is provided
- payment by results (reforming financial flows by tariff based approaches)
- incentives to provide services outside hospital
- increasing organisational freedoms.

The onus is put on organisations to:

- ensure patient safety
- increase the quality of care
- inform and involve users in their care and the planning and review of services
- ensure arrangements are in place to deliver emergency care
- modernise services and change practice by learning from other organisations
- provide training and development of staff
- modernise IT systems.

The Priorities

The health and social care priorities are:

- improving access to all services through:
  - better emergency care
  - reduced waiting, increased booking for appointments and admission and more choice for patients
- focusing on improving services and outcomes in:
  - cancer
  - coronary heart disease
  - mental health
  - older people
  - improving life chances for children
- improving the overall experience of patients
- contributing to the cross-government drive to reduce drug misuse.

To deliver these priorities there will be a need to have additional capacity in terms of staff, facilities and equipment. This may mean involving new organisations, not necessarily in the NHS or statutory sector, in providing services and care.

Whilst targets are not negotiable, local organisations and communities can work to different assumptions where they can be justified by local circumstances. Each NHS organisation, working with local authorities and other local partners, will need to develop infrastructure plans showing total increases in capacity in three key areas; physical facilities; workforce and information management and technology.
Creating robust plans within a new planning process

The new NHS planning process allows organisations to produce three-year plans, all the national planning requirements were replaced by a single three year LDP. The LDP identifies the expected progress for each priority over a three-year period; the plan is supported by a financial strategy and plan. Whilst the LDP is driven by national requirements there is a strong emphasis on local priorities that are agreed and set by local health economies. The LDP covers a whole Strategic Health Authority (SHA), based on PCT level plans. It is a “live” document that might be subject to amendment if the plan goes “off course” or new initiatives arise.

Arrangements for monitoring and NHS performance management

Local organisations need good monitoring arrangements in order to amend plans and take action where necessary, actions should be taken by organisations rather than interventions being initiated by external bodies.

The monitoring and performance management arrangements:

- each organisation has its own system that enables reports to staff and the public
- PCTs hold provider organisations to account for service delivery that they have commissioned
- SHAs hold all NHS organisations to account for their performance, with the exception of Foundation Trusts
- the Department of Health (DH) holds SHAs to account for the performance of the NHS within their area, with the exception of Foundation Trusts.

Conclusion

This is a short commentary on the context of the NHS set out in the NHS Plan and a brief resume of the systems that underpin its delivery. It is intended to give an understanding of the context to those delivering the benefits of the new consultant contract to the modernised service delivery.