Appendix 2: Illustrative examples of National Service Frameworks and other healthcare priorities

These are examples of some of the National Service Frameworks (NSFs), as well as other healthcare priorities. The complete set of National Service Frameworks can be found on the Department of Health website (www.dh.gov.uk), by entering ‘NSF’ in the search box.

Improve access for both emergency and planned care

Objective
To provide fast, safe and high quality emergency care and fast convenient access and patient choice for planned care.

Targets
For emergency care:
• reduce to 4 hours the maximum wait in A&E from arrival to admission, transfer or discharge by March 2004 for those Trusts that have completed the ‘Emergency Services Collaborative’ and by the end of 2004 or all others.

For planned care:
• increase the level of choice in each year, offering routine choice of hospital provider at point of all booking for all patients by December 2005 with 100% booking of day cases and two thirds of all first outpatient and inpatient elective admissions being pre-booked by March 2004.

National capacity assumptions
• Differential between growth in elective activity and GP referrals of 3% to ensure sufficient elective capacity to meet waiting time targets and offer choice
• Day case rate increases to 75%
• Increased amount of activity to contribute to national assumption that around 10% of outpatient appointments take place in community settings rather than in hospital
• Increase the amount of elective activity undertaken in dedicated facilities (including treatment centres) and non-NHS providers (including the private sector).
Cancer

The NHS Cancer Plan sets out a framework for services that will:

- save more lives
- ensure people with cancer get the right professional support and care as well as the best treatments
- reduce inequalities
- build for the future through investment in workforce and research for cancer.

All patients should have access to prompt high quality services for prevention, diagnosis, treatment and care for cancer as set out in the NHS Cancer Plan. Services should be developed through cancer networks and be provided in line with national cancer standards, taking full account of NICE appraisals and clinical outcomes service guidance. Providers should participate fully in national cancer comparative clinical audit, from 2003/04 for lung cancer and breast cancer and from 2004 for colorectal and head and neck cancers.

Targets

- Maintain existing cancer waiting time standards and set local waiting time targets for 2003/04 and 2004/05 so that by the end of December 2005 there is a maximum of one month from diagnosis to treatment and two months from urgent referral to treatment for all cancers
- Extend breast cancer screening to all women aged 65-70 by 2004
- Set local targets to achieve compliance with national standards on supportive and palliative care
- Agree, implement and monitor local plans to improve the outcomes of cancer treatment.

Coronary heart disease

The NSF for Coronary Heart Disease (CHD) sets the framework for action to:

- prevent disease, save more lives and improve the quality of life
- deliver services that are responsive to the needs and choices of patients
- reduce inequalities through action to reduce the risk of CHD.

All patients should have access to prompt high quality care across the patient pathway as set out in the NSF. Service development should build on the experience of the ‘Primary Care and Coronary Heart Disease Collaborative’ programmes and should take full account of comparative clinical audits. All appropriate units should participate in national CHD comparative audits for paediatric and adult cardiac surgery and for myocardial infarction and prepare to contribute to the national audit on angioplasty.

Targets

- Improve access to services across the patient pathway and increase patient choice by achieving the two week wait standard for Rapid Access Chest Pain Clinics; setting local targets to make progress towards the NSF goal of a 3 month maximum wait for angiography and delivering waits of 3 months for revascularisation by March 2005 or sooner if possible
- Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help
- Improve the management of patients with heart failure in line with the NICE clinical guideline and set local targets for the consequent reduction in patients admitted to hospital with the diagnosis of heart failure.
Mental health

The Mental Health NSF and Suicide Prevention Strategy set out a modernisation programme to:

• reduce the suicide rate and deaths by undetermined causes by 20% by 2010
• improve access to general community mental health services.

Services should be delivered in line with the standards in the Mental Health NSF, the Mental Health Implementation Guide, national mental health strategies and compliance with NICE appraisals/guidance.

The Children’s NSF will set out the standards and milestones for improvement in child and adolescent mental health services (CAMHS) including year on year access.

Targets

• Reduce the duration of untreated psychosis to a service median of less than 3 months (individual maximum less than 6 months) and provide support for the first three years for all young people who develop a first episode of psychosis by 2004
• Offer 24-hour crisis resolution to all eligible patients by 2005
• By December 2003 deliver assertive outreach to the 20,000 adult patients with severe mental illness and complex problems who regularly disengage from services
• Increase breaks available for carers and strengthen carer support and networks to the benefit nationally of approximately 165,000 carers of people on CPA by 2004
• Improve mental health in prisons so that all prisoners with severe mental illness have a care plan by April 2004 (approximately 5000 prisoners nationally) and ensure appropriate use of secure and forensic facilities by 2004, contributing to the national target of moving 400 patients from high secure hospitals by 2004
• Ensure by April 2004 protocols are in place across all health and social care systems for the care and management of older people with mental health problems.

Older people

The NSF for older people sets out the framework for health and social care services that will deliver:

• person centred care, respecting dignity and promoting choice
• the promotion of independent living and health and active life
• user satisfaction through timely access to high quality services that meet peoples’ needs
• partnership with carers.

Services will be developed in line with NSF standards and milestones and they will be provided in wider partnership. The Information Strategy for Older People will be implemented and there will be systems in place to explore user and carer experience.

Targets

• Improve the quality of life and independence of older people so that they can live at home wherever possible by increasing by March 2006 the number of those supported intensively to live at home to 30% of the total being supported by social services at home or in residential care.
• Each year there will be less than 1% growth in emergency hospital admissions and no growth in re-admissions
• By December 2004 all assessments of older people will begin within 24 hours of first contact with social services and will be completed within four weeks.
• By 2006 a minimum of 80% of people with diabetes to be offered screening for early detection (and treatment if needed) of diabetic retinopathy as part of a systematic programme that meets national standards, rising to 100% coverage of those at risk by end 2007.
• By April 2004 all general hospitals caring for people with stroke to have specialised stroke service and all health and social care systems to have established an integrated falls service by 2005.
Improving patient experience

The NHS requires better engagement with patients, the public and staff by seeking out and acting on local feedback creating patient responsive services that people perceive to be improving.

The five key dimensions for good patient experience are:
- improving access and waiting
- more information, more choice
- building closer relationships
- safe, high quality, co-ordinated care
- a clean, comfortable, friendly environment.

Patients and public will hold their local NHS to full and proper account for delivering improvements. They will expect updates on progress through formal patient and public involvement structures and an annual guide to local health services.

Targets
- Improve the five key dimensions of the patients’ experience as evidenced by increasingly positive local annual survey results and other patient focused performance indicators including those developed for the star rating system
- Introduce bedside TV and telephone systems in every major hospital by December 2003
- Eliminate ‘nightingale’ wards for older people by April 2004
- Introduce ward housekeepers in hospitals by 2004 and appoint modern matrons to all remaining posts by April 2004.

Reducing health inequalities

To reduce inequalities in health outcomes across different groups and areas in the country, initially the focus is on reducing the gap in infant mortality and life expectancy at birth and on reducing teenage pregnancies.

Targets
- Deliver a one percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy, focussing especially on smokers from disadvantaged groups as a contribution to the national target to reduce by at least 10% gap in mortality between “routine and manual” groups and the population as a whole by 2010, starting with children under one year
- Deliver an increase of 2 percentage points per year in breastfeeding initiation rate, focussing on women from disadvantaged groups
- Achieve local teenage conception reduction targets
- Contribute to the national reduction in death rates from CHD of at least 25% in people under 75 by 2005 compared to 1995-97, targeting the 20% of areas with the highest rates
- Contribute to a national reduction in cancer death rates of at least 12% in people under 75 by 2005 compared with 1995-97, targeting the 20% of areas with the highest rates.

Drug misuse

To contribute to the delivery of the National Drugs Strategy by reducing the harmful effects of substance misuse.

Targets
- Increase the participation of problem drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008 (against 1998 baseline) and increase year on year the proportion of users successfully sustaining or completing treatment programmes
- Reduce drug related deaths by 20% by 2004 (against 1999 baseline).