

OUR FORWARD VIEW

A review of our performance in 2016/17
and how we will move forward

JULY 2017



INTRODUCTION

We are the Clinical Commissioning Groups (CCGs) that plan and buy most of the health services for the people living in North Staffordshire and Stoke-on-Trent. We are clinically led NHS organisations which use public money to invest in and provide local health services. To make sure we are making wise decisions we regularly monitor the organisations who provide the services to make sure that high standards are maintained and we involve patients and the public as much as possible to understand the real impact of the services we buy.

Our focus over the past year has been on making sure that high quality care is provided in an area where there are high levels of health inequality and where we have many people with long-term conditions. Long-term conditions are conditions that cannot be cured but can be managed through medication and/or therapy, for example asthma, diabetes and arthritis.

We will continue to work to achieve better outcomes for patients through our new model of care called 'My Care, My Way – Home First' which will mean more people will be treated in or near to their own homes, rather than in a hospital setting when they don't need to be there.

This links in with the work we are doing with our health, social care and voluntary sector partners to make sure that care is more 'joined up'. We want people to feel confident and supported in managing their own long-term health conditions when they can.

The review provides some information about what we did in our last financial year from April 2016 to March 2017 and our shared priorities for this year and beyond.

We hope you will find this useful and informative and we would invite you to get involved in helping us to shape future local health and care. You can read more about this on page 18.



(L-R) Dr Alison Bradley, Clinical Chair of North Staffordshire CCG and Dr Ruth Chambers OBE, Clinical Chair of Stoke-on-Trent CCG

OUR COMMON PURPOSE

In September 2016 our two CCGs moved together into the One Smithfield Building in Hanley. We have built on our previous close working arrangements by forming a new Joint Executive Team.

The CCGs are still two separate legal entities but where possible, we work together to achieve common goals.

Together we have developed an overarching vision and objectives for our two CCGs.

We have also taken the opportunity to reflect on the priorities in our two year operating plan and focus on the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP). The STP is a Staffordshire-wide partnership approach to providing health and care services that meet the needs of the whole population.

We have worked with our staff, GPs and Board Members to develop the mission, vision, goals and values as set out here:



Our Mission (why we are here)

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.



Our Vision (where we are going)

We will be more effective and innovative commissioners of better health outcomes by delivering the principle of 'Home First' through care at home and community based services.

We will commission joined up care for our local population (from health service providers and the voluntary sector) in a way that helps them to feel empowered to care for themselves, prevent illness and remain independent for as long as possible.



Our Goals (how we will get there)

- Commissioning Safe, Accessible, High Quality Health Outcomes
- Seamless Integration & Partnerships
- Empowering Our Staff
- Responsible Use of Resources

PRIORITY AREAS WE WILL FOCUS ON TO DELIVER OUR GOALS

The four priority areas we will focus on to deliver health services for our local population are:

1.

COMMISSIONING HEALTH OUTCOMES

We will commission health care services that are sustainable using the 'Home First' principle where appropriate. Mental health will be given parity of esteem with physical health. We will monitor and act upon patient experience making sure that patient safety will not be compromised.

2.

SEAMLESS PARTNERSHIPS

Good health and social care cannot be delivered by the NHS alone. We will work with partners and the voluntary sector to commission the right services from the right providers in the right place. Key to knowing whether this is working is full patient and public involvement in all decision making and through the commissioning cycle.

3.

EMPOWERED STAFF

We will make sure through strong and visible leadership, staff receive personal development opportunities and the support they need to perform their jobs to high standards. Through clear objective setting, they will be accountable for the decisions they make. We will monitor and measure how staff feel and how they perform and we will formally and informally recognise good work and exceptional achievements.

4.

RESPONSIBLE USE OF RESOURCES

The focus will always be on improving quality and health outcomes in the most efficient way – that is our quality, innovation, productivity and prevention plan (QIPP) - and we will develop and deliver plans to achieve a balanced budget. The way we decide how to prioritise limited resources on local health services will be transparent and provide value for money.



VALUES (HOW WE WILL BEHAVE)

By working with the Executive Team, Board Members and staff in workshops, discussions and an online survey, the CCGs' developed the values which all employees will live by when conducting business on behalf of patients.

The values developed for CCG staff ensure patient safety will always come first and will not be compromised. Staff will receive the development and support they need to do their jobs, staff will engage and involve people making sure that public feedback is considered alongside clinical and financial information when making decisions. Everyone will work hard to make sure that they make realistic promises which engender trust and confidence in both organisations.



We **Do the Right Thing** by making commissioning decisions that are clinically safe



We **empower staff** by encouraging them to be open minded to change and courageous in the way they make decisions



We are **Caring and Compassionate** by having thoughtful intelligent conversations and putting the best interests of the people we commission for at the centre of what we do



We will only **make promises we can keep**, so people can trust our decisions

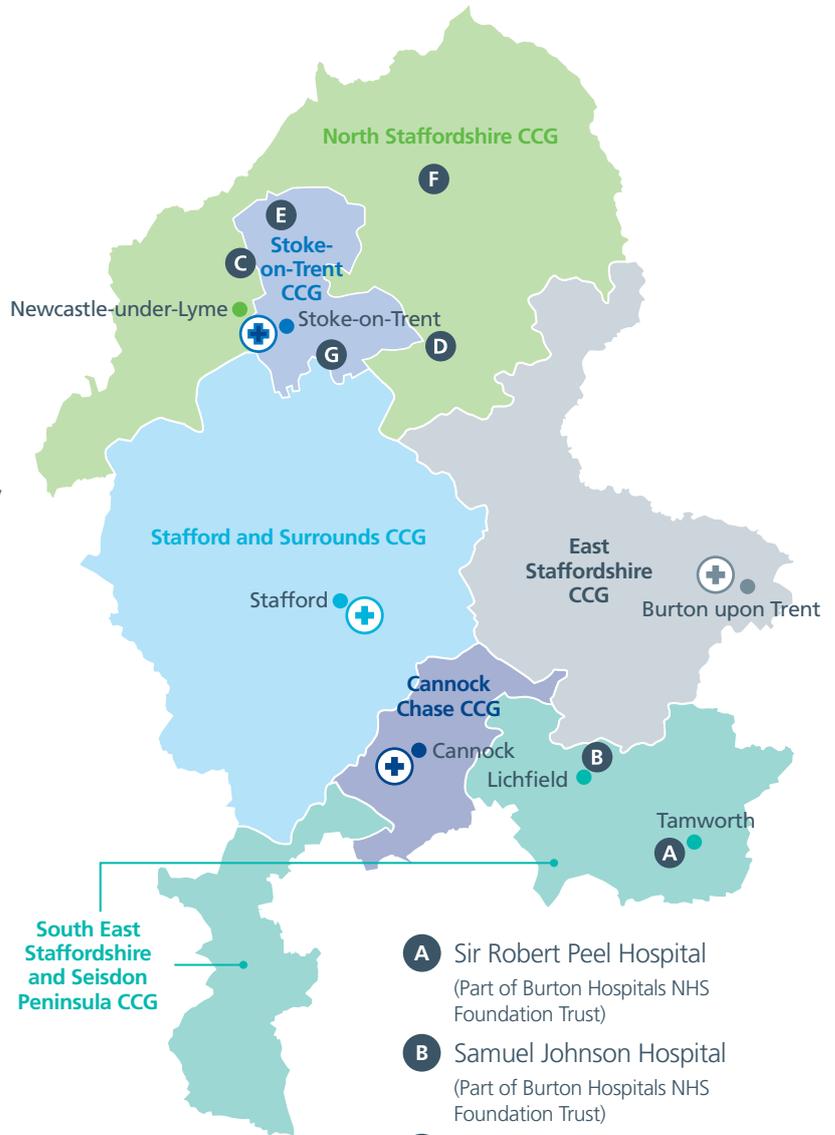
Underpinning these behaviours are the intrinsic values described in the seven principles of public life known as the Nolan Principles:

- | | |
|------------------------|--------------------------|
| 1. SELFLESSNESS | 2. INTEGRITY |
| 3. OBJECTIVITY | 4. ACCOUNTABILITY |
| 5. OPENNESS | 6. HONESTY |
| 7. LEADERSHIP | |

PARTNERSHIP WORKING

We aren't working alone, we have many partners within Staffordshire, as the illustration of our partners in the Staffordshire Sustainability and Transformation Plan (STP) area shows.

We work closely with local health providers and their staff to find ways of improving the quality and safety of services. We'd like to thank all our colleagues (doctors, nurses, therapists, all health and care professionals and everyone working behind the scenes) for everything they do to make health care better for local people.



COUNCILS

- Staffordshire County Council
- Stoke-on-Trent City Council

NHS CARE PROVIDERS

- Staffordshire and Stoke-on-Trent Partnership NHS Trust
- North Staffordshire Combined Healthcare NHS Trust
- Southern Staffordshire & Shropshire Healthcare NHS Foundation Trust
- Virgin Care

- +

Royal Stoke University Hospital
(Part of University Hospitals of North Midlands)
- +

County Hospital
(Part of University Hospitals of North Midlands)
- +

Queen's Hospital
(Part of Burton Hospitals NHS Foundation Trust)
- +

Cannock Chase Hospital
(Part of The Royal Wolverhampton NHS Trust)

- A

Sir Robert Peel Hospital
(Part of Burton Hospitals NHS Foundation Trust)
- B

Samuel Johnson Hospital
(Part of Burton Hospitals NHS Foundation Trust)
- C

Bradwell Hospital
(Part of Staffordshire and Stoke-on-Trent Partnership NHS Trust)
- D

Cheadle Hospital
(Part of Staffordshire and Stoke-on-Trent Partnership NHS Trust)
- E

Haywood Hospital
(Part of Staffordshire and Stoke-on-Trent Partnership NHS Trust)
- F

Leek Moorlands Hospital
(Part of Staffordshire and Stoke-on-Trent Partnership NHS Trust)
- G

Longton Cottage Hospital
(Part of Staffordshire and Stoke-on-Trent Partnership NHS Trust)

HOW WE DID IN 2016/17

Let's start with a review of where we are now, with a look at the quality and safety of the services across Stoke-on-Trent and North Staffordshire.

NHS Constitution Standard	2016/17 Performance	
	Stoke-on-Trent CCG	North Staffordshire CCG
A&E (University Hospitals of North Midlands)		
A&E waits – Patients should be admitted, transferred or discharged within 4 hours (95% target)	78.27%	
Number of A&E waits of over 12 hours	591	
Referral to non-urgent treatment within 18 weeks (92% target)		
Referral to non-urgent treatment within 18 weeks (92% target)	89.24%	89.37%
Maximum 6 week wait for diagnostic test from referral (99% target)	99.45%	99.46%
Cancer Waiting Times		
Maximum 2 weeks to see a cancer specialist from urgent GP referral, all cancers (93% target)	93.17%	94.73%
Maximum 2 weeks to first appointment, breast symptoms (93% target)	92.64%	93.73%
Maximum one month from diagnosis to first definitive treatment, all cancers (96% target)	94.64%	95.96%
Maximum 31 days for subsequent treatment: surgery (94% target)	94.19%	91.71%
Maximum 31 days for subsequent treatment: anti-cancer drugs (98% target)	95.98%	98.85%
Maximum 31 days for subsequent radiotherapy treatment (94% target)	97.53%	96.68%
Maximum 62 days from urgent GP referral for suspected cancer to first treatment: all cancers (85% target)	69.68%	72.74%
Maximum 62 days from referral from an NHS screening service to first definitive treatment for cancer (90% target)	79.75%	86.45%
Maximum 62 days for first definitive treatment: consultant upgrade (no target)	93.21%	94.45%

NOTES

The up and down arrows show whether performance has improved or got worse compared with 2015/16 figures.

More information about our performance can be found in the CCGs' annual reports for 2016/17, which are available on our websites: www.northstaffscgg.nhs.uk and www.stokeccg.nhs.uk

KEY INITIATIVES FOR 2016-17 WHICH REMAIN OUR FOCUS THIS YEAR

Below are some examples of work we've been doing in the past year. They are still very much part of our ongoing work for this year and beyond.

PROVIDING CARE AND SUPPORT FOR FRAIL ELDERLY PEOPLE IN THE RIGHT SETTING

For elderly patients it is recognised that long stays in hospital can be harmful and should be avoided wherever safe and possible.

That is why the Exemplar Front Door programme has been set up at Royal Stoke University Hospital. Since May 2016 a dedicated team of nurses backed by consultants, advanced nurse, practitioners, occupational therapists, physiotherapists and social workers have helped around 50 patients per week avoid being unnecessarily admitted to hospital.

The team is there to assess patients as soon as they arrive at A&E. Very often they are able to promptly assess the patient and decide if they should return home or their preferred place of care, sometimes with support from community services.

Dr Steve Fawcett, the CCGs' Medical Director said: "Studies have shown that unnecessary hospital stays do not help older patients and their health and confidence can rapidly deteriorate.

"The Exemplar Front Door is making a real difference to the care of frail and elderly patients who have their needs met within a few hours, with interventions such as a care package or therapy to help maintain their health. This is better for patients and better for the health system."

The team has a particular focus on patients who already have a care package in place, patients who are not coping well with their current level of care, and patients aged over 70 who have more than one illness.

This work also helps reduce the pressures on A&E and allow staff to concentrate on patients who need emergency care.

CARING FOR PEOPLE CLOSER TO HOME BY INVESTING IN COMMUNITY SERVICES

Most people want to avoid going into hospital and instead would prefer to receive NHS treatment while they live at home or are as close to home as possible.

There is also strong evidence that avoiding hospital stays often provides better medical results for patients.

That is why over the past three years Stoke-on-Trent and North Staffordshire CCGs have invested £18million in improving the range and quality of community health services available.

Tracey Shewan, the CCGs' Director of Nursing and Quality said: "Our key focus is to ensure patients get intensive support and rehabilitation in their own home or close to home. We think it is really important that a variety of healthcare services are available in the community. We'll carry on paying for healthcare in the community and services like district nursing and specialist nursing teams to help stop people from having to go to hospital if they don't have to."

Investment already made has provided:

- £3 million to help GP practices support patients with very complex needs
- The recruitment of 67 new community nurses
- 36 new intermediate care nurses and therapists
- More consultants, advanced nurse practitioners and nursing and therapy staff at community hospitals
- 10 more nurses and other improvements in mental health services
- Creation of the Living Independently Service Staffordshire and Stoke-on-Trent Reablement Service to rehabilitate patients in their own homes following a hospital stay
- £3 million to increase therapy staff and intermediate care capacity for people leaving hospital

Most of the extra £5 million being invested this year has been spent on reablement and independent living services. Over £1 million has been invested in nursing home provision and extra GP support to nursing homes.



SUPPORTING REGULAR USERS OF A&E SERVICES

A partnership between the NHS and the British Red Cross in North Staffordshire is helping support some of the region's most vulnerable patients and reduce the demand for Accident and Emergency services.

The High Volume User (HVV) Service does what A&E staff cannot – look at the lives of patients who turn up repeatedly at the Emergency Department, find out why, and see if they can get more appropriate help.

A study over 18 months showed a group of 66 people aged 19-90 attended our local A&E at least once a month at an estimated cost to the NHS of £1.2 million.

Chris Leek, Senior Service Manager for the British Red Cross in Staffordshire said: "A&E is an emergency service. Staff are wonderful at what they do but if you arrive with chest pains they will find out what is causing them and discharge you if you are not in danger. They don't have time or resources to learn your life story."

The HVV Team made contact with each of the patients through their GP. They then listened to discover the real reason for their attendances. None refused to participate.

The patients included:

- An elderly lady with early onset dementia who was suffering panic attacks, partially caused by poor housing and debt
- A young woman with learning difficulties whose grandmother died of a heart attack. She was convinced she would die from a heart attack too
- An elderly gentleman who had frequent falls in the bathroom and used a pendant alarm to summon help

By helping tackle the root cause of why patients go to A&E it was often possible to provide help that reduced it significantly.

In the last 12 months it is estimated the scheme has prevented around 650 A&E attendances, allowing staff to concentrate on life-threatening emergencies and saving the NHS approaching £500,000.

The scheme has now been extended for another year and has been expanded to help more people



OUR PLAN FOR 2017-18

OUR FOCUS

Over the next few pages you'll find more information about key areas we are focusing on and want to improve over the coming year and beyond.

These areas are not only priorities for us in North Staffordshire and Stoke-on-Trent, but many are also priorities for the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP)¹, and are also key elements of the NHS's Five Year Forward View², the GP Five Year Forward View³ and the Five Year Forward View for Mental Health⁴.

PLANS

Staffordshire and Stoke-on-Trent STP

Five Year Forward View

GP Five Year Forward View

Five Year Forward View for Mental Health



PRIORITIES

Focused Prevention

Primary and Community Care

Planned Care (including Cancer)

Urgent and Emergency Care

Mental Health and Specialist Services



DELIVERY

Our Two Year Operational Plan for Healthcare 2017-2019

Sustainability & Transformation Plan

We will work with partners such as our GP practices and Patient Participation Groups, Citizens' Jury, local hospital staff, STP partners, community service providers, the voluntary sector and of course patients and carers, to achieve delivery of our plan.

In the following pages, we look at these priorities in more detail to show what we plan to do.

1. www.twbstaffsandstoke.org.uk/index.php/document-library/6-staffordshire-and-stoke-on-trent-summary-stp/file

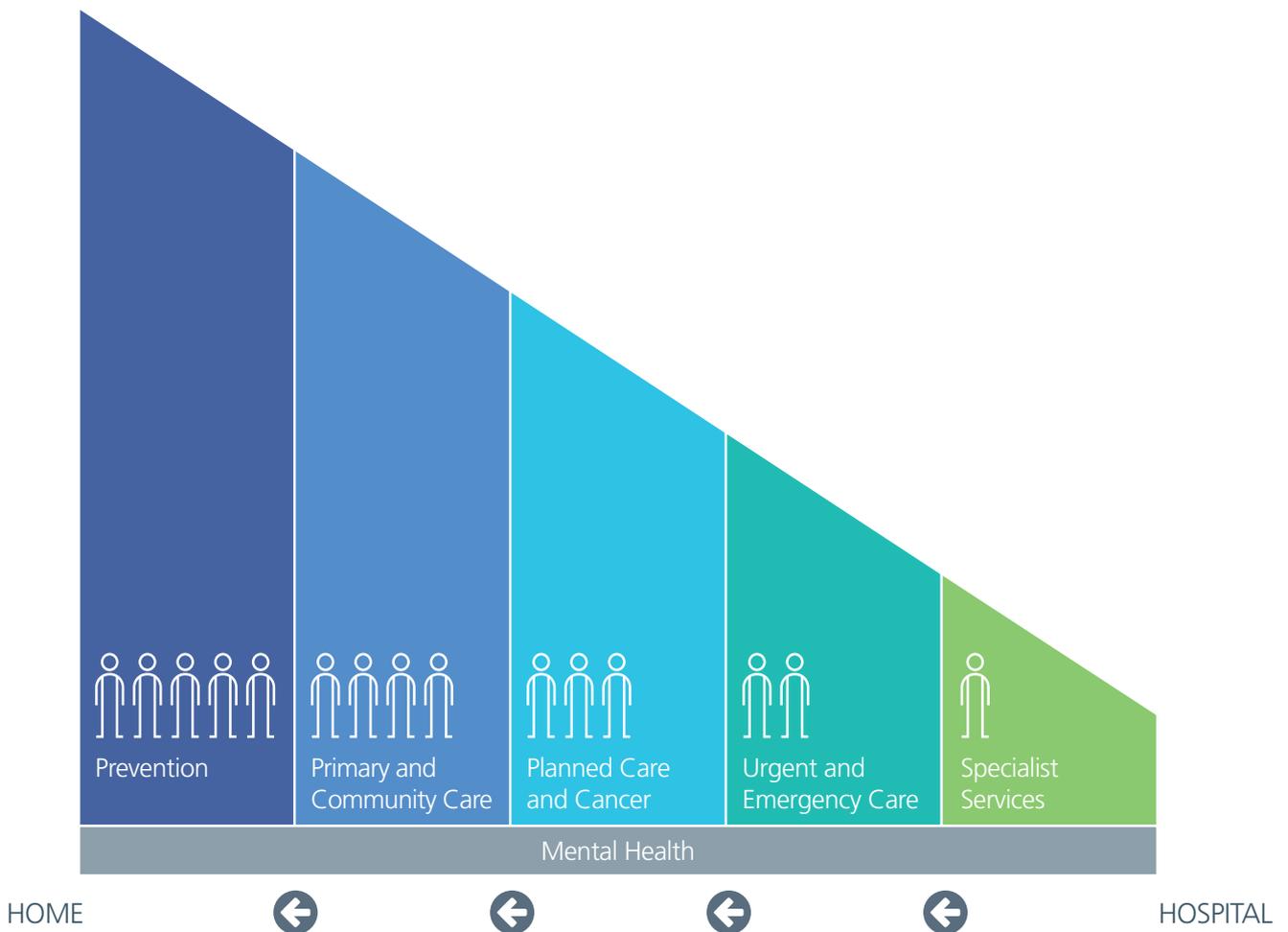
2. www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

3. www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

4. www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

'HOME FIRST'

Our aim is to keep as many people as possible towards the left of the diagram. We want to prevent illness and to help those who are unwell to manage their conditions. We want to avoid unnecessary hospital admissions and make sure that people can go home as soon as they are fit enough.



Our Priorities	At the moment	What we are doing to improve
<p>FOCUSED PREVENTION</p> <p>Our aim: to support people to be as healthy as possible</p>	<p>There is a wide range of health inequalities and life expectancies across our area.</p> <p>There are a high number of people with long term conditions and we have high numbers of children who are obese.</p> <p>We also have more than the national average of people with high risk behaviours such as smoking, drinking too much alcohol and women smoking during pregnancy.</p> <p>Too few people are taking up Personal Health Budgets.</p>	<p>We are helping people to stay in good health and reducing the number of people with problems caused by alcohol, obesity and smoking and other issues by, for example:</p> <ul style="list-style-type: none"> • Re-commissioning the Healthy Lifestyle Service which focuses on supporting people to stop smoking, manage their weight and manage their alcohol consumption • Working with local councils and Health and Wellbeing Boards to make prevention and wellbeing everyone's business • Making sure that information and advice are easily available to help people manage their own care • Identifying high risk communities and individuals so that we can plan and deliver effective care to them
<p>PRIMARY AND COMMUNITY CARE</p> <p>Our aim: to give people access to the advice and care they need, when they need it</p>	<p>GPs are having to cope with a very heavy workload with many demands on their time and resources.</p> <p>Care is not always joined up between GPs, community and hospital services.</p> <p>People with long term conditions are not fully supported to manage their own conditions, when they wish to, and therefore do not always enjoy the best health they could.</p>	<ul style="list-style-type: none"> • We are working to increase the number of GPs locally and looking at what could be done by suitably qualified members of the practice team or by community pharmacists rather than always relying on GPs • We are increasing the use of assistive technology to support people to manage their conditions through using computers and other equipment • Using technology to support staff and to help patients – such as online or telephone consultations and using GP Online to book appointments and order repeat prescriptions • We are supporting care homes so that they can access high quality care for residents



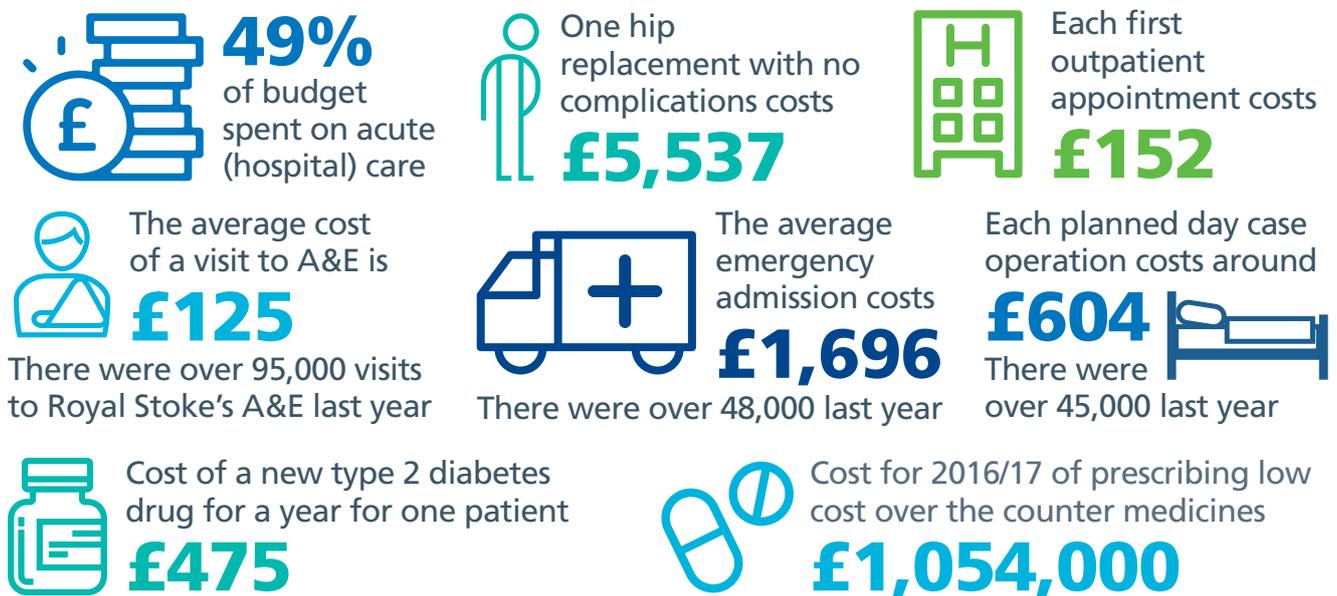
Our Priorities	At the moment	What we are doing to improve
<p>PLANNED CARE (INCLUDING CANCER)</p> <p>Our aim: to make sure that people have access to the services they need, when they need them, reduce the number of unnecessary hospital appointments and improve the cancer survival rate</p>	<p>Patients are waiting too long for some services which may not only affect their quality of life, but can also impact on their future health.</p> <p>Many people are staying in hospital for longer than necessary.</p> <p>Patients are given hospital appointments when they may not be needed or there may be a more convenient way for tests or consultations to take place.</p> <p>Although many cancers are being diagnosed at an earlier stage than the national average, too many patients are being diagnosed late, often through A&E, which reduces their chances of surviving for more than a year.</p> <p>Although our patients report positive experiences of their care better than the national average we want to continue to make improvements in patient experience.</p> <p>Although we are consistently seeing patients within 2 weeks of referral for suspected cancer we are not consistently meeting the standard of treating patients within 62 days of referral.</p>	<ul style="list-style-type: none"> • We will ensure that more operations and procedures are treated as day cases and create more Community Services to see and diagnose quickly and closer to home. Only patients who require an operation or a Consultant intervention will continue their care in hospital • Introducing more tests and follow up appointments in the community rather than in a hospital setting • Increasing uptake of screening • Continuing to deliver education and training to colleagues in Primary Care through dedicated Macmillan GP and Nurse Facilitators • Working with hospitals to ensure that we have timed pathways in place that will ensure that we can deliver the national cancer standards
<p>URGENT AND EMERGENCY CARE</p> <p>Our aim: to give local people access to the appropriate care and advice they need, when they need it</p>	<p>Too many people are using A&E who don't need to be there.</p> <p>Too many people are waiting too long in A&E to be treated, admitted or discharged.</p> <p>Too many people are ringing 999 and being transported to A&E by ambulance, when there are more clinically appropriate services for their care.</p> <p>Too many people are being admitted into hospital unnecessarily via A&E.</p>	<ul style="list-style-type: none"> • Putting resources at the front door of A&E to assess, treat and direct patients to clinically appropriate services • Supporting GPs to support people better in the community • Working with the Ambulance Service to treat more patients in their own home and where required, take patients to the most appropriate place of care for their needs • Increasing access to appointments in Primary Care, via our Primary Care Access Hub (services at your local GP practice) • Providing advice and guidance for the public, to support them in accessing the most clinically appropriate service • Ensuring systems are in place to enable people to return home safely and confidently when they are able to do so

Our Priorities	At the moment	What we are doing to improve
<p>MENTAL HEALTH AND SPECIALIST SERVICES</p> <p>Our aim: to improve access to Mental Health services (including Dementia) and also Learning Disability services</p>	<p>→ Dementia diagnosis and support is good and the service is very responsive.</p> <p>We need to ensure that people in Mental Health crisis are responded to in a timely and appropriate manner and that we have 24/7 services to support them.</p> <p>Too many people with learning disabilities are being cared for in hospital and we need to ensure that there are appropriate services to care and support them in the community.</p>	<p>→</p> <ul style="list-style-type: none"> • Working with NHS partners and Social Care to provide more support to people in Social Care and the community who need access to mental health services including ensuring people attending A&E can be seen by Mental Health professionals 24/7 • Working with partners so that diagnosis of dementia continues to improve and people get quicker treatment • Working with Mental Health services and the Police to work towards no one being held in police custody due to their mental health • Ensuring people who need an inpatient bed for their mental illness are treated locally and developing non clinical services on a 24/7 basis locally for people with a mental health crisis • Through the Staffordshire Transforming Care Partnership we are working towards achieving the 'Building the Right Support' vision to reduce the number of hospital beds that we commission and develop and enhance community services for people with a learning disability



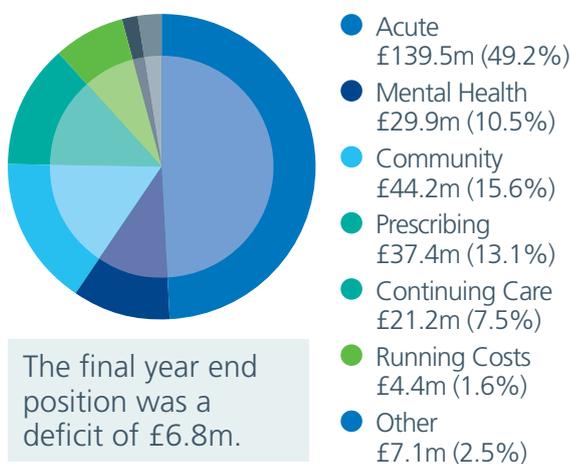
HOW WE USE YOUR MONEY

We were given a total of £667 million for the year April 2016 to March 2017 to spend on 503,000 people. That works out at £1,326 for each person, which sounds like a lot of money until you look at the costs of just some of the things that money has to pay for:

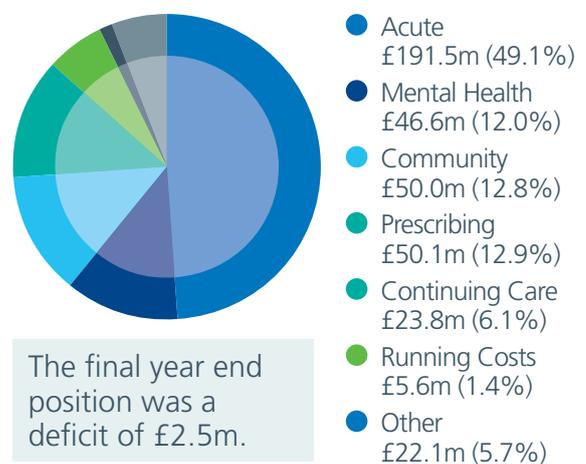


WHAT WE'VE SPENT IN 2016/17

NORTH STAFFORDSHIRE CCG 2016/17 SPEND BREAKDOWN £M



STOKE-ON-TRENT CCG 2016/17 SPEND BREAKDOWN £M



The CCGs both ended the financial year 2016/17 in deficit which means that local health services cost more than the CCGs received to pay for them. This is because of several factors such as increasing costs of health care, more older people with long term conditions, and supporting patients with very complex health care needs.

We have developed a recovery plan to bring the CCGs back into a surplus position for 2018/19. The plan not only aligns across both CCGs, but also with the plans of the broader-based STP.

The financial plans for 2017/18 have been developed to meet the nationally set control totals which demand, for North Staffordshire, a deficit of £2.5m and a deficit of £1m for Stoke-on-Trent. In setting this plan the CCGs have carefully accounted for the financial implications of changing health needs, the impacts of an ageing population on care requirements, the development of different sectors of healthcare, increasing costs associated with prescribed medicines and a higher level of efficiency requirements, through the Quality, Innovation, Productivity and Prevention (QIPP) processes, than previously targeted. Foremost in all of these plans is the principle that patient safety will not be compromised.

Jointly North Staffordshire and Stoke-On-Trent CCGs have identified a QIPP target of £29.6m for 2017/18.

Whilst this is an increase on 2016/17, we are developing a track record of delivery with 92% of plans having been achieved in 2016/17, compared with approximately 66% achievement in 2015/16.

In developing the plans for 2017/18 the CCGs have undertaken Quality Impact Assessments (QIA) and Equality Impact Assessments (EIA) to ensure that any proposals do not adversely impact upon the quality of care commissioned or impact on groups of patients in any discriminatory way.



HOW CAN YOU GET INVOLVED?

PUBLIC MEMBERSHIP

Everyone registered with a doctor in our area is entitled to join our Public Membership Schemes. As a member, you will receive a regular newsletter and invitations to any events we hold. You can join online or pick up a membership form from your local GP surgery.

PATIENT PARTICIPATION GROUPS

All GP surgeries have a Patient Participation Group (PPG) in place or in development. Anyone registered with a practice is entitled to become a member of that PPG.

Members of PPGs have the opportunity to work with doctors and practice managers to:

- ▶ Influence decisions about services and facilities
- ▶ Help practices make the best use of resources
- ▶ Improve communications between staff and patients
- ▶ Make sure patient views are properly represented

You will also have an opportunity to take part in practical tasks such as carrying out surveys or giving advice at flu clinics.

If you want to get involved you should contact your practice directly.

PATIENT CONGRESS

Patient Congress is the level of patient participation requiring greatest commitment.

There is a Stoke-on-Trent and also a North Staffordshire Congress and both are chaired by that CCG's Lay Board Member for Patient and Public Participation.

They meet on a regular basis and members are drawn from a cross-section of the population.

Follow us on Twitter:

@NHSStokeCCG and @NHSNorthstaffs

Like us on Facebook:

NHSStokeonTrent and
nhsnorthstaffordshireccg

More information and links can be found on our websites:

www.stokeccg.nhs.uk and
www.northstaffsccg.nhs.uk

THE TECHNICAL BIT

Our local plans are developed and influenced by a number of factors.

We hold many discussions with colleagues across the local NHS including our Governing Bodies, local GPs, hospital staff, the organisations we buy services from, the Health and Care Transformation Board, NHS England Regional Team, Social Care colleagues, Scrutiny Committees, our Patient Board, public and last, but not least, patients.

NHS England has set us the following 'must dos' for 2017/18:

- Sustainability and Transformation Plans
- Finance (including activity, performance and Quality, Innovation, Productivity and Prevention)
- Primary Care
- Urgent and Emergency Care
- Elective Care and Referral to Treatment Time
- Cancer
- Mental Health
- People with Learning Disabilities
- Quality, Safety and Improving Organisations

More information on these priorities can be found on pages 6-10 of NHS Operational Planning And Contracting Guidance For 2017-19:

www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

NHS CONSTITUTION

The NHS Constitution establishes the principles and values of the NHS in England. It sets out:

- rights to which patients, public and staff are entitled,
- pledges which the NHS is committed to achieve, and
- responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

Our plans are developed in line with the seven key principles that guide the CCGs and all of the NHS in all that it does:

1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries
6. The NHS is committed to providing best value for taxpayers' money
7. The NHS is accountable to the public, communities and patients that it serves.

In the NHS Constitution Handbook (www.gov.uk/government/news/nhs-constitution-and-handbook-updated) you will find a

number of government pledges on waiting times.

These include:

- a maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers
- a maximum 31-day wait for subsequent treatment where the treatment is surgery
- a maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy
- a maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen
- a maximum two month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers
- a maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected
- a maximum four-hour wait in A&E from arrival to admission, transfer or discharge
- patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral
- all patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.

If you would like this document in large print, an alternative format or in a different language, please contact us:

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Twitter: @NHSStokeCCG and @NHSNorthstaffs

Facebook: NHSStokeonTrent and nhsnorthstaffordshireccg