

OPERATIONAL PLAN

2008/09

Version 1.6

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The Operational Plan for Devon 2008/09

Executive Summary

The Operational Plan sets out the key priorities for Devon Primary Care Trust in 2008/09 and the planning assumptions that underpin delivery.

1. Introduction

- 1.1 'The Operational Framework for the NHS in England 2008/09' sets out the national requirements and priorities for the period 2008/09 to 2010/11. It also identifies a framework within which health communities need to plan to deliver national requirements, local priorities and agree actions to improve the health of the local population. A key element of this framework is the preparation of an annual Operational Plan.
- 1.2 'The Operational Framework for the NHS South West 2008/09' sets out the approach to be followed by organisations within NHS South West in establishing Operational Plans in 2008/09. This framework seeks to deliver and exceed on the indicators set out in 'The Operational Framework for the NHS in England 2008/09'.
- 1.3 In 2007 Devon Primary Care Trust and Devon County Council launched a joint strategic review to study the health needs of the population and the use of health and social care. 'The Way Ahead - A strategic framework for health and social care' sets out the strategic framework for Devon and identifies clear priorities for action from 2008/09 to 2012/13.
- 1.4 'The Operational Plan for Devon 2008/09' describes the local approach to delivering the priorities identified in the national and local operating frameworks and the strategic review. It defines success, sets out the planning assumptions and actions required, and identifies the financial framework to support delivery.
- 1.5 The structure of the document is as follows:
 - Section 2 describes the business processes in place to manage delivery of national and local priorities;
 - Section 3 outlines the national and local priorities for 2008/09;
 - Section 4 sets out the key planning assumptions and local actions to deliver the national and local priorities;
 - Section 5 sets out the financial framework that will support the Primary Care Trust in delivering its plans;

2. Business processes

2.1 A number of key business processes will support the delivery of national and local priorities:

- practice based commissioning;
- partnership working;
- contracting;
- development of provider services.

The trust sees successful development of each of the processes above as central to delivering improved quality of care for Devon residents.

2.2 Practice Based Commissioning is at the heart of the commissioning process in Devon. It will drive our redesign plans and be a fully integrated part of our contracting process. Working with seven consortia with formal delivery agreements and a practice level incentive scheme that reflects redesign priorities will enable a more rapid shift of care from the acute to a community/primary care setting.

2.3 The trust is working closely with partners to ensure that a Local Area Agreement is developed that is compatible with the trusts strategic review and Operational Plan. A number of cross-organisational workshops have been held since November 2007 to identify the key priority areas for local joint working. An action plan is being worked to to deliver the national milestones, ensure local stretch targets are agreed and produce an LAA by June 2008 that shows how local priorities will be met by delivering local solutions.

2.4 The trust will contract with providers who are best placed to deliver the needs of patients and the local population. Using the national contract as a basis for agreement with acute trusts, the trust will ensure that contracts are agreed that deliver good quality, value for money care, whilst delivering seamless patient experience and fostering choice.

2.5 The trust is committed to moving care closer to home and reducing unnecessary stays in an acute setting. In 2008/09 there will be further development of the provider arm of the trust to deliver an increased range of safe, effective and accessible community services. The 2008/09 Service Strategy for Devon Provider Services has been drafted and is awaiting approval by the trust senior management team and PCT / provider services boards. Section 4.14 of this document sets out the trusts approach to implementing 'Our health, Our care, Our say: A New Direction for Community Services'.

2.6 The trust will also use the following enablers and levers for change in transforming services and driving improvement:

- empowering patients though extending choice, providing personalised services and giving and receiving feedback on progress in improving services;
- the World Class Commissioning programme to enable the trust to be better able to invest to deliver high quality, personalised services.

3. National and local priorities

3.1 The key national health and social care priorities are as follows:

- improving access:
 - * reducing and sustaining waiting to 18 weeks from referral to treatment;
 - * improving access and responsiveness in primary care;
- reducing cases of MRSA and Clostridium Difficile;
- implementing the Cancer Reform Strategy;
- implementing the Stroke Strategy;
- identifying key actions to reverse the rise in childhood obesity;
- implementing 'Our health, Our care, Our say: A New Direction for Community Services';
- improving patient experience and staff satisfaction;
- increase public and staff engagement;
- emergency preparedness;
- reputation management;
- implementing Valuing People;
- addressing inequalities in health;
- maintaining financial health;
- recovery and preparatory action, including:
 - * choose and book;
 - * equality;
 - * mixed sex accommodation;
 - * learning disabilities;
 - * mental health (crisis resolution, psychological therapies and dementia);
 - * end of life care;
 - * disabled children.

3.2 Local stretch targets set out in 'The Operating Framework for NHS South West 2008/09 to 2010/11' are as follows:

- moving towards a maximum wait of eight weeks from referral to treatment time;
- moving towards a maximum wait of eighteen weeks from referral to treatment time for hidden waits e.g. wheelchairs, therapies and disability products;
- moving towards a maximum waiting time in accident and emergency of two hours;
- elimination of ambulance handover delays to ensure that all patients are transferred within 15 minutes of arrival.

3.3 In addition, the strategic review in Devon sets out a series of ambitious targets for improving health and wellbeing from 2008 to 2013. Following a consultation period, the strategic framework will be signed off in March 2008 and a five year timetable for action will be launched, with clear targets and priorities identified for each year. The strategic review report 'The Way Ahead - A strategic framework for health and social care' sets out the following early actions for delivery in the first 12 months of the strategy:

- developing the first of the new urgent care centres in Devon;
- improving out-of-hours nursing arrangements to ensure these span the whole of Devon;
- establishing a county-wide health and social care advocacy service to support people who are most vulnerable when they need care and treatment;
- taking steps to improve support for carers through greater partnership working with Devon Carers Forum;
- improving co-ordination and integration of records so that people need to tell their story only once;
- strengthening key services to improve health, such as alcohol and sexual health services, and self-care and self-management programmes such as the Expert Patient Programme;
- continue and accelerate action to shift appropriate outpatient, surgical and diagnostic activity into community settings.

4. Key planning assumptions and actions to deliver priorities

4.1 This section outlines the key assumptions underpinning plans to deliver of the priorities set out in section 3.

4.2 Sustaining an 18 week wait from referral to treatment and moving towards a maximum wait of eight weeks

The Primary Care Trust aims to achieve the national target of a maximum 18 week wait by 31 March 2008. The trust is committed to maintaining 18 weeks and reducing waits further over the next three years to achieve a maximum 8 week wait by March 2011. Progress towards 8 weeks will be as follows:

- 15 week maximum wait in 2008/09 (85% admitted and 90% non-admitted);
- 12 week maximum wait in 2009/10 (85% admitted and 90% non-admitted);
- 8 week maximum wait in 2010/11 (85% admitted and 90% non-admitted).

Stages of treatment for 2008/09 will be a 9 week maximum wait for inpatients and a combined maximum wait of 6 weeks for outpatients and diagnostics.

4.3 The trust recognises that effective pathway redesign and demand management will be vital in order to sustain reduced waiting times and achieve a maximum 8 week wait by 2011. The trust will make use of all available guidance, including 'The Framework for the Management of Scheduled Care in the South West', in developing plans to reduce waiting times. Redesign events will be held in all key specialties and care pathways during the year to determine more effective ways of offering care. Specific consideration will be given in 2008/09 to reviewing how and where diagnostic interventions take place. The trust will work closely with colleagues in primary care and social care to ensure plans are joined up and part of a wider major system redesign to achieve world class commissioning. The trusts care pathways improvement plan for 2008/09 is currently being finalised.

4.4 Moving towards a maximum wait of eighteen weeks from referral to treatment time for hidden waits

The Primary Care Trust is already making care and treatment easier and quicker to access, driving down waiting times for social care assessments and reviews, outpatient appointments, diagnostic tests and surgery beyond national expectations. But is also strongly committed to reducing the hidden waits that can have an equally significant impact on people's lives. The trust is currently addressing the provision of wheelchairs to reduce waits from 3 years down to a maximum 6 week wait. In 2008/09 the trust will continue to identify and reduce hidden waits, including the following key priorities:

- waits for occupational therapy for children and young people with disabilities are currently up to 80 weeks in parts of Devon, with an average wait of 19 weeks. A service review has already been undertaken and a new pathway is being introduced Devon-wide, starting in East Devon, Mid Devon and Exeter. This trust will look to deliver reduced waits in the latter part of 2008/09, with the aim of achieving a maximum wait of 18 weeks by 31 March 2009;
- the maximum wait for speech and language therapy for children and young people with disabilities is currently 37 weeks. The trust will review service redesign opportunities with the aim of reducing waits to 18 weeks by 31 March 2009;

- improving access to psychological therapies in community and primary care settings;
- reducing waits for orthotics, where an initial review has identified around 300 patients waiting over 18 weeks;
- reducing waits for chiropody;
- reducing waits for outpatient physiotherapy.

A service review programme is underway with Devon Provider Services and North Devon Healthcare NHS Trust and it is expected this will identify further areas where hidden waits need to be addressed.

4.5 Moving towards a maximum waiting time in accident and emergency of two hours

Devon Primary Care Trust intends to move towards a maximum wait in accident and emergency of two hours in 2010. Currently, over 95% of patients are discharged or transferred to an appropriate care setting within two hours of arrival at Devon Primary Care Trust Minor Injury Units and plans will be developed to achieve 98% by 2010. For acute trusts plans will need to be developed in conjunction with providers to ensure that a reduction in waiting times does not lead to a perverse prioritisation of minor cases above major cases or an increased likelihood of admission. The plans to deliver this target will therefore be very carefully managed to avoid these unintended consequences. Plans to deliver a two-hour wait will form part of a wider plan to redesign emergency care.

4.6 Elimination of ambulance handover delays to ensure that all patients are transferred within 15 minutes of arrival

The trust is currently working with South Western Ambulance Services NHS Trust and acute providers to identify where problems exist and to seek clarity on the root causes for handover delays. Initial analysis suggests that dealing with delays at Plymouth Hospitals NHS Trust should be the early priority and the trust will work with the lead commissioner to develop plans to eliminate delays. However, progress can and should be made at all providers, and the trust is keen to facilitate early delivery of this target. The trust recognises that it is essential that delays are reduced not only for the obvious benefit to patients but also as handover delays affect provider's ability to reduce accident and emergency waiting times.

4.7 Improving access and responsiveness in primary care

The Primary Care Trust will continue to develop primary care, with enhanced roles for GPs and pharmacists and extended opening and access arrangements. The Government has given a commitment that early action to improve the responsiveness of primary care services will focus on improving routine access to GP services in the evening and at weekends. In line with this commitment, the trust aims to ensure that at least 50 per cent of GP practices in Devon offer extended opening to patients, with the additional opening hours based on patients' expressed views and preferences on access. The trust's approach will build on the positive work achieved with Devon LMC in 2007/08. In negotiating our overall position on enhanced services the trust will incorporate delivery of extended access. The trust will also introduce new roles in primary care, such as specialist physiotherapists and other clinical specialists, to provide early assessment - with direct access to diagnostics and consultant listing as appropriate.

4.8 The trust will work with GP practices to improve patient satisfaction with services, as measured through the results of the GP Patient Survey. The trust is proud of its performance in this area – it is ranked 8th in England – but will strive to improve performance further on current indicators of patient reported experience of access to GP services (e.g. including access to a GP within 48 hours and the ability to book advance appointments) and wider indicators of responsiveness, equity and patient experience of GP services. Two areas for specific consideration by the trust in 2008/09 are:

- advanced appointment (percentage of patients able to book 2+ days ahead);
- percentage of patients satisfied with opening times.

4.9 The Trust will continue to improve access to dentistry for Devon residents. Year-on-year increases will be achieved in access to NHS dental services, with a particular focus on South Devon, Ilfracombe and the Ottery St Mary / Sidmouth area. It is likely that extended access will be delivered through a combination of increased capacity being provided through existing contractors and additional capacity at new practices.

4.10 Reducing cases of MRSA and Clostridium Difficile

Whilst there has been progress in reducing cases of MRSA and Clostridium Difficile in 2007/08 the trust will seek to work with acute providers to ensure that robust plans are in place to make further improvement in 2008/09. The trust aims to deliver its share of the NHS South West envelope for C Diff and further reduce incidences of MRSA. Specific local community actions for 2008/09 include the following two priorities:

- introducing MRSA screening for all elective admissions and preparing plans for screening all emergency admissions;
- implementing the HCAI and Cleanliness Strategy, to include training for all clinical staff on infection prevention and control.

In line with the national contract the trust will continue to hold monthly clinical quality review meetings between providers and commissioners plus quarterly visits to providers by the Director of Public Health, to review performance on both MRSA and Clostridium Difficile. Any concerns around performance will be jointly addressed with remedial action plans agreed and implemented.

4.11 Implementing the Stroke Strategy

The trust is currently reviewing the provision of stroke services against the quality markers set out in the Stroke Strategy. In 2008/09 local plans will be developed to raise awareness of stroke symptoms and the steps that can be taken to minimise risk of stroke (supported by the national awareness-raising activities). Workforce planning will review current skills and competencies and plan for and develop a stroke-skilled workforce. The Devon-wide stroke group is currently reviewing provision of acute stroke care, looking at how access to stroke units, thrombolysis and scans can be improved. By 31 March 2009 the trust aims to meet and exceed the key national milestones for time spent on a stroke unit and percentage of higher risk TIA cases who are treated within 24 hours.

4.12 Delivering the National Service Frameworks

The Primary Care Trust, supported by the NHS South West Policy and Implementation Leads, will work with partners to develop community-wide plans for National Service Frameworks (including the 'Cancer Reform Strategy'). These plans will look to build upon the good progress made in recent years, with a particular local focus on the following:

- reducing mortality rates for cancer and heart disease to meet and exceed national expectations;
- developing models of care for mental health that emphasise self-management and self-directed care, primary care, psychological therapies, and health and social care at home or as close to home as possible;
- ensuring individual plans are in place for everyone with a long-term illness or disability who is assessed as requiring this;
- continuous improvements in access to children's and young people's services by commissioning more co-ordinated services through a smaller number of providers.

The Primary Care Trust's strategic review sets out a series of ambitious targets for ensuring further progress in delivering the National Service Frameworks.

4.13 Identifying key actions to reverse the rise in childhood obesity

The Primary Care Trust's strategic review has set a clear vision for addressing obesity both in children and adults. Over the next five years the trust aims to have worked with partners to achieve a significant impact on improving health so that there is a clear downward trend in childhood obesity. Key drivers will be increasing the level of exercise taken each week and the promotion of fruit and vegetable consumption and healthy eating in line with regional and national targets.

4.14 Implementing 'Our health, Our care, Our say: A New Direction for Community Services'

Making local care a reality is a key priority identified in Devon Primary Care Trust's strategic review. The trust has set out a range of ambitious aims for developing community services over the next five years. For urgent care priorities include:

- ensure uncomplicated routine minor injuries care is available in the daytime in people's own communities, delivered to a Devon wide standard and specification, and involving clinicians and local people in deciding the most suitable setting for this care;
- establish new integrated urgent care centres in key locations across Devon. These will offer comprehensive high quality care closer to home for urgent (but non-life threatening) problems that require diagnosis such as X-ray and early medical attention. This will make urgent care accessible within 20 minutes' drive time of most communities in Devon;
- establish rapid and direct clinical access to specialist opinion and diagnostics in acute care, to enable more care to be managed in primary and community settings when this is appropriate. This will include effective arrangements for rapid scanning and thrombolysis for stroke;
- establish advance care plans for people with long-term conditions or complex disabilities who are at risk of requiring urgent attention. We will have clear arrangements in place to get the right help for them and their carers in a crisis, wherever possible at home or close to home.

4.15 The priorities for planned care are as follows:

- prevent avoidable appointments, both by promoting self-care and through early intervention with people with long-term conditions;
- introduce the 'local' element to as much planned care as possible, even when the procedure means the patient will have to go to an acute hospital - for example by making pre-assessments available in community and primary care to avoid needless journeys for people;
- introduce new roles in primary care, such as specialist physiotherapists and other clinical specialists, to provide early assessment - with direct access to diagnostics and consultant listing as appropriate. This would reduce steps in the system;
- develop local care centres for planned routine clinical assessment and treatment, within 20 minutes' drive time of the majority of communities in Devon. These would provide a local choice for routine planned care such as outpatient appointments, diagnostic tests and day surgery;
- deliver a year on year increase in the percentage shift of outpatients, diagnostics and surgery out of acute hospital settings.

4.16 The priorities for maternity care are as follows:

- a clinically-integrated and co-ordinated midwifery arrangement across the whole of Devon from April 2008, so that every woman having a baby experiences a service that provides maximum quality and continuity of care;
- where births take place in hospital, women and their babies will be supported to return home as soon as possible, with the length of stay at the national average or below by the end of 2008.

4.17 Improving patient experience and staff satisfaction

In 2008/09 the Primary Care Trust will continue to encourage the public, service users, patients, carers, staff and everyone else with an interest to help us shape the future of health and social care. Improving patient experience will underpin the trust's plans and priorities. The trust will develop robust plans to deliver improved performance against scores from the National Patients Survey, GP and 18 week access surveys and other national and local surveys of patient experience.

The trust will work hard in 2008/09 to increase levels of satisfaction among service users, carers and staff, from average to above the national average, as measured through existing and planned measures. The trust will also work with partners to ensure issues raised by patients, the public or staff are reviewed and acted upon, with a clear link between feedback and service redesign and improvement.

4.18 Increase public and staff engagement

Public and staff engagement will continue to play a vital role in shaping the health and social care services within Devon. The trust wants to put the people who use our services, and their carers, more in control over what happens to them. This will mean providing better and clearer information, active support to enable people to care for themselves, and systems to ensure people have a choice in their treatment. The trust also wants to build and embed clinical, staff, public and community engagement in our commissioning. Through the joint strategic review views have been gathered from many people who have real interest and expertise. The trust wants to continue to build these relationships into the future to help us ensure we are responsive to the needs of our population.

4.19 The trust will take positive action to include and support people who are often overlooked and excluded. We want to promote an inclusive approach to health and wellbeing, to care and to engagement. This means we want to ensure that the voices of people traditionally overlooked, left out or disadvantaged are properly heard. These people may include young people caring for relatives, black and minority ethnic groups, travellers, people with disabilities, homeless people, prisoners and people with mental health problems. We will need thoughtful engagement and action to make sure we improve their experiences of health and social care.

4.20 Emergency preparedness

Devon Primary Care Trust will ensure robust plans are in place so that the organisation and local health community are always well prepared for any challenges and emergencies, such as major incidents or pandemic flu. Following on from the joint needs assessment, there is now shared strategic intelligence and a stronger partnership infrastructure between health and social care, mitigating risk to public and patients to any emergency situation. The trust's draft Pandemic Flu Plan will be updated in line with national guidance, tested and be fully in place by December 2008.

4.21 Reputation management

The trust will continue to ensure issues of local or national concern are swiftly and effectively addressed to maintain public satisfaction and confidence in services provided or commissioned by the trust. Reputation management will continue to receive high priority internally and in contract discussions with acute, non-acute and all other providers of health services.

4.22 Addressing inequalities in health

The trust will be undertaking a programme of Health Equity Audits to address the key causes of health inequality as defined in the Annual Public Health report. This will include enhanced activity on smoking cessation, diagnostics and treatment of circulatory disease, and further targeted preventative work with selected communities to impact on the significant life expectancy gap in Devon.

4.23 Choose and book

The Primary Care Trust recognises that progress has been slow and, at times, difficult in increasing the use of Choose and Book. Important lessons have been learned, locally and nationally, and the trust is clear on the actions that need to be taken to improve performance. The trust aims to achieve and sustain the national target of 90% referrals made through the Choose and Book system in 2008, with the following key actions:

- the development and review of action plans for poorer performing practices;
- strengthened GP engagement through continued working with Devon LMC;
- address technical and capacity issues with providers and escalate performance issues to the contract review process;
- development of robust plans for Free Choice;
- right trac project;
- 2 week waits at RD&E.

4.24 Equality

The trust has a clear aim to ensure all services are based on need and that people are not disadvantaged due to age, disability, ethnicity or the complexity of their problem, condition or disability. In 2008/09 the trust will develop and implement plans to ensure access to services are equitable and unacceptable differences in life expectancy and health outcomes will be addressed.

The trust constantly reviews compliance with equality legislation and guidance, including the following Standards for Better Health core standards:

- C7e - challenge discrimination, promote equality and respect human rights;
- C8b - organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups;
- C16 - Healthcare organisations provide patients with suitable and accessible information on the care and treatment they receive;
- C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services;
- C18 - Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

4.25 Mixed sex accommodation

The trust will review the current situation with regard to mixed sex accommodation in trusts, mental health trusts and learning disability services. It will also review relevant patient survey scores and local patient feedback. Local plans for improvement will be implemented where applicable to ensure that patient privacy and dignity is upheld.

4.26 Learning disability

The following priorities have been identified:

- every learning disabled person to have an individual health action plan in place;
- access to primary care services will be increased with particular emphasis on annual health checks and access to screening programmes in primary care;
- access to mainstream services and support for learning disabled people when they access secondary care services including feedback from patient surveys.

4.27 Mental health

The trust has identified a number of priorities within mental health for action in 2008/09:

- psychiatric liaison;
- stepped-care psychological therapies;
- dementia;
- crisis resolution;
- early intervention.

4.28 A business case has been prepared for the development of a psychiatric liaison service within South Devon. The trust aims to implement the service in the latter half of 2008/09 to provide a range of benefits to patients, including:

- reductions in suicides following previous attendances to the emergency department with deliberate self-harm;
- reduction in inappropriate investigations and treatment;
- reduced risk of falls in older people (linked to prescription of neuroleptic medicines);
- reductions in delayed discharges;
- improved performance against A&E waiting times targets.

4.29 The trust will develop plans on how it will implement a stepped-care psychological therapies service, supported by best-practice guidelines. A needs assessment of the local population will be carried out in early 2008/09 to identify the level of service required.

4.30 The Dementia UK report identified that one in 20 people over 65, and one in five over 80, are affected by dementia. In Devon, estimates indicate that more than 12,000 people will have dementia, rising to more than 17,000 in 2021. Devon has a strategy based on a review conducted by the Sainsbury centre for mental health in 2005 which promotes:

- greater integration and co-ordination of care;
- earlier detection of dementia and support in primary care;
- a shift in spending towards effectively-supported home care and less reliance on residential and hospital care.

The Department will shortly be publishing details of the clinical and economic case for investing in services for early identification and intervention in dementia. The trust will consider this guidance when developing local services.

4.31 The trust has performed well against crisis resolution and early intervention targets and will work closely with Devon Partnership NHS Trust to ensure continued good performance in 2008/09.

4.32 End of life care

Devon Primary Care Trust's strategic review sets out a range of measures that will be taken in the next five years to improve end of life care. Key priorities for 2008/09 are as follows:

- reduce the number of people whose deaths could be anticipated being admitted to hospital in the last days of their life when they would rather die at home by a minimum of 10%;
- every person in Devon clinically assessed as requiring end of life care receiving the best possible care, using the Gold Standard Framework and Liverpool Care Pathway in all locations by the end of 2008;
- commission a comprehensive care pathway for people at the end of life that specifies co-ordination across all services. It will promote dignity and freedom from avoidable pain, choice, and support for families and carers as minimum standards from April 2008.

4.33 Children's Services

The trust aims to deliver national and local priorities for Children & Young People through integrated working with the Devon Children's Trust and through joint commissioning arrangements. Priorities have been identified through a needs assessment approach, and consultation with key stakeholders includes carers and users. Key areas of work in 2008/09 include joint agency service integration, integrated early years service for CSN, delivery of CSN/SEN through the AXS clusters, perinatal mental health, maternity services strategy and implementing the joint emotional health and wellbeing strategy.

4.34 Disabled children

In 2008 the Primary Care Trust will complete its consultation with families and children with special needs, finalise a model of education, support and care for Devon, and implement it as early as possible. This will lead to an improved range of services and a better patient experience.

4.35 Maternity services

The trust will continue to work closely with partner organisations to ensure high quality maternity services are provided for parents and their families in Devon. Key priorities for 2008/09 are:

- improving access so that scans, routine appointments and admissions other than delivery are all offered in one place, as close to home as possible;
- improving choice of maternity services, with home or midwife-led birthing centres at the heart of this choice.

4.36 A comprehensive maternity services review was undertaken as part of the strategic review process. Following the review a maternity strategy was completed in March 2008 setting out a clear agenda for improving and developing maternity services.

4.37 Commissioning services for military personnel and veterans

Following the Department of Health's publication of revised guidance for priority access to healthcare for veterans and war pensioners in December 2007, the trust has communicated the requirements to primary and secondary care providers and asked them to confirm that effective arrangements are in place. The trust will ensure that access to services continues to be maintained for military personnel moving within the country or back to England from abroad, including access to NHS dentistry services and to a GP.

4.38 Prescribing

The prescribing strategy for 2008-2009 continues the focus on maintaining and improving, where possible, the equitable delivery of the most clinically and cost effective medicines to patients in Devon PCT. Priorities for 2008-2009 include:

- continuing improvement of delivery of NHS South West and national prescribing indicators;
- improved take up of less expensive Category M drugs, including increased initiation of these drugs in preference to proprietary medicines, and, where a GP feels is clinically appropriate, therapeutic switches to less expensive drugs for patients on existing medication;
- delivery of major Public Health priorities through the appropriate use of medicines, including smoking cessation, obesity, and circulatory disease.

4.39 In addition, there are a number of local priorities for delivery of the prescribing and medicines management agenda:

- improved access by GP surgeries to pharmaceutical advice, by ensuring that all practices have a named prescribing adviser allocated to them;
- empowering practices to take ownership of prescribing and medicines management, and therefore delivering challenging yet achievable practice-based prescribing plans;
- ensuring good clinical governance in the use of medicines, including ensuring adequate support for the statutory requirements of the Accountable Officer for Controlled Drugs.

5. Financial framework

- 5.1** This section sets out the financial framework for Devon PCT for 2008/09 and takes into account the National and NHS South West Operating Frameworks.
- 5.2** The first cut of Devon PCTs financial plan for 2008/09 was submitted to NHS South West on 9th January 2008 with a revised version incorporating feedback submitted on 25th January 2008. The plan complied with the SHA requirements for Strategic Investment Fund contribution, contingency reserve and bottom line surplus.
- 5.3** Devon PCT continues to operate in recurrent surplus in 2008/09.
- 5.4** Additional funding of 0.25% of the PCTs baseline has been set aside for investment to address health inequalities and public health.
- 5.5** The delivery interface between health and social care is addressed in Devon PCT provider function which is an integrated health and social care provider working in joint locality teams.
- 5.6** Devon PCT and Devon County Council are finalising a joint strategic review of health and social care services across Devon. The impact of the 'NHS Next Stage Review – Our NHS, Our Future' will be taken into consideration as part of the action plan.
- 5.7** The PCT plan is to deliver a 3% cash releasing efficiency programme (£30.572million) across all budget areas and an analysis of which budgets are delivering these savings is included in this submission at appendix 1.
- 5.8** The financial framework includes provision of an 8% gross uplift on primary care prescribing less a 3% efficiency gain. In addition provision has been made for the estimated cost of NICE recommendations in secondary care that fall outside of tariff.
- 5.9** The financial framework assumes that any impact of the restatement of the 2007/08 accounts due to the adoption of IFRS will be treated as a prior period adjustment and will therefore not impact on the PCTs financial position in 2008/09. The plan for 2008/09 assumes that the increased capital charges due as a result of PFI schemes coming on balance sheet will be adjusted through a National circular flow of funds and therefore a neutral impact on resources for the PCT.
- 5.10** The assumptions on central budgets are equal to the funding received in 2007/08 less those resources that have transferred into the initial resource limit less known decreases in walk in centre funding.
- 5.11** Devon PCT plans to manage cash spend within its expected cash limit and the plan does not require a cash loan.
- 5.12** The PCT is developing a three year capital programme for submission to the NHS South West at the end of February. The initial plan shows that the PCT requires more capital resource than the operational capital level of funding from 2007/08. The PCT capital plan also assumes that all resources carried over are available in 2008/09.
- 5.13** The PCTs financial framework includes additional recurring investment in continuing care of £17million. This is under review and likely to increase due to a number of factors including growth in the volume of cases.

- 5.14** In line with National guidance the PCT has assessed the relevance and applicability of the National Tariff for non-PbR contracts and where this leads to an inflationary uplift below tariff this is reflected in the negotiations with relevant providers.
- 5.15** The revised financial plan is consistent with the Operational Plan and includes the investment necessary to achieve a maximum referral to treatment time of 15 weeks.
- 5.16** The PCT has supported Northern Devon Healthcare NHS Trust to deliver its statutory break even duty with £7.6m in 2007/08 and a further contribution of £7.9m planned in 2008/09. This is being bridged by the SHA between 2008/09 and 2009/10. A repayment schedule for future years will need to be agreed.
- 5.17** The plan allows for the 2007/08 surplus of £3.695m (0.37% of baseline) to be returned in 2008/09 through RAB. This is the only funds carried forward for the PCT from 2007/08 into 2008/09.
- 5.18** The financial plan includes a set of financial envelopes for SLA negotiations and internal budget setting processes. There are also a range of productivity and pathway redesign schemes to be considered. The PCTs financial plan assumes that any risk arising from finalising envelopes are offset by savings that can be generated in productivity and service redesign. Further work on generating cash releasing savings will be on-going throughout 2008/09 to generate a contingency reserve for the PCT.