

Local Delivery Plan

2007/08

V2 Update – 20th March 2007

Plan Contents

Executive summary

1. Introduction
2. About Devon PCT
3. Priorities and targets for the next 12 months
4. Promoting system reform
5. Achieving financial health
6. Creating a supporting infrastructure and plans
7. Preparing for future years
8. Making sure delivery happens
9. Providing a concrete timetable for action
10. Getting involved

Additional LDP documentation

11. LDP submissions to NHS South West

1. Introduction

This plan launches the first full year of operation for Devon Primary Care Trust. Formed in October 2006, the PCT was established as part of a national reconfiguration programme designed to drive forward the development of a truly patient led NHS¹.

The next 12 months will be crucial. By the end of 2008 the NHS is required to deliver on significant targets that will further improve both the experience of patients and the use of NHS resources. Additionally, preparations need to be put in place for future years through a range of early actions to improve health, tackle inequalities and shape the development of the best possible health care closer to patients' homes.

To achieve these requirements at such an early stage in the life of the PCT, it will be essential to lay strong foundations for a healthy future for Devon. This will mean rapidly and effectively working to:

- Achieve financial targets through a robust recovery process, clear and transparent prioritisation, and effective targeting of resources. A strong financial position is essential to create the flexibility needed for effective development of services in the coming years.
- Attend to the key priorities in terms of targets and standards, making sure all of the basics are right for effective delivery across Devon. This approach will mean patients will be able to expect equally good standards wherever they live in Devon, and it will also provide a sound basis for continuous improvement for the future.
- Establish effective relationships with key stakeholders particularly: public, patients, social services; the voluntary sector and the growing range of healthcare providers. These relationships will be essential for effective service reviews, planning and development.

At the same time, it will be important to be ambitious and imaginative. By working actively with clinicians, staff and local people to find rapid solutions to problems and respond to good ideas, the PCT will strive to generate a spirit of co-operation, shared learning and support for redesign. This will be central to the transformation that will deliver improved health for Devon.

This Local Delivery Plan executive summary describes Devon PCT's approach to achieving these essential requirements.

¹ Commissioning a Patient Led NHS (Dept of Health - July 2005)

2. Devon PCT

Devon PCT covers a large, mainly rural, geographical area of 2,534 square miles and an estimated resident population of 730,000. Approximately 11% of the population are over 75 years of age. In comparison to the rest of the country, the population of Devon generally comes out well on quality of life and health indicators. However, there are significant communities and groups where the picture is less positive, with some parts of Devon being amongst the 20% most deprived in the country².

There are considerable challenges in delivery of services to meet the complex health and social care needs of the many people who live in dispersed rural communities. This is further affected by population growth during the summer months. Additionally it is necessary to take into account projected future population changes, including the impact of the two new towns in Devon.

The PCT's operating budget for 2007/08 is £990 million. This is allocated to commission all health care for the population including: primary, community, secondary and specialist care. The majority of these services are achieved through contracts and service level agreements with a range of healthcare providers, although the PCT itself directly provides community hospital and community health services.

More than 3500 staff (2600 whole time equivalents) work for Devon PCT. Approximately 75% work in community hospitals and community services, largely in clinical and other patient care roles. The recent PCT reconfiguration will shift this balance even further as a consequence of reductions in expenditure on management costs by more than 15%.

Already Devon has a strong track record of service improvement, positive patient experience and generally good performance against national and local targets. Improving choice and access to services in, or close to, where people live are established features of healthcare in the area. There are good examples of key stakeholders working together and of integrated approaches to care delivery.

It is Devon PCT's intention to develop the capacity and capability to take these successes a significant step further. Over the next 12 months the focus will be achieving the main national and NHS South West priorities, as well as demonstrating early impact across the health reform agenda particularly *Choosing Health*³, *Our health our care our say*⁴ and *Creating a patient led NHS*. In this context, and through the planned strategic review (see section 9), Devon PCT will be developing aims and objectives to ensure delivery of the national framework in a way that best meets the needs of Devon residents.

² Annual Report of Directors of Public Health in Devon 2006

³ Choosing Health Dept of Health 2004

⁴ Our health, our care, our say Dept of Health 2006

3. Priorities and targets for the next 12 months

For 2007/08 the PCT is required to make progress against important national and local priorities and targets⁵. For these targets, action plans have been prepared and monitoring arrangements put in place to ensure delivery. These plans relate to the following priority areas.

Health of the population

The PCT is committed to improving health, reducing health inequalities and achieving fair access for all. There are a range of targets that will guide this year's actions and there will be particular focus on:

- Improving sexual health by better access to GUM and implementation of the national chlamydia screening programme
- Reducing smoking and improving tobacco control through responsive smoking cessation services and making best use of new legislation for smoke free environments
- Early intervention to prevent obesity

There will also be a continued focus on reducing health inequalities by working in partnership to tackle the wider determinants of health. To this end, Local Area Agreements are already in place with key public agencies working together within District Council Boundaries.

The national priorities also include a specific focus on improving mental health, in relation to early intervention and the provision of community development workers.

Patient experience

The main emphasis here will be to tackle key issues that concern people locally. In particular, steps will be taken to achieve year on year reductions in MRSA and other healthcare associated infections. Action plans are in place to deliver this.

In addition to addressing sources of concern and achieving targets, there will be a focus on improving the experience of patients in Devon by promoting best practice across the whole system of care. At the moment discussions are underway with commissioners and providers to develop Devon wide patient experience development indicators, and to agree actions to achieve these in the coming year.

Supporting people with long term conditions

Working in different ways with people with long term conditions is a central feature in delivering care and support closer to home, managing demand on acute care, and creating well co-ordinated pathways of care for patients who may need to experience these many times over. Devon performs better than average for admission ratios for

⁵ The NHS in England Operating framework 2007/08 Dept of Health

patients with what are known as ambulatory care sensitive conditions and will be working, with practice based commissioners and clinical leaders, to identify specific conditions and pathways for further improvement. These demand management measures are of considerable importance not only in improving the experience of patients but also in supporting financial recovery. Self care and self management will also take a higher and more central profile, recognising the value of enabling patients to have more influence and control of their own health through the Expert Patient Programme and other more targeted education and support programmes.

As part of Devon's successful Partnerships in Older People's Project Bid (POPPs), during 2007/08 implementation of multi-disciplinary health and social care teams working alongside primary care locality "clusters" will begin. These new teams, which will include voluntary sector partners, will focus on working with people with long-term conditions and also vulnerable people with complex needs.

Improving access to services

In addition to sustaining the progress already achieved in Devon with regard to access and waiting, the next major focus will be working towards delivering treatment within 18 weeks of referral by December 2008. The PCT has completed a self assessment against this crucial target. The associated action plan covers the key change requirements to assure delivery, but specifies waiting times for diagnostic tests as a particular challenge that will require attention.

Another important feature of access is bringing care closer to patients' homes. As set out in *Our health, our care, our say*, the PCT will be actively working to move a range of care away from central provision and into the community. For community hospitals this will involve considering viable development opportunities, for example: assessing the potential to provide more operations in community theatres; and for minor injuries and inpatient units, wherever possible and appropriate, stepping up their role to care for more patients and more complex needs closer to home.

National standards

The Healthcare Commission national standards provide seven domains where the PCT has to ensure strong performance. These cover the following areas:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient Focus
- Accessible and responsive care
- Environment and amenities
- Public Health.

The PCT performance against these standards is included in the Healthcare Commission's annual health check. Devon PCT will be working during the course of

this year to build on the results of the most recent health check (which looked at the performance of the 6 predecessor PCT's), with the objective of achieving an excellent rating for 2007/08.

Consolidating Performance

This Local Delivery Plan is designed to deliver National and South West key priorities and to secure a balanced financial position. 2007/08 will be a year of financial consolidation with additional local priorities being delivered through service redesign rather than additional funding.

4. Promoting reform

As well as actions related to these priorities and targets, the PCT has a responsibility to actively promote the NHS reform programme. This programme is focussed on achieving and sustaining better care, better patient experience and better value for money.

The NHS white paper *Our health, our care, our say* identifies four key goals for successful implementation:

More choice and a stronger voice for individuals and communities

Building on the progress already made across Devon, this year the PCT will consolidate performance on choose and book, and extend choice to a wider range of providers including greater use of the independent sector.

The new PCT organisational structure creates strong foundations for involvement of individuals and communities, with every directorate having clear and distinct responsibilities. This is a starting point for moving from a very effective project focused approach to the true integration of patients and the public into the decision making processes. The PCT will also be preparing for the forthcoming legislative changes that will strengthen accountability for involvement in commissioning, as well as working with the PPI Forum and the new LINks arrangement once this is established in Devon.

Better prevention and early intervention for health, independence and well being

The PCT will build on existing improving health priorities with a shift in emphasis of resources towards greater prevention and earlier intervention. The PCT for 2007/08 has approved an additional £1m in addition to existing baseline spend to support this. In the future there will be more opportunities for self care and support for specific health conditions, and a greater focus on maintaining physical and mental health and emotional wellbeing. During this year the PCT will be setting strong foundations for these important changes.

Tackling inequalities and accessibility of services

The focus of care will be outside hospital, at or close to home wherever possible, creating a future service with the patient and their needs at the centre with less reliance on buildings and organisations. Already there is high level of work underway to: create alternatives to hospital admission; redesign urgent care; and provide increasingly flexible access to GP's and other primary care services. This will be further developed in 2007/08 with a particular focus on the services that can be delivered to our natural communities which are in the main focussed around our market and coastal towns.

More support for people with ongoing needs

Specifically, there will be increased emphasis on providing greater integration and co-ordination of health and social care services. Support for carers is another area for

development. Already in Devon, the Expert Carer training programme has commenced in Devon and there is a strong carer support network in the area.

To achieve these reform goals, there are specific changes to the commissioning arrangements of Primary Care Trusts:

Practice Based Commissioning

Practice Based Commissioning will be central to commissioning arrangements. The system that Primary Care Trusts use to pay for the services that they commission (Payment by Results) means that the money for care follows the patient. This is being adapted to provide even more incentives to deliver care for patients outside hospital. Through Practice Based Commissioning, devolution of indicative budgets will enable GP's to use the Payment by Results system to work closely with managers and patients to actively plan and influence care for their local population.

The PCT is presently implementing a series of actions to ensure Practice Based Commissioning plays a key role in shaping services for the future. The care pathway improvement plan has been formulated to support individual practice based commissioning projects, and its success will depend upon the active engagement of practices across the PCT.

Key strands of the care pathway improvement plan include:

- More local alternatives to emergency acute admission
- More day surgery in community hospitals
- Less outpatient follow up appointments in acute settings

Strengthening commissioning

The reconfiguration of the PCT was the first step. Now the work is to build the capacity and capability to effectively commission for the future. It is important that commissioning is seen in its widest sense. It is not only about quality and value for money in secondary care and specialist services, but also applies to primary care and the PCT's own provider service. The strengthened commissioning function will be designed to achieve transformational change for patients across the whole spectrum of provision.

. A series of service reviews will be undertaken between 2007/08. These are likely to include the following areas:

- Wheelchair Services
- Chiropody Services
- Stroke Services

These reviews are in addition to the planned PCT Strategic Review and the nationally initiated reviews for maternity and end of life care.

Strengthening provision

The PCT will explore new ways of delivering care, using a wider range of providers than ever before and further increasing the choices available to patients. There are additional developments planned in 2007/08 using the independent sector, particularly for diagnostic tests, ensuring sufficient capacity is available to deliver the 18-week wait milestones. Steps will also be taken to develop the PCT provider service and explore the best way this can be arranged to provide a strong local choice for patients in the future.

5. Achieving Financial Health

The financial strategy for Devon PCT is:

- To achieve recurrent financial balance or surplus in 2007/08
- To repay Devon PCT's 2006/07 forecast debt of £10.452 million in 2007/08
- To invest additional resources, where necessary, to achieve key target trajectories
- To achieve a minimum efficiency saving of 2.5%

Revenue position

The recurrent revenue resources for PCTs in 2006/07 and 2007/08 were announced early in 2005. The table below shows the increase in recurrent resources in 2007/08 compared to the national average.

	Opening recurrent baseline allocation	Recurrent increase in revenue resources	% increase in resources over baseline
	£000's	£000's	£000's
Devon PCT	871,595	85,308	9.8%
England	64,309,595	6,045,102	9.4%

Devon PCT received greater than average growth as a result of its baseline allocation being less than its target.

The additional £85.3 million received in 2007/08 is a significant increase in resources available to the PCT. The Wanless Report and other information has highlighted that the rate of growth in NHS resources experienced over the last few years is not expected to continue beyond 2007/08.

The outcome of the next comprehensive spending review is not expected until autumn 2007. However, when planning for 2007/08 the PCT must be mindful of the expected decrease in the rate of growth available.

The table below summarises the application of the additional £85 million growth:

Source of Funds	£m
Increase in resources	85.300
Repayment of 06/07 top slice to PCT	13.454
Contribution to strategic investment fund	(15.196)
2006/07 carry forward impact, Devon PCT	(10.452)
2006/07 carry forward impact, NHS Trust	(15.908)
SHA additional resource for brought forward NHS Trust	7.300
Reduction in purchaser parity adjustment	(4.173)
Reduction in central budgets from 06/07	(2.259)
Other resource limit changes	4.101
Total sources	62.127
Application of funds	
Inflationary uplifts	46.133
Activity to achieve waiting times targets	11.500
Other activity increases	20.915
PCT provider services	1.000
Ambulance services	0.585
Mental Health	0.200
Specialist services	0.890
Brought forward commitments from 2006/07	4.330
Other	1.336
Less efficiency savings	(24.762)
Total applications	62.127
Surplus/(deficit)	0

The PCT has negotiated a number of key contracts with providers and is now focussing on negotiating the 2007/08 agreements with other, smaller providers.

Capital

The PCT has recently been informed that its capital resource limit for 2007/08 is £2.736 million. The PCT has started to develop a capital programme for 2007/08 that will contain expenditure within the resources available. The capital programme will need to

combine the 2007/08 capital allocation with any implications of the 2006/07 outturn and prioritise capital spend against key objectives.

Cash

The PCT has taken a cash loan of £14 million in 2006/07 to manage the cash implications of the forecast revenue deficit of £10.452 million and the cash consequences of deferred payments for asset sales. The PCT is planning to breakeven in 2007/08 after the £10.452 million deficit has been deducted from the resource limit and is expecting the cash for the deferred payment for the asset sale. These two factors will release the cash necessary to fund the repayment of the cash loan from 2006/07.

Links to activity and contracts

The financial plans have been developed through a detailed costing of the activity required for 2007/08. The activity plans have been worked up in conjunction with providers to ensure they contain sufficient activity to deliver the required progress on the 18 week wait target.

New unavoidable commitments

In addition to the investment in activity there are a number of other unavoidable commitments for the PCT in 2007/08 which include:

- Costs of delivery of key targets, e.g. Ambulance call to connect times
- Inflation at the rates outlined in the operating framework and other guidance less a minimum 2.5% efficiency saving
- Commitments brought forward from 2006/07

These investments have been factored into the financial plan.

Actions to support delivery of 2007/08 financial targets

A cash releasing efficiency savings programme of 2.5% is incorporated, with a total value of £24.76 million. This programme covers: prescribing; primary care; provider services; corporate services; acute and non-acute contracts. In addition to this, a series of supporting actions will be taken in the following areas:

- Demand management through a care pathway improvement plan that includes productivity opportunities and Practice Based Commissioning
- Implementation of the NHS Institute: *Delivering Quality and Value Guidance*⁶, and Department of Health: *Care and Resource Utilisation Guidance*⁷ to review and

⁶ Delivering Quality and Value, NHS Institute 2006

⁷ Care and Resource Utilisation, Dept of Health 2006

further improve the present position in relation to demand management, workforce and estate utilisation

The PCT is presently working to achieve contingency reserve funding to manage best and worst case scenarios. Additionally, the PCT will continue with the rigorous monitoring arrangements established in 2006/07 for financial recovery as a central component for management of the Local Delivery Plan for 2007/08. The approach, which includes weekly reporting, allows early introduction of corrective actions where necessary, with escalation to the PCT Recovery Programme Board and onward to the Senior Management Team for attention as appropriate.

6. Supporting infrastructure and plans

To be effective in delivering health priorities and system reform, it is necessary to ensure the correct infrastructure is in place to enable front line services to be efficient and effective. Often these enablers go unnoticed as they generally take place behind the scenes, but they are of central importance. For each of the following areas clear plans have been developed for delivery in 2007/08.

Information Management and Technology (IM&T)

This is a central feature of reform. As well as managing the routine IM&T functions and activities to support healthcare delivery, the immediate priorities cover:

- Progressing the connecting for health agenda to achieve faster and better access to patient care records where and when this access is needed, but at the same time ensuring absolute protection of patient privacy and confidentiality.
- Supporting service development and clinical services redesign with IM&T solutions
- Supporting Primary Care to achieve a more streamlined approach, and introducing new electronic solutions such as booking and prescribing.

Data Quality Assurance

The Payment by Results assurance framework requires PCT's and Trusts to take action locally to assure the validity of clinically coded data and therefore the accuracy of payments being made. There should be consistency between the actual care received, the record of this episode and the Payment by Result charge in order to reduce the risk of incorrect payments. The local actions will be supplemented by an external programme of data quality audits, focussed on clinical coding using national benchmarking of providers to identify anomalies and target specific issues. This is a particular area of interest for Practice Based Commissioners and the PCT action plan includes careful monthly monitoring of key patient episodes where there is an impact on payment e.g. readmissions within 28 days.

Local Area Agreement (LAA)

Local Area Agreements help to join up public services more effectively and allow flexibilities to achieve local solutions to local circumstances. The focus is on stronger, healthier communities and includes: health, social care, police, education and the voluntary sector. Devon was a pilot developing its LAA in April 2006. The initial pilot agreement has recently been updated in line with Government guidance and plans are prepared for implementation in 2007/08.

Annual health check development programme

The annual health check is an assessment of performance conducted by the Healthcare Commission covering:

- Standards for Better Health

- Use of resources
- New and existing national targets
- Improvement reviews

Primary Care Trusts are assessed as both commissioners and providers of healthcare. The assessments cover getting the basics right and making and sustaining progress. The 2006/07 annual health check was based on the performance of Devon's six predecessor organisations. Actions will be taken to build on these past achievements and produce an excellent rating for Devon PCT in 2007/08, demonstrating real improvements in the targets and standards that matter most for patients.

Fitness for purpose development programme

At the time of preparing this Local Delivery Plan, Devon PCT is undergoing a Fitness for Purpose assessment. This assessment looks specifically at the organisational and commissioning capability of primary care trusts and aims to help prepare primary care trusts to succeed in delivering their core functions and responsibilities. At the end of the 8 week assessment an organisational development programme will be prepared to address the areas that need attention. This development programme will be completed during March 2007.

Workforce

A key result of *Commissioning a Patient Led NHS* is a lower proportion of resources being allocated to management and consequentially, a higher proportion being allocated to patient care. The next step is ensuring a productive workforce with the necessary competences to deliver high quality personalised care. The PCT provider service will need to build capacity and skills, not only to deliver effective and efficient care closer to home, but also to ensure preparedness to respond to new challenges and opportunities.

As a new organisation, the PCT is presently setting in motion its new Human Resource and workforce arrangements. Working with the Partnership Forum, the main areas of emphasis are:

- Strong Human Resources practice and being a model employer
- Establishing arrangements for effective staff engagement
- Improved information systems with the introduction of the Electronic Staff Record
- Building on existing skill and expertise and creating development opportunities in line with the priorities in the Local Delivery Plan. For example, this will include developing roles such as assistant practitioner and practitioner with special interest.
- Ensuring productivity and targeting of skills on the key priorities

Care pathway improvement plan

Actions to improve care pathways and change healthcare demand, particularly in secondary care will be a key feature of the PCT's work during 2007/08:

- For the patient, by reducing the requirement for hospital admission or care, and where care is needed providing this at home or close to home
- For finances, through savings against Payment by Results

The care pathway plan for 2007/08 will change the way services are used and delivered through actions to avoid emergency admissions, redesign day surgery and reduce the need for outpatient appointments. Benchmarks, such as NHS productivity metrics and other indicators of higher than average referral will be used to understand problems and drive forward best practice.

7. Making sure delivery happens

This plan describes many intentions for Devon PCT in the coming year - but clearly plans and intentions are not enough. They need to be backed up by a strong and systematic process of checking that they translate into delivery.

At the outset Devon PCT initiated a series of strong monitoring mechanisms through a structured programme and project management approach. This spans a range of aspects of the organisation, including this plan which will be the delivery responsibility of the Director of Provider Development. A new system of performance reporting has been developed and performance reports will be considered by the Primary Care Trust Board on a monthly basis.

Within the overall context of the LDP there are a considerable number of targets and standards. A clear and single list of these has been prepared with named Directors and managers responsible for action plans for each area.

8. Preparing for the future

As well as working to achieve the priorities and targets for 2007/08, Devon PCT will also be planning ahead and preparing for a future of continued health and healthcare improvement across Devon. There are a number of ways this will be achieved:

Setting the vision and direction

To a large degree the vision and direction exists within a national framework as related in Section 3 of this document. However, using local knowledge, circumstances and ambitions, it will be important to translate this into a meaningful strategy for Devon PCT. A major stakeholder event in early February introduced the process of strategic review and this will be further developed with clinicians, staff and key local stakeholders during the early part of 2007/08.

This will be followed by a *Vision to reality* programme to ensure that changes are made to deliver the vision.

Reviewing local services

Our health, our care, our say indicates the importance of regular and systematic reviews of services to ensure continued improvements in care, patient experience and value for money. The PCT will start with a major strategic review early in 2007/8 designed to develop a 5 year plan for Devon. This will take place in two phases:

Phase 1

- Assessment of health needs
- Review of existing services and strategies
- Clarification of public expectations

Phase 2

- Full public and stakeholder involvement on the strategic objectives arising from phase 1, conducted jointly with the local authority
- Development of proposals for further service reviews

The review programme will consider national and international best practice and how this can be applied to Devon. A central feature throughout the review will be engagement of local people, ensuring there is a strong public voice in shaping future plans from the outset, and then on an ongoing basis.

A steering group for the strategic review is presently being established and an action plan and timetable for the review has been developed.

Participating in nationally initiated service reviews

Particular attention will be given to maternity and end of life care.

- For maternity, *Our health our care our say* makes a commitment that for 2009, all women will have access, choice and continuity of maternity care. During 2007/08 the PCT will assess current services, identify gaps and the barriers to service development and set out its strategy for meeting the 2009 commitment.
- For end of life care, a local service baseline will be conducted this year. This is in preparation for making important changes to increase choice at the end of life that will be recommended in the national strategy, due to be published later this year.

9. A concrete timetable for action

This executive summary ends with a short description of what people can expect to take place over the next 12 months. This will enable the PCT to make sure it stays on track.

What is planned?	By when?
<ul style="list-style-type: none"> • Implementation of the Local Delivery Plan will commence • PCT will launch it's strategic review programme • New PBC arrangements will commence following a launch in March 07 • PCT will submit it's statement of compliance for Standards for Better Health 	April 2007
<ul style="list-style-type: none"> • Phase 1 (the review phase) of the strategic review will be nearing completion and preparations for listening events will begin • Patient prospectus will be completed 	May 2007
<ul style="list-style-type: none"> • Series of listening events will be held as part of the strategic review 	June 2007
<ul style="list-style-type: none"> • Further listening events will be held as part of the strategic review • At the PEC and Board meetings there will be a quarterly progress update on the Local Delivery Plan 	July 2007
<ul style="list-style-type: none"> • Phase 2 (the consultation phase) of the strategic review will commence with a 12 week consultation programme • PCT Annual General Meeting and Annual Report will be published 	September 2007
<ul style="list-style-type: none"> • At the PEC and Board meetings there will be a full half year review of the Local Delivery Plan 	October 2007
<ul style="list-style-type: none"> • At the Board meeting the PCT 5 year plan as a result of the strategic review will be finalised • At the PEC and Board meetings there will be a quarterly progress update on the Local Delivery Plan 	January 2008
<ul style="list-style-type: none"> • The PCT will expect to have delivered on the following priority targets: <ul style="list-style-type: none"> - 18 week wait from referral to treatment - Reduced rate of MRSA and other healthcare associated infections - Reduced health inequalities and promotion of health and wellbeing - Financial balance or surplus - All other LDP targets 	March 2008

10. Getting involved

Devon PCT would encourage all stakeholders to become involved in the actions and work streams associated with this plan. Additionally, comments and views on the plan contents would be welcomed at any point.

To comment on the plan, become more involved, or obtain assistance with any aspect of this document, please send your comments and contact details to:

LDP@Devon PCT, Service Development and Improvement Office, Newcourt House, Old Rydon Lane, Exeter, EX2 7JU.

11. Appendices and additional documents

Appendices

1. Devon PCT Interim Strategic Objectives

- To follow

Additional documents submitted to NHS South West

1. LDP action plans

- a. Improving health plans to reduce inequalities
- b. Patient experience - MRSA and other healthcare associated infections
- c. Access – 18 weeks
- d. LDP target action plans

2. LDP supporting plans

- a. IM&T
- b. Local Area Agreement
- c. Annual health check development programme
- d. Data quality assurance programme
- e. Fitness for purpose development programme
- f. Workforce plan
- g. Care pathway improvement plan
- h. System reform - Practice based commissioning development plan

3. LDP service review plan

- a. PCT strategic review plan
- b. Plans to participate in nationally initiated service reviews
- c. Other local review plans

4. Activity and financial plans

- a. FIMS
- b. Primary care trust finance template
- c. CRES plan
- d. Phase 111 trajectories
- e. Activity plan

5. Contracts and service level agreements

- a. Acute contracts
- b. Non acute contracts
- c. Co-ordinated commissioner arrangements