Southern Derbyshire
Clinical Commissioning Group

Southern Derbyshire Clinical Commissioning Group

Delivery Plan 2013/14

Introduction and context

NHS Southern Derbyshire Clinical Commissioning Group

Introduction

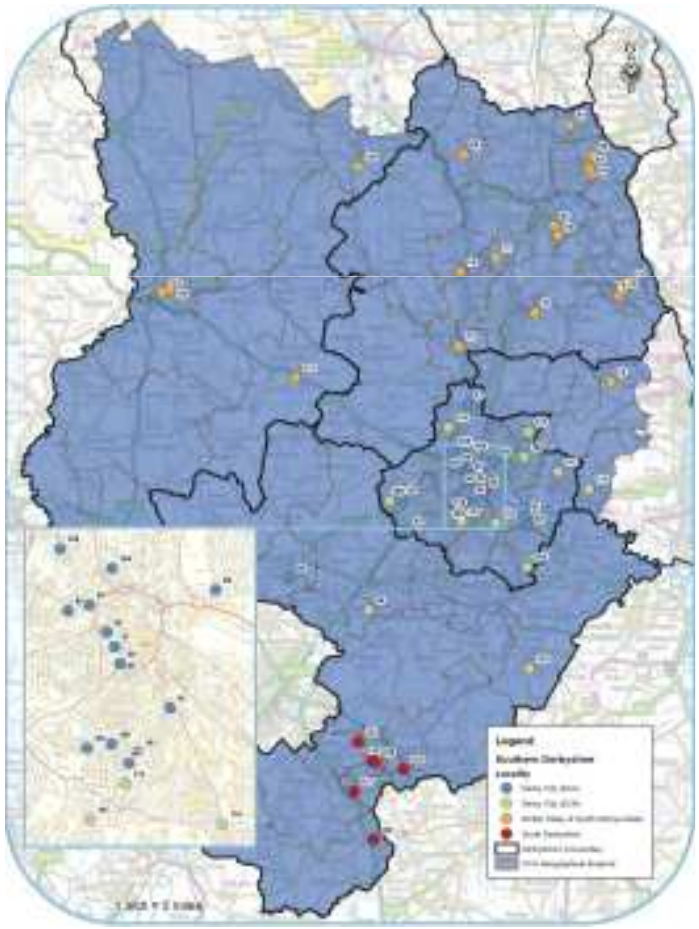
I am pleased to share with you this delivery plan for Southern Derbyshire Clinical Commissioning Group (SDCCG). It sets out what we will achieve in our first year as a statutory organisation . The plan has been built on existing health community priorities then further developed with the involvement of patients , the public, member practices and key local organisations; taking account of national directives and guidance. We have prioritised the things we need to do in order to respond to the many challenges that face us in delivering high quality care for the population of Southern Derbyshire this year and in the future. Dr Sheila Newport (CCG Chair)

Context

The CCG serves a population of approximately 525,000 across the southern half of Derbyshire. We relate to two local authorities with 100% of people in Derby City and 32% of Derbyshire County residents registered as patients with our member practices. 81% of our hospital admissions go to Derby Hospitals Foundation Trust and we lead commission the contract with them.
In 2013/14 the CCG has a budget of £623m to meet the health care needs of the population (excluding primary care and specialist services).

We are organised into four localities;

Locality	Practices	Population (approx.)
Derby Advanced Commissioning	20	169,000
Derby Commissioning Network	12	145,000
Amber Valley and South Dales	19	161,000
South Derbyshire	6	50,000
Total	**57**	**525,000**



Mission, Principles and Objectives

NHS Southern Derbyshire Clinical Commissioning Group

Mission

Our mission is to continuously improve the health and wellbeing of the people of Southern Derbyshire, using all resources as fairly as possible.

Principles

We will do this by:

* providing local clinical leadership to the NHS and working with everybody who can contribute,
* being open and accountable to our patients and communities; ensuring they are at the heart of everything we do.
* understanding our population and addressing inequalities so that services are in place to meet needs.
* Planning services to best meet those needs now and in the future.
* Aiming to secure the best quality, best value health and social care services we can afford.
* Using our resource fairly and effectively.

Objectives 2013/14

* To ensure that we have a constant focus on safeguarding and improving the **quality** of care for patients.
* To maximise the health outcomes to be gained from the financial resources available to us and develop a strategy that will result in long term **financial stability**.
* To develop an inclusive organisation that listens and responds to the needs of the **public, patients and their carers** across the communities that we serve.
* To develop a **high performing organisation** which listens to and is receptive to the membership, and has well informed and involved clinicians, practices and commissioning staff.
* To build a strong clinical and contractual relationship with our **people who provide services to our patients.**
* To integrate services and improve the experience of health and social care for **older people** and **people with long term conditions**.
* To improve **mental health** wellbeing across Southern Derbyshire
* To improve the access to, and availability of, **urgent care** services within Southern Derbyshire.
* To continue to improve the performance, quality and range of services provided within **primary care** and extended primary care settings.
* To improve healthcare outcomes for **children and young people** through an effective integrated commissioning approach.

Delivery Plan Summary - 'Plan on a Page'

NHS Southern Derbyshire Clinical Commissioning Group

MISSION : To continuously improve the health and wellbeing of the people of Southern Derbyshire, using all resources as fairly as possible.

Priorities	Delivery 2013/14	End state / vision - *DRAFT*	
Older People / LTC / EOL	*Redesign community services in each locality. *Achieve improvements in long term condition priority areas *Develop plans that support patients in managing their health *Review the role, capacity and quality of care homes *Work with partners to improve the falls & bone health pathway *Better support people to die in their place of choice	*People have access to care which is responsive, accessible and centred around their unique needs. *Services work together to provide integrated support to promote independence into old age	P5
Mental Health	*Increase no. of people accessing 'talking' therapies *Substantially improve services and support for people with dementia *Develop 24hr mental health liaison service at the acute hospital *Improve physical health of people with a mental health problem *Develop a mental health strategy for Southern Derbyshire	*People helped to achieve and maintain positive mental health and wellbeing and can access mental health support services when and where they need them.	P6
Urgent Care	*Improve access to primary care *Improve the assessment, flow and discharge processes in hospitals *Commitment to reduce avoidable A&E attendances and non elective admissions *Improve patient transport services in urgent care	*Patients have clear understanding of where to go to best meet their urgent care health needs. *The system makes it easy for clinicians to get their patients to the right place. * IT providing excellent information sharing across the system	P7
Primary care	*Review the way we commission and incentivise primary care *Support GPs to continue to improve quality and performance *Identify pressures and opportunities in general practice and support developments in response *Review the range of services available at locality level *Support GPs to optimise the use of medicines across localities	*People have access to robust, high quality primary care *Patients access a prioritised, core range of services in their locality *Maximised use of technology and innovation to reduce unnecessary attendance at clinical facilities.	P8
Children	*Review services for children with behavioural difficulties. *Reduce demand for hospital care for children with Long Term Conditions *Evaluate implications in response to Children and Families Bill 2013 *Ensure effective health care for children in care *Maximise opportunity of the need to re-commission some services	*Children able to access the right level of psychological support when they need it. *Children with disabilities and life limiting conditions experiencing high quality, integrated care. *Supported and co-ordinated transition between children's and adult health provision	P9

Supporting delivery

Quality - Delivery of four quality ambitions; personalised care, safety, effectiveness, strong infrastructure. Develop a Quality Innovation Hub, increase shared decision making and self-care, and respond to Francis Report. P11

Finance Achieve financial balance, achieving £15.6m of QIPP efficiency savings (2.5% of resource limit) for re-investment in services, and innovative use of non-recurrent resources to support transformation P12

Patient and public engagement – Strengthening GP patient groups, increase use of CCG own health panel members, engagements and consultation on service transformation, wider scale engagement in work of CCG, P13

Developing the organisation Develop a high performing organisation which has well informed and involved clinicians, practices and commissioning support staff. P14

Provider Relationships
Ensure provider stability and readiness for current and future QIPP challenges. Support providers through system transformation. P15

Principles

*Local Clinical Leadership
*Open and accountable culture
*Understand population needs
*Plan services for now and future
*Use resources Fairly
*Work with all who can contribute
*Patients and communities at heart
*Address inequalities
*Secure best quality and value

Context

*Population of 525,000 people
*4 Strong Localities
*Diverse health needs across CCG
*CCG Authorised without Conditions
*57 Member GP practices
*Relate to two local authorities
*Budget of £623m
*Continued delivery of NHS constitution rights

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Priority: Older people and people with a long term condition

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Our objective is to integrate services and improve the experience of health and social care for older people and people with long term conditions

We will redesign community services to provide greater support in each locality

- Specify and procure practice facing community 'core integrated services'
- Review capacity of community and intermediate care services to support core teams
- Review and develop 'Rapid Response' services to support core teams
- Review Single Point of Access in each locality

We will achieve improvements in long term conditions priority areas

- Specify and procure integrated diabetes service for each locality
- Work with partner agencies to improve the capacity and performance of local stroke services
- Specify and procure pulmonary rehabilitation service for each locality
- Improve access to stroke early supported discharge services

We will develop plans that support patients in managing their health

- Work with partners to evaluate local pilots and services - Expert Patient Programme, telecare, telehealth.
- Review national guidance and experience in other areas
- Develop proposals for models for Southern Derbyshire

We will review the role , capacity and quality of care homes

- We will review the role of care homes within the healthcare system
- Determine current capacity and usage of care homes in each locality and work towards effective utilisation
- Develop community team support
- Evaluate workforce development options, including training

We will work with partners to improve the Falls & Bone Health Pathway

- Specify & Monitor the Hip Fracture Pathway in Acute services
- Review management pathway for fragility fractures.

We will better support people to die in their place of choice

- Increase the identification of people at end of life in primary care
- Specify and procure communication training for GPs and Community staff
- Develop a proposal for an Electronic Palliative Care Coordination System (EpaCCS) working with all local stakeholders
- Specify and procure a "palliative care support" service in Care Homes working with the community nurses and the community palliative care team

Priority: Mental Health

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Our objective is to improve mental health wellbeing across Southern Derbyshire.

We will substantially improve services and support for people with dementia

- Work with social care to finalise' the refresh of dementia strategies with both Councils
- Increase the diagnosis rate for dementia to ensure people can receive early care and support where needed
- Review and develop specialist Memory Assessment Services
- Work with both Councils to review and improve support services for people with dementia and their carers
- Work with Health and Wellbeing Boards to raise awareness and understanding in the wider community

We will develop a mental health strategy for Southern Derbyshire working with both local authorities

- Review mental health commissioning and contracting arrangements for the CCG
- Review local implementation of national strategy ' No health without mental health'. Work with Health and Wellbeing Boards and Adult Care Boards to agree an overall strategy for mental health services

We will develop a 24hour mental health liaison service at Derby Acute Hospital

- Work with our mental health and acute service providers to implement the service (known as RAID) in 2013/14
- Review delivery of benefits and potential financial impact
- Develop a service specification for this service, if successful to include in contract for 2014/15

We will review the accessibility of physical health services for patients with mental health needs

- Work with public health to review physical health needs of patients
- Review accessibility to key primary care services such as health checks and screening services
- Work with patient groups and primary care to understand any blocks to key services

We will improve access to 'talking therapy ' services

- Commission services through 'Any Qualified Provider' contracts to cover the whole CCG area
- Improve GP and public understanding of services available

Priority: Urgent Care

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Our objective is to improve the access to, and quality of, appropriate urgent care services for the patients of SDCCG

We will improve access to primary care

- Staffing model underpinned with GP and hospital trainees
- Through QP, practices will improve urgent care model in-practice
- Work with the lead commissioner to ensure responsive 111 service
- Review walk-in services in Derby City, fully consulting with patients and the public and re-procure from Sept 2014 and develop our walk-in offer across Southern Derbyshire

We will improve the processes of patient assessment, flow and discharge from acute hospitals in our CCG

ROYAL DERBY HOSPITAL

- Bring together clinical and managerial leads across all agencies in a series of 'summits' with the outcome being a series of clinically led work streams.
- Develop full clinical specifications for non elective patients organised around the patient by Sept 2013
- Ensure a continual focus on improvement through daily shared tracking of key measures.

QUEENS HOSPITAL BURTON

- Conduct analysis and research to understand increased activity in the hospital and locality generally.
- Work with the Trust and lead commissioner to develop remedial action plan, and robustly follow up delivery through our governance structures

We will make a strong commitment to reduce avoidable A&E attendances and non elective admissions

- Clinical review of current practice
- Identification and provision of alternative routes
- Patient and clinician engagement
- Maximise review arrangements with primary care
- Develop clinically agreed model of GP triage at A&E, filtering out patients suitable for primary care management
- New model implemented with a robust set of performance indicators within urgent care governance

We will improve patient transport services

AMBULANCE

- Implementation of electronic sensor data collection system by May 2013 to improve turnaround
- Rapid improvement event to reduce longest delay areas June 2013
- Establish improved escalation guidelines for maintaining in periods of high demand July 2013
- Performance measures and consequences contractually applied – Mar 2013QA
- Ensure through EMAS estates strategy that countywide performance is achieved

NON-URGENT PATIENT TRANSPORT

- Work with lead commissioner to resolve issues with current contract and reduce impact on urgent care

Priority: Primary Care

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Our objective is to continue to improve the performance, quality and range of services provided within primary care and extended primary care settings

We will review the way we commission and incentivise primary care.

- Prioritise and review existing enhanced services contracts harmonising specifications and costs if appropriate.
- Develop a proposal to reconcile or replace the existing different mechanisms for commissioning from practices

We will support GPs to continue to improve quality and performance

- Support clinical decision making through provision of guidelines for patient management and referral
- Continue to understand variations in activity and outcomes
- Develop opportunities to attract GPs to the area
- Develop opportunities within the training and education of primary care workforce.

We will identify pressures and opportunities in general practice and support developments in response.

- Continue to work through localities and sub-localities to foster a community of innovative practitioners
- Support opportunities for practices to consider working in groupings to provide some services
- Maximise the potential strength of our large membership to support and develop general practice

We will review the range of services at locality level and commission / re-commission as appropriate

- Work with member practices, patient groups and potential providers to determine any priorities for increasing services at locality level.
- Retender phlebotomy services Tender for community gynaecology services in at least one locality
- Increase standardisation of physiotherapy services and costs

We will support GPs to optimise the use of medicines across localities

- Work with member practices, GP prescribing leads and localities to develop medicines management business plans for the next 5 years
- Develop the CCG Medicines Management Team workforce to meet locality-identified needs and plans, and support them with appropriate education and training
- Seek to better understand the medicine requirements of our patients, reflecting local demographic patterns and inequalities
- Prioritise quality medication reviews and develop strategies to improve outcomes using medicines, minimise medicines harm including avoidable hospital admissions, and reduce medicines waste for our most vulnerable and high health risk populations

Priority: Children

Our objective is to improve healthcare outcomes for children and young people through an effective integrated commissioning approach.

We will jointly review services across the pathway of care for children with behavioural difficulties

- Participate in a review across both local authorities and related health services / commissioners
- Identify opportunities to shift existing resources to improve outcomes, including by developing a better understanding of what works.
- Co-design an integrated care pathway with all key stakeholders, specifying any required changes to existing pattern of provision.
- Identify preferred procurement route(s) and align with need to re-procure services

We aim to reduce demand for hospital care for children with long term health conditions

- Analyse current patterns of use and patient experience
- Identify any patterns of unwarranted clinical variation
- Work with appropriate clinicians and patient groups to improve pathways of care
- Implement changes necessary to deliver identified improvements

We will evaluate the implications of the Children and Families Bill 2013 for our population.

- Work with partners to consolidate integrated disability services in response to the Bill
- Review joint commissioning arrangements for disabled children

We will ensure effective health care for children in care

- Review assessment processes and services offered locally to children in care.
- Ensure health care for children placed out of area is clinically and cost effective.

We will maximise the opportunity of the need to re-commission a range of children's services

- Evaluate services which need to be re-procured under Transforming Community Services
- Utilise the opportunity to ensure services are specified and configured to best meet need

Locality Focus

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Each locality has specific areas that they wish to focus on in 2013/14, either within the overall priorities or additional to them.

Derby Advanced Commissioning (DAC)

- Drugs & Alcohol related admissions
- Community services Mental Health
- Discharge planning
- Primary Care Workforce
- Review of MSK services
- Minority communities and primary care

Derby Commissioning Network (DCN)

- Patient engagement and education. Recruit additional patient representatives to Locality Board
- Locality Services – including more equitable access to a broader range of services in primary care
- Provision of services to specific patient groups e.g. frequent attenders

Amber Valley and South Dales (AVSD)

- Pulmonary rehabilitation
- Community services transformation
- Care home support
- Increase support to practices; including:
  - Extend Enhanced Medicines Management
  - Trial the same model for referrals.

South Derbyshire (SD)

- Full running of Oaklands:
  - Intermediate Care
  - Frail Older People
- Burton Hospital contracting and quality issues
- Securing and utilising available funds for health to support housing developments

Quality

NHS Southern Derbyshire Clinical Commissioning Group

Our objective is to ensure that the CCG has a constant focus on safeguarding and improving the quality of care for patients

We will ensure a comprehensive approach to the delivery of high quality services in primary care

- Develop a Quality Strategy for Primary Care with the Commissioning Board
- Agree clear relationships between Area Team / CCG and GP Practices

We will ensure a consistent and robust approach to monitoring and improving quality of services in hospitals, care homes and peoples own homes.

- Review and agree the Quality Assurance Framework for providers
- Implement the development plan for care homes
- Develop a shared risk framework for care homes
- Explicit use of contract levers – incentives and penalties to improve quality
- Develop a comprehensive model of quality assurance site visits

We will agree and implement the emerging lessons from the Francis Report

- Implement the relevant recommendations of the Report
- Monitor provider Cost improvement Plans re quality
- Strengthen the use of patient experience
- Identify gaps in patient experience feedback
- Re-launch the Derbyshire Nursing Cabinet – agree work streams on values/behaviours/culture

We will ensure consistent and robust safeguarding arrangements are in place for children and adults

- Review the current model and agree changes to the MOU
- Develop and implement a robust training plan
- Continue the use of Markers of Good Practice (MGP)
- Develop 'MGP lite' for GP Practices
- Implement outcomes of Care Support Bill
- Transition supervisory body function to local authority
- Develop Safeguarding Self Assessment and Assurance Framework (SAAF) for Primary Care

We will ensure patients' experience is at the heart of quality care

- Implement the Patient Engagement Strategy
- Embed the Friends & Family Test across providers
- Explore models of co-production and shared decision making
- Hold a 'Big Conversation' Event about values in care

We will develop a culture of innovation within the CCG creating and adopting effective changes

- Commission the implementation of the High Impact Innovations
- Explore options for creating an innovative CCG organisation
- Work with East Mids Academic Health Sciences Network to develop the Quality Innovation Hub and the potential for a Derbyshire Expo

Finance

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Our objective is to maximise the health outcomes to be gained from financial resources available to us and to develop a strategy that will result in long term financial stability

SDCCG have been allocated £622.7m of funding in 13/14. There is a requirement to set aside the following out of this allocation:

a) 2% Transformation reserve to be used non –recurrently to improve the quality and efficiency of services;
b) A 1% surplus (£6.1m); and
c) A 0.5% contingency reserve (£3.0m) to help manage risks .

Taking account of the growth in demand for services and the requirement to meet all Department of Health planning requirements to fund the services needed for the local population SDCCG have an efficiency target of £15.6m (2.5% of total funding) to achieve in year.

Key deliverables to ensure all financial objectives are achieved:

- We will ensure we will meet all of our financial and service quality delivery targets
- We will ensure delivery of the financial targets within the Quality Innovation Productivity and Prevention programme for 13/14
- We will undertake analysis and develop a strategy to improve the financial productivity of the CCG.
- We will develop a rolling programme of QIPP improvement addressing the period to 2015/16
- We will work with Localities to develop financial reporting at Locality level
- We will embed robust budget management processes within the CCG

Patient and Public Engagement

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Our objective is to develop an inclusive organisation that listens and responds to the needs of the public, patients and their carers across the communities that we serve..

We will embed PPI to develop a culture of working with patients and the public .

- Through the Governing Body and Patient Reference Group, further develop the PPI Strategy across the CCG
- Communicate the PPI priorities across the CCG
- Provide support and training to staff and member practices on the best ways to engage and involve patients
- Provide training on legal requirements to consult and involve patients in service planning and change
- Increase lay involvement in our decision making at committee level

We will develop processes and support to increase involvement, including seldom heard groups.

- Develop Patient Leaders for the CCG made up of Lay Representatives and members of the community
- Set-up a Lay Reference Group with a membership of representatives from our community to oversee the PPI Strategy and delivery of PPI priority areas
- Develop ways of better engaging with communities who are seldom heard through closer working with community development teams
- Develop strong relationships with HealthWatch

We will demonstrate the impact of involving patients in service change and improvement

- Respond to patient feedback by continuing to develop services that are relevant and accessible
- Through the Shared Learning Review Group make better use of feedback, data, trends from PALS, Complaints, Serious Untoward Incidents and patient stories to commission high quality services

We will strengthen the existing arrangements for Patient and Public Involvement (PPI)

- Strengthen the existing PPI structures already in place such as Practice Participation Groups and increase membership of the CCG Health Panel
- Develop Patient Leaders for the CCG made up of Lay Representatives and members of the community
- Set-up a Lay Reference Group with a membership of representatives from our community to oversee the PPI Strategy and delivery of PPI priority areas
- Create more opportunities for lay representation on our decision making groups and committees
- Provide support and training to staff and member practices on the best ways to engage and involve patients

CCG Development

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Our objective is to develop a high performing organisation which listens to and is receptive to the membership, and has well informed and involved clinicians, practices and commissioning staff.

We will develop clinical and non clinical leaders with the skills, resources, competence and confidence to lead change and commission well.

- Publishing the CCG vision, objectives and priorities ensuring the membership, localities and staff know how they contribute to these through development and engagement events
- Undertake an assessment of development needs across the CCG to better understand gaps in order to update the OD Plan
- Source learning and development opportunities from a range of appropriate providers including but not limited to the National and Regional Leadership Academy offer
- Identify a talent pool and process for succession planning for senior roles across the CCG
- Ensure Governing Body members, and CCG staff have annual appraisals and have an individual development plans in place

We will create robust governance arrangements to ensure value from our commissioning support services

- Put in place contract management and monitoring arrangements for all service lines in the GEM Commissioning Support SLAs
- Continue to develop local KPIs in each SLA
- Undertake a review of all commissioning support services to ensure they are fit for purpose and meet the needs of the CCG

We will continue to develop the engagement across our membership, stakeholders and the public

- Publishing the CCG vision, objectives and priorities ensuring the membership, localities, and staff know how they contribute to these through development and engagement events
- Develop a CCG Members Council/Forum which will support the CCG in decision making and endorsing future strategy
- Demonstrating how clinical involvement is leading to service change and improvement, and more widely publishing the work of the CCG work programmes across the wider membership (Planned Care, Unplanned Care, Prescribing Groups etc)
- Create more opportunities for clinicians to engage with CCG work for example shadowing existing Clinical Leads, attending CCG meetings, development sessions`

We will develop a suite of standardised organisational policies to support effective operation of our staff.

- Identify policies currently in place from previous organisations
- Undertake a review of current staff policies and agree a plan to determine the most appropriate way to harmonise where possible
- Develop a Communications Plan with staff and union representatives where required

Provider Relationships

Southern Derbyshire Clinical Commissioning Group

Our objective is to build strong clinical and contractual relationships with people who provide services to our patients.

We will continue to build a strong clinical and managerial relationship with our main providers

- Build on recent track record of developing excellent managerial and clinical relations with key providers.
- Ensure that financial agreements allow providers to deliver safe and high quality care.
- Ensure that transformation has integrity and demonstrates to take cost from the health economy rather than pass between budgets
- Ensure that future commissioned services have clear clinical rationale

We will agree an affordable acute contract for 2014/15 which incentivises clinical and service improvement and transformation

- We will agree a contract which correctly incentivises the provider to balance our joint mandates of ensure safe, timely and high quality care and that of supporting their element of our system wide transformation.
- Continued rigour around delivery of quality and performance standards and ensuring we get most value from our spend with them.

We will integrate Clinical Improvement Groups (CIGs) into both organisations, ensuring they drive improvement and transformation

- Build on the arrangements within the CCG and Derby Hospitals FT to support and develop CIGs
- Agree a set of objectives for the CIGs, clinically agreed in a number of key areas which link to overall system transformation

We will review commissioning and contracting arrangements to ensure they best meet our needs

- We will ensure our in house contracting functions would test well for value and outcome against support unit options.
- We will review arrangements where contracting or commissioning is undertaken on our behalf and agree changes as necessary to best meet our needs.

We will deliver on the transformation and service improvement objectives in the 2013/14 contract

- Ensure the structure and processes we use to manage contracts have greater focus on transformation and that providers give this as much importance as delivery of their Cost Improvement Plans

Rights and Pledges from the NHS Constitution 2013/14

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Referral To Treatment waiting times for non-urgent consultant-led treatment
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%
Diagnostic test waiting times
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – 99%
A&E waits
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – 95%
Cancer waits – 2 week wait
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%
Cancer waits – 31 days
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94%
Cancer waits – 62 days
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set
Category A ambulance calls
Category A calls resulting in an emergency response arriving within 8 minutes – 75% (standard to be met for both Red 1 and Red 2 calls separately)
Category A calls resulting in an ambulance arriving at the scene within 19 minutes – 95%
Mixed Sex Accommodation Breaches
Minimise breaches
Cancelled Operations
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.
Mental health
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%.