

Business Plan 2011–2015

Department of Health

November 2010

This plan will be refreshed annually

Contents:

Section A: **Vision**

Section B: **Coalition Priorities**

Section C: **Structural Reform Plan**

Section D: **Departmental Expenditure**

Section E: **Transparency**

A) Vision

The NHS is a great national institution which embodies the values of a society in which we care about each other, not just about ourselves. Our priority is to transform the NHS into one of the great health systems of the world: true to its values, but fit for the future. To ensure that real-term increases in NHS spending deliver world-class outcomes, we will carefully reform the NHS.

We will end the use of unnecessary and costly management bureaucracy to control the NHS from above. It undermines the dedicated work of doctors and nurses, and cuts patients out of decisions about their own care. Instead, doctors, nurses and patients must be put back in the driving seat.

We will empower local GPs to come together to take direct control of NHS funds to commission the services patients want from any willing healthcare provider that meets NHS costs or lower. This will end the need for less accountable tiers of management including strategic health authorities and primary care trusts.

We want to give patients a free choice over the care they receive, empowered by a revolution in easily accessible, quality information about the results that different GPs, hospitals and other healthcare providers achieve for people. And these providers will in turn be paid by results: rewarded for achieving good outcomes for patients, rather than hitting government performance targets that have no clinical justification.

The whole system will also be strengthened by a bigger role for local communities. Councils will manage protected public health budgets and will be paid by results for encouraging healthier living so that we reduce long term cost pressures on the NHS. Social care will be truly integrated with local health services. And there will be real financial incentives to tackle health inequalities.

Our reforms will help to create a world-class NHS that saves thousands more lives every year by freeing up resources to go to the front line, giving professionals power and patients choice, and maintaining the principle that healthcare should be delivered to patients on the basis of need, not their ability to pay.

B) Coalition Priorities

Structural Reform Priorities

1. Create a patient-led NHS

- Strengthen the patient's ability to exercise extended choice, to manage their care and to have their voice heard within the NHS

2. Promote better healthcare outcomes

- Shift focus and resources from bureaucratic process targets to better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures

3. Revolutionise NHS accountability

- Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public

4. Promote public health

- Create a public health service which rebalances our approach to health, drawing together national leadership with local delivery, and fostering a new sense of community and social responsibility

5. Reform social care

- Enable people needing care to be treated with dignity and respect, and reform the system of social care to provide much more control to individuals and their carers, easing the cost burden that they and their families face

B) Coalition Priorities

Other major responsibilities

Run an efficient and effective Department of State

- Provide an efficient and effective service to the public, Parliament and Ministers through advice and timely responses to queries on health and adult social care policy

Help prepare for emergencies

- Work with other departments and public services to ensure that we are prepared for emergencies and other critical events

Devolve leadership of IT development

- Devolve leadership of IT development to NHS organisations, bringing implementation closer to the front line

B) Coalition Priorities

The Department will no longer...

...micromanage the NHS through the use of central process targets with no clinical justification. Instead, we will give patients access to the data they need to make meaningful choices about their care.

...fund primary care trusts and strategic health authorities once arrangements to empower GPs to take control of commissioning for their patients are in place.

...demand burdensome and unnecessary data from local organisations. We will only require the publication of data that helps inform patient choice and hold public servants to account.

...fund arm's length bodies that create unnecessary bureaucracy and duplicate functions. We will abolish arm's length bodies that do not need to exist and streamline those that do.

...cause uncertainty within the NHS by constantly changing strategies. We will make the necessary structural changes to put the NHS on a long term and sustainable footing, and we will do so on a clear and achievable timetable.

C) Structural Reform Plan

The Coalition is committed to a programme of reform that will turn government on its head. We want to bring about a power shift, taking power away from Whitehall and putting it into the hands of people and communities, and a horizon shift, making the decisions that will equip Britain for long term success. For too long citizens have been treated as passive recipients of centralised, standardised services. This Government is putting citizens back in charge, and Structural Reform Plans are part of this shift of power from government to people.

This section sets out how, and when, the Department will achieve the reforms that are needed to make this happen. Structural Reform Plans are key tools for holding departments to account for the implementation of Programme for Government commitments, replacing the old top-down systems of targets and central micromanagement.

Each month, the Department publishes a simple report on its progress in meeting these commitments. These reports are available on our departmental website and on the Number 10 website.

All legislative timings and subsequent actions are subject to Parliamentary timetable and approval.

1. Create a patient-led NHS

(p.2 of 5)

Strengthen the patient's ability to exercise extended choice, to manage their care and to have their voice heard within the NHS

ACTIONS	Start	End
1.2 Develop urgent care service		
i. Begin preparations for a 24/7 urgent care service, including the new NHS 111 service, in every area in England	Completed	-
ii. Launch first NHS 111 pilot in County Durham and Darlington PCT and begin to evaluate the pilots	Completed	-
iii. Launch remaining NHS 111 pilot sites in Nottingham City, Lincolnshire and Luton PCTs	Nov 2010	Dec 2010
iv. Complete the evaluation of NHS 111 pilot sites and, informed by its findings, begin implementation throughout England	Nov 2011	Nov 2011
1.3 Give people far more information and data on all aspects of healthcare, correcting the imbalance in who knows what and enabling them to make informed choices about their care		
i. Begin regular publication of detailed performance data, in an open and standardised format, on all healthcare providers, including weekly data on healthcare associated infections	Completed	-
ii. Work with stakeholders to develop options on how to ensure that hospitals are open about their mistakes and always tell patients if something has gone wrong	Started	Nov 2010
MILESTONES		
C. 24/7 urgent care service operational in every area of England, informed by evaluation	Apr 2013	

1. Create a patient-led NHS

(p.3 of 5)

Strengthen the patient's ability to exercise extended choice, to manage their care and to have their voice heard within the NHS

ACTIONS	Start	End
1.3 Give people far more information and data on all aspects of healthcare, correcting the imbalance in who knows what and enabling them to make informed choices about their care (continued)		
iii. Outline proposals in White Paper to give patients control of their health records and access to the information they need to make choices about their care and to hold providers accountable	Completed	-
iv. Consult on information strategy, including information needs, collection and distribution of information, and ways to encourage more organisations to provide information to patients	Started	Jan 2011
v. Publish plan and timetable to deliver greater patient control of records	Apr 2011	Apr 2011
vi. Information Centre begins regular publication of further range of detailed performance data outlined in the information strategy, in an open and accessible format	Apr 2011	Apr 2011
vii. Begin to implement greater patient control of records, starting with records held by a patient's GP	Apr 2011	Apr 2011
1.4 Introduce personal health budgets for people with chronic/long term conditions		
i. Continue piloting of personal health budgets	Started	Oct 2012
MILESTONES		
D. Consultation on information revolution started	Complete	
E. New range of data published by Information Centre, including outpatient and inpatient information at provider level, provider quality indicators and ambulance status reports	Apr 2011	
F. First data released on proportion of patients with greater control of their care records	Sep 2012	

1. Create a patient-led NHS

(p.4 of 5)

Strengthen the patient's ability to exercise extended choice, to manage their care and to have their voice heard within the NHS

ACTIONS	Start	End
1.4 Introduce personal health budgets for people with chronic/long term conditions (continued)		
ii. Publish final evaluation report of pilot sites	Oct 2012	Oct 2012
iii. Initiate national roll out, informed by the results of the evaluation	Oct 2012	Oct 2012
1.5 Create HealthWatch, a new body to act as the voice for patients and the public		
i. Publish proposals for HealthWatch in the White Paper 'Liberating the NHS'	Completed	-
ii. Include provisions to establish HealthWatch in the Health Bill	Dec 2010	Dec 2010
iii. Begin transformation of patient Local Involvement Networks into local HealthWatch	Apr 2011	Apr 2011
iv. Launch HealthWatch nationally	Apr 2012	Apr 2012
1.6 Strengthen the role of the Care Quality Commission		
i. Publish proposals for strengthening the role of the Care Quality Commission (CQC) as a quality regulator in the White Paper 'Liberating the NHS'	Completed	-
ii. Introduce requirement that providers of primary dental care and independent ambulance services register with CQC	Apr 2011	Apr 2011
iii. Introduce requirement that providers of primary medical care register with CQC	Apr 2012	Apr 2012
MILESTONES		
G. HealthWatch launched nationally	Apr 2012	
H. Final evaluation report of personal health budget pilots published	Oct 2012	
I. National roll out of personal health budgets for chronic/long term conditions started	Oct 2012	

2. Promote better health outcomes

(p.2 of 4)

Shift focus and resources from bureaucratic process targets to better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures

ACTIONS	Start	End
2.3 Devise a palliative care funding system which is responsive to the wishes of patients, while being fair to all providers and affordable to the public purse		
i. Appoint chair of an independent Palliative Care Funding Review, covering care provided by the NHS, a hospice or any appropriate provider	Completed	-
ii. Develop funding model for preferred option(s)	Sep 2011	Oct 2011
iii. Consult on funding model for palliative care	Oct 2011	Jan 2012
iv. Announce a new funding model for dedicated palliative care	Feb 2012	Feb 2012
2.4 Introduce a value-based pricing system to align treatments with outcomes		
i. Publish proposals in the White Paper 'Liberating the NHS' to reform the National Institute for Health and Clinical Excellence (NICE) and place it on a firmer statutory footing	Completed	-
ii. Consult on proposals for a Cancer Drugs Fund	Started	Jan 2011
iii. Consult on proposals for value-based medicine pricing	Dec 2010	Mar 2011
iv. Create a Cancer Drugs Fund to enable patients to access an increased range of cancer drugs until full transition to the new pricing process	Apr 2011	Apr 2011
v. Develop new pricing process with drug companies and introduce it after the end of the current Pharmaceutical Price Regulation Scheme	Apr 2011	Jan 2014
MILESTONES		
C. Cancer Drugs Fund established	Apr 2011	
D. Final report from the independent Palliative Care Funding Review due to be published	Sep 2011	
E. New funding model for dedicated palliative care announced	Feb 2012	
F. NICE established on a firmer statutory basis	Apr 2012	
G. Transition to new drugs pricing process completed	Jan 2014	

2. Promote better health outcomes

(p.3 of 4)

Shift focus and resources from bureaucratic process targets to better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures

ACTIONS	Start	End
2.5 Introduce a new dentistry contract, with particular focus on the oral health of children		
i. Publish proposals for pilots to inform the development of a new dental contract	Dec 2010	Dec 2010
ii. Consult on new dental contract	Jul 2012	Oct 2012
2.6 Ensure greater access to talking therapies to reduce long term costs for the NHS, publish mental health strategy and improve offender mental health		
i. Develop and publish policy for Talking Therapies programme	Started	Dec 2010
ii. Roll out liaison and diversion services for mentally ill offenders, working with the Ministry of Justice	Nov 2010	Nov 2014
iii. Publish cross-government strategy for mental health services and public mental health	Dec 2010	Dec 2010
iv. Begin to implement the Improving Access to Psychological Therapies service	Apr 2011	Apr 2011
v. Initiate a stand-alone programme to extend access to NICE-approved talking therapies for children and young people	Sep 2011	Sep 2011
2.7 Co-design and establish pilots to provide payments based on outcomes to providers to help individuals achieve sustained recovery from drug dependency	Started	Apr 2014

MILESTONES

3. Revolutionise NHS accountability (p.1 of 4)

Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public

ACTIONS	Start	End
3.1 Improve the effectiveness of commissioning and resource allocation		
i. Publish commissioning proposals in the White Paper 'Liberating the NHS'	Completed	-
ii. Establish NHS Commissioning Board in shadow form	Apr 2011	Apr 2011
iii. Complete the abolition of strategic health authorities	Apr 2012	Apr 2012
iv. Fully establish NHS Commissioning Board	Apr 2012	Apr 2012
v. NHS Commissioning Board makes allocations to GP consortia for 2013/14	Nov 2012	Nov 2012
3.2 Enhance commissioning to give GPs greater autonomy		
i. Consult on proposals for GP consortia	Completed	-
ii. Prepare legislative framework for GP consortia as part of the Health Bill	Dec 2010	Dec 2010
iii. Begin to establish GP consortia in shadow form	Apr 2011	Apr 2011
iv. Formally establish GP consortia	Apr 2012	Apr 2012
v. Give full responsibility for commissioning to GP consortia	Apr 2013	Apr 2013
3.3 Strengthen local democratic legitimacy by creating a greater role for local government in health and wellbeing		
i. Publish proposals in 'Liberating the NHS: Local democratic legitimacy in health' for consultation	Completed	-
MILESTONES		
A. NHS Commissioning Board operational in shadow form	Apr 2011	
B. Strategic health authorities abolished	Apr 2012	
C. First allocations given to GP consortia	Nov 2012	
D. Full responsibility for commissioning given to GP consortia	Apr 2013	

3. Revolutionise NHS accountability (p.3 of 4)

Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public

ACTIONS	Start	End
3.4 Set providers free, empower professionals and reduce political interference (continued)		
iii. Publish a consultation on amendments to the NHS Constitution to: (a) highlight staff rights to raise concerns about safety, malpractice or other wrongdoing at work; (b) introduce an expectation that staff will raise concerns at an early opportunity; and (c) introduce an NHS pledge to support staff in doing so	Completed	-
iv. Include provisions in the Health Bill to increase foundation trusts' freedoms	Dec 2010	Dec 2010
v. Publish consultation on proposals to strengthen NHS workforce planning, education and training	Dec 2010	Dec 2010
vi. Develop plans to increase the number of co-operatives and mutuals in the NHS and publish details in the Public Service Reform White Paper	Jan 2011	Jan 2011
vii. Separate primary care trust (PCT) commissioning from the provision of services and divest community services from PCTs	Apr 2011	Apr 2011
3.5 Reduce bureaucracy		
i. Publish a review of arm's length bodies (ALBs)	Completed	-
ii. Introduce legislation to abolish identified ALBs	Dec 2010	Dec 2010
MILESTONES		
H. First quarterly data released on number of number of co-operatives and mutuals established from within existing NHS services	Apr 2011	

3. Revolutionise NHS accountability (p.4 of 4)

Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public

ACTIONS	Start	End
3.5 Reduce bureaucracy (continued)		
iii. Begin to abolish and transfer functions of ALBs, following Parliamentary approval	Sep 2011	Sep 2011
iv. Abolish primary care trusts once the NHS Commissioning Board and GP consortia are in place	Apr 2013	Apr 2013
3.6 Increase local say over reconfigurations		
i. Give local authorities the right to challenge health organisations over the closure of local services and refer cases for independent national arbitration	Completed	-
ii. Stop the centrally dictated closure of A&E and maternity wards, so that people have better access to local services	Completed	-
3.7 Develop Monitor into an economic regulator to ensure access, choice, competition and price-setting for health and social care		
i. Publish proposals for developing Monitor into an economic regulator	Completed	-
ii. Include provisions in the Health Bill for Monitor to become an economic regulator	Dec 2010	Dec 2010
iii. Launch Monitor as an economic regulator	Apr 2012	Apr 2012
iv. Monitor responsible for setting efficient prices	Apr 2013	Apr 2013
v. Monitor's licensing regime operational	Apr 2013	Apr 2013
MILESTONES		
I. Set criteria for local decisions in major service changes	Complete	
J. Monitor in place as an economic regulator	Apr 2012	
K. Primary care trusts abolished	Apr 2013	

4. Promote public health

(p. 1 of 4)

Create a public health service which rebalances our approach to health, drawing together national leadership with local delivery, and fostering a new sense of community and social responsibility

ACTIONS	Start	End
4.1 Establish Public Health Service, including relevant health protection functions, and incorporate the nutrition functions of the Food Standards Agency (FSA) into the Department of Health (DH)		
i. Incorporate FSA nutrition functions into DH	Completed	-
ii. Publish details of future Public Health Service in Public Health White Paper	Dec 2010	Dec 2010
iii. Include provisions in the Health Bill to establish the Public Health Service	Dec 2010	Dec 2010
iv. Establish Public Health Service	Apr 2011	Apr 2012
4.2 Give local communities control over health improvement budgets, with payment by the outcomes they achieve in improving the health of local residents		
i. Outline details of local accountability proposals in the Public Health White Paper	Dec 2010	Dec 2010
ii. Include provisions in the Health Bill to make necessary changes to achieve greater local control	Dec 2010	Dec 2010
iii. Establish local public health allocations in shadow form and introduce “health premium” for local authorities that tackle public health challenges among disadvantaged communities and target public health resources on those with poorest health	Apr 2012	Apr 2012
iv. Allocate local public health budget to local authorities	Apr 2013	Apr 2013
MILESTONES		
A. FSA nutrition functions incorporated into DH	Complete	
B. Public Health White Paper published, incorporating insights from behavioural science	Dec 2010	
C. Local authority public health allocations introduced in shadow form	Apr 2012	
D. Local public health budgets allocated	Apr 2013	

4. Promote public health

(p. 2 of 4)

Create a public health service which rebalances our approach to health, drawing together national leadership with local delivery, and fostering a new sense of community and social responsibility

ACTIONS	Start	End
4.3 Establish the Public Health Responsibility Deal		
i. Begin to develop initial plans with representatives from business, voluntary and community sector organisations and local government, looking at the issues of food, alcohol, physical activity and health in the workplace, and incorporating insights from behavioural science	Completed	-
ii. Launch the Responsibility Deal	Mar 2011	Mar 2011
4.4 Revise central government public health marketing strategy		
i. Work with the Cabinet Office's Efficiency and Reform Group to develop a new formal process so that all future marketing activity: (a) demonstrates a clear return on investment; (b) explores the potential for applying insights from behavioural science; (c) ensures that marketing activity only goes ahead if more cost-effective alternatives are not available; and (d) ensures that the most cost-effective (including partner-funded) channels are used	Started	Dec 2010
ii. Establish new requirements which mean that future partnerships with the private sector will necessitate significant changes in their business practices	Started	Dec 2010
iii. Publish revised public health marketing strategy	Mar 2011	Mar 2011
MILESTONES		
E. Public Health Responsibility Deal launched	Mar 2011	
F. Names of businesses, voluntary and community sector organisations and local authorities, which are part of the Responsibility Deal, made available on an ongoing basis	Mar 2011	
G. Revised public health marketing strategy published	Mar 2011	

4. Promote public health

(p. 3 of 4)

Create a public health service which rebalances our approach to health, drawing together national leadership with local delivery, and fostering a new sense of community and social responsibility

ACTIONS	Start	End
4.5 Work with the Home Office to ensure that hospitals share non-confidential information with the police so they know where gun and knife crime is happening		
i. Distribute funding to strategic health authorities to support information sharing	Started	Apr 2011
ii. Monitor information sharing and evaluate its impact	Apr 2011	Apr 2012
4.6 Prioritise dementia research within the health research and development budget		
i. Work with partners to publish plan on how to improve the volume, quality and impact of dementia research, within existing resources	Started	Jun 2011
4.7 Recruit 4,200 extra Sure Start health visitors		
i. Develop goals and scope of implementation programme	Completed	-
ii. Develop full implementation plan, including details of: (a) numbers of health visitors needed to achieve a net increase of 4,200 above 2010 levels; (b) initiatives and incentives to drive return to practice; (c) plans to increase health visitor training places; (d) appropriate commissioning structure; and (e) a new module for health visitors in practice and those in education to refresh/provide skills in building community capacity	Started	Nov 2010
iii. Develop plans with strategic health authority partners to ensure increased placements, trainers, course availability and clinical placements	Started	Feb 2011

MILESTONES

H. Health visitor implementation plan developed	Nov 2010

5. Reform social care

(p. 1 of 2)

Enable people needing care to be treated with dignity and respect, and reform the system of social care to provide much more control to individuals and their carers, easing the cost burden that they and their families face

ACTIONS	Start	End
5.1 Reform funding of the social care system		
i. Establish a commission to report within one year on the funding of care and support, that will consider a range of ideas, including both a voluntary insurance scheme to protect the assets of those who go into residential care and a partnership scheme	Completed	-
ii. Publish vision for social care reform, setting out ambitions for greater independence and choice for users of social care and the development of innovative approaches, including those based on behavioural sciences	Nov 2010	Nov 2010
iii. Publish White Paper on social care with proposals for a sustainable legal and financial framework, bringing together funding reform and the steps necessary to achieve the reforms set out in the vision for social care	Dec 2011	Dec 2011
iv. Introduce legislation to achieve reforms set out in White Paper on social care	May 2012	May 2012
5.2 Extend the roll-out of health and social care personal budgets to give people and their carers more control and purchasing power		
i. Provide personal budgets, in the form of direct payments whenever the person wishes, for everyone eligible for ongoing social care	Apr 2013	Apr 2013
MILESTONES		
A. Vision on adult social care published	Nov 2010	
B. Report from commission on funding care and support published	Jul 2011	
C. White Paper on social care published	Dec 2011	
D. Personal budgets for ongoing social care granted	Apr 2013	

D) Departmental expenditure

This section sets out how the Department is spending taxpayers' money as clearly and transparently as possible.

We have included a table to show the Department's planned expenditure over the Spending Review period, as agreed with the Treasury. It is split into money spent on administration (including the cost of running departments themselves), programmes (including the frontline), and capital (for instance new buildings and equipment). As soon as possible, we will include the proportion of this expenditure that goes to the voluntary and community sector and to small businesses.

By April 2011, each department will also publish a bubble chart setting out in detail how its settlement will be allocated for the 2011/12 financial year, across its key programmes and activities.

Table of spending for 2011/12 to 2014/15

This section sets out the Department's planned expenditure over the Spending Review period, as agreed with the Treasury.

£bn ^{1 2 3}	Baseline 2010/11	2011/12	2012/13	2013/14	2014/15
Total departmental expenditure allocation	103.8	105.9	108.4	111.4	114.4
<i>Administration spending⁴</i>	5.1	4.5	4.0	3.7	3.7
<i>Programme spending⁴</i>	93.6	97.0	100.0	103.2	106.1
<i>Capital spending</i>	5.1	4.4	4.4	4.4	4.6
<i>Spend on voluntary and community sector (%)⁵</i>	Data to be confirmed				
<i>Value of contracts to small and medium sized enterprises (%)⁵</i>	Data to be confirmed				

1. Detailed breakdown of these budgets will be published by April 2011

2. Excludes departmental Annually Managed Expenditure

3. Numbers may not sum due to rounding

4. Excludes depreciation

5. To be confirmed at the end of each financial year

Common areas of spend

The indicators below will help the public to judge whether the Department is being run efficiently, and can be compared across departments.

Indicators
Overall:
Cost of operating the department (including procurement, employment cost and property) over time and against projected cost
Number of employees, including breakdown by job type, seniority and their contract type (full time/part time)
Cost of corporate services (including human resources, finance, information and communications technology, communications, procurement) as a percentage of the cost of operating the department
On 3rd party spend:
Property cost per square metre and per employee
Cost of standard desktop computer per employee and number of electronic devices (laptops, desktops, mobile phones etc.) per employee
Value of major areas of spending (office products, travel etc.)
Number and value of major government projects and whether they will be delivered on time and to budget

E) Transparency

Greater transparency across government is at the heart of our commitment to enable the public to hold politicians and public bodies to account, to reduce the deficit and deliver better value for money in public spending.

This section will set out the information that will enable users of public services to choose between providers, and taxpayers to assess the efficiency and productivity of government departments and public services, holding them more effectively to account. By publishing a wide range of indicators, we will enable the public to make up their own minds about how departments are performing. We will use transparency to help us move from bureaucratic accountability to democratic accountability: replacing top-down targets and central micromanagement with information and choice.

This section is published in draft until April 2011 to allow for further consultation.

Information Strategy (p.1 of 2)

The Department and its public bodies are committed to improving data transparency and are making a vast wealth of relevant information accessible to the public on a number of websites, including the Department's, the NHS Information Centre's and data.gov.uk.

Transparency will help to produce better services by promoting competitive markets with informed public choice. The transparent publication of data gives providers access to the cost of different procedures and forms the basis of the Payment by Results National Tariff. It also allows providers to design services that meet local needs. The increased access to good information will allow the public to compare the performance of healthcare providers and choose the services they want.

As well as being an important principle in its own right, transparency can also help to promote efficiency and drive down cost. For example, the breakdown of NHS expenditure into different disease classifications helps NHS Trusts to identify where their costs are out of line with those of the best. Making such information available will also help the public and other stakeholders to identify wasteful expenditure, further increasing efficiency.

While the Department and its arm's length bodies and the NHS are committed to proactively releasing data, we recognise that individuals may not be aware of exactly what is available, and that there may be gaps that we are unaware of. Therefore, prior to the introduction of any Right to Data legislation, requests by the public for the release of datasets can be made through the Department's Customer Service Centre. The Department is currently the top performer across Whitehall in responding to Freedom of Information requests.

We are also carrying out a fundamental review of our data to ensure that we reduce burdens on providers and only collect the data that helps to improve health and social care services and increase patient choice.

Information Strategy (p.2 of 2)

We want the public, service users and local authorities to engage in service development, and to this end we are running public consultations on data transparency. Where appropriate, data is published by gender, age, race and socio-economic group to promote fairness for disadvantaged and vulnerable groups, and to help drive down costs by allowing further benchmarking.

From this wealth of information, the Department's business plan sets out the high-level indicators that we believe are the most important to increase transparency. More detailed supporting indicators will be set out in separate NHS, Public Health, and Social Care Frameworks.

So that the public and professionals have confidence in our data, our intention is that we and our partner organisations will publish the impact indicators as National Statistics. It may not be possible to arrange for all series to be assessed against the Code of Practice for Official Statistics by the beginning of the Spending Review period in April 2011. In the first year, any measures that are not National Statistics will be published in line with the principles and protocols of the Code of Practice for Official Statistics and any necessary interim exceptions explained.

All work on transparency, including developing the transparency framework across the Department will be taken forward at Board level by Richard Douglas, Director General for Finance and Chief Operating Officer.

Our Data Transparency Plan supports our 2011/12–2014/15 Departmental Business Plan, and sets out further details of our commitment to the transparent publication of data, including the main datasets that will be made available, and details of when and where they will be published. It is available on the following website: <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/>

Input indicators

The indicators set out in this section are just a subset of the data gathered by the Department which will be made transparently available as outlined in the Information Strategy.

The Department will adopt the following input indicators:

Input indicator		When will publication start?	How often will it be published?	How will this be broken down?
How health and social care money is spent	Breakdown of NHS spend by programme budget	Existing	Annually	In various ways – see website
	Breakdown of social care spend	Existing	Annually	By local authority
How much health and social care activity costs	Unit cost of treatment for patients staying in hospital for treatment they have chosen	Existing	Annually	Nationally
	Unit cost of treatment for patients staying in hospital for emergency treatment	Existing	Annually	Nationally
	Unit cost for patients visiting hospital for treatment	Existing	Annually	Nationally
	Unit cost of patients receiving community care	Existing	Annually	Nationally
	Unit cost of patients being treated for mental health problems	Existing	Annually	Nationally
	Unit cost of a GP consultation	Existing	Annually	Nationally
	Unit cost of a prescription from a GP/nurse	Existing	Annually	Nationally
	Unit cost of residential/nursing care	Existing	Annually	By local authority
	Unit cost of receiving social care at home	Existing	Annually	By local authority
	Unit cost of receiving day care	Existing	Annually	By local authority

Impact Indicators

Our impact indicators are designed to help the public to judge whether our policies and reforms are having the effect they want. Further detail on these indicators can be found in our full list of datasets. The Department will adopt the following indicators:

Impact indicator		When will publication start?	How often will it be published?	How will this be broken down?
Improving population health and tackling health inequalities	Differences in how long the best and worst off people can expect to live / to live without major health problems	Existing (LE) April 11 (HLE/DFLE)	Annually	By local authority
	Babies born at a healthy weight	Existing	Annually	By NHS trust (tbc)
Preventing people from dying prematurely	Deaths that might have been avoided by better treatment	Existing, but development work required	Annually	Regionally
	Rates of avoidable diseases that are the major causes of ill-health and premature death	Data required exists	Annually	By PCT
Enhancing quality of life for people with care needs	Quality of life for people with long term conditions	Existing (but need to move to annual)	Annually	Sub-nationally dependant on final collection method
	Quality of life for people in social care	Aug 2011	Annually	By local authority
Preventing deterioration and helping people to recover from episodes of ill-health or following injury	Hospital admissions for things that should usually be treatable outside hospital (showing where things have become more serious than they should)	Existing (but development work required)	Quarterly	By NHS trust
	The proportion of people leaving hospital who end up back in hospital within 28 days (this may be because they haven't recovered properly)	Work is being undertaken to develop this indicator for April 2012	Annually	By NHS trust
Ensuring people have a positive experience of care	People's experience of GP services (GP Survey)	Data required exists (development required)	Annually	By GP practice
	People's experience of being in hospital	Existing	Quarterly	By NHS trust
	Satisfaction with social care services	Aug 2011	Annually	By local authority
Treating and caring for people in a safe environment and protecting them from harm	The number of safety incidents reported by hospitals The number of safety incidents that lead to serious harm (decreasing this number protects patients from harm)	Existing	Quarterly	NHS trust

Other data (p.1 of 4)

We will publish a full range of datasets and our full departmental organogram on our website.

We have highlighted key data that will be particularly useful to help people to judge the progress of structural reforms, and help people to make informed choices, under four headings:

1. Data that will help people to judge the progress of structural reforms:

- Proportion of population covered by NHS 111 service, by local authority
- Proportion of patients with greater control of their care records, by local authority
- Proportion of NHS trusts that have converted to foundation trust status, by local authority
- Names of businesses, voluntary and community organisations and local authorities which are part of the Responsibility Deal, nationally
- Numbers of health visitors and distribution in relation to children under 5, and progress with training for new health visitors and the current workforce
- Number of co-operatives and mutuals established in health and social care services, by local authority

Other data (p.2 of 4)

2. Data that will help people make informed choices:

- NHS Choices – This contains a lot of information to help patients choose their hospital, GP and dental services
www.nhs.uk
- Quality Accounts – Since 2009/10 all acute providers have been required to publish Quality Accounts, giving an account of the quality of services they provide. Providers set out their quality improvement priorities and set some of the content locally in consultation with the public. In future Quality Accounts will be extended to other types of provider.
<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/quality-account-documents.aspx>
- Health Profiles – The Association of Public Health Observatories publishes health profiles, setting out what the health of the public is like in different regions. Health Profiles give a snapshot overview of health for each local authority and region in England. They are designed to help local government and health services make decisions and plans to improve local people's health and reduce health inequalities. The profiles present a set of key health indicators that show how the area compares to the national and regional average.
http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Other data (p.3 of 4)

3. Other key data:

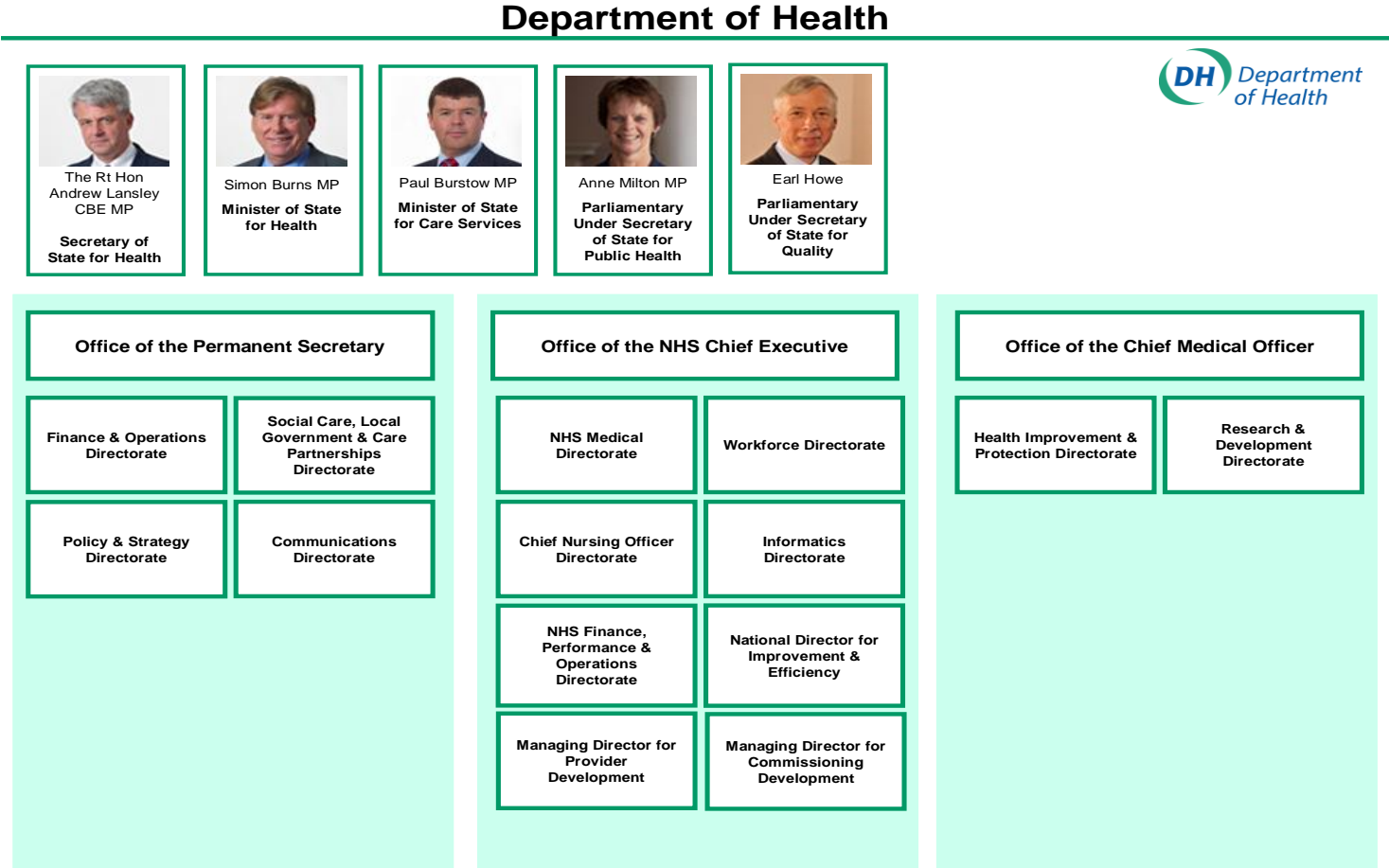
- All DH spending and contracts over £25,000
- Reference costs – this a comprehensive dataset on the unit costs of healthcare that forms the basis for the National Tariff used for Payment by Results, and is the source for many of our input indicators in this plan
- Hospital episode statistics – this is the major source of data on admitted patient hospital activity
- Resources, allocations and packages of care – this is the major source of data on activity in social care
- NHS workforce census – this gives a breakdown of total staff numbers working in the NHS by profession
- Better care, better value indicators – these are a series of indicators on NHS efficiency and productivity. They can act as leading indicators for how our unit costs input indicators may be changing

Other data (p.4 of 4)

4. Organogram

The figure (right) shows the top level structure in our Department, comprising the Secretary of State and his ministerial team and our three Permanent Secretaries with their policy responsibilities.

We have published a full organogram on our website.



This structure represents the organisation as at 31 July 2010