

Summary on a Page: December 2011

The Operating Framework for the NHS in England 2012/13

What is it?

It outlines the NHS business and planning arrangements in 2012/13, describing the national priorities, system levers and enablers needed for NHS organisations to maintain and improve the quality of the services provided, whilst delivering transformational change and maintaining financial stability.

What does it say?

The outcomes framework will act as a catalyst for continuous quality improvement, defining and supporting clinical outcomes focus. This is the first national measure, based on safety, effectiveness and patient experience indicators.

There are five NHS areas of responsibility (domains) each having up to eight overarching indicators (sixty indicators in total). They are:

1. Preventing people from dying prematurely.
2. Enhancing quality of life for people with long term conditions.
3. Helping people to recover from ill-health or injury.
4. Ensuring a positive care experience.
5. Treating people in a safe environment and protecting them from avoidable harm.

There are four inter-related challenges: the need to maintain a strong performance on finance and service quality, the need to complete the transition to the new delivery system, to increase the pace of the QIPP challenge, and the need to ensure that patients are engaged, receive dignified care; and are central to decision-making; (with better access to their records and supported choice via better information).

PCT clusters will support local authorities in establishing Health and Wellbeing Boards so that they become effective local system leaders across health, social care and public health, working better with partners, including the voluntary sector.

Good complaints handling is vital to ensure quality standards and learning from mistakes. Surveys will ensure that patient and carers feel that services are integrated and co-ordinated, and local organisations are expected to carry out more frequent local patient surveys. The new "Duty of Candour", contractually requires providers of NHS funded services to be open and transparent with patients in admitting mistakes.

Emphasis on clinically led indicators (introduced in 2011/2012) remains to promote a rounded view of Accident and Emergency services and maintain appropriate investment in public health services. The indicators aim to protect patients' safety, strengthen emergency planning and learn from successful initiatives elsewhere.

Strong finance and business rules will ensure consistency and transparency across NHS organizations. They will also promote ongoing financial stability, saving the new system from inherited problems, and going further and faster on QIPP delivery.

Any implications?

Significant in terms of delivery responsibilities, and as advocates for service users.

Key links:

 Read the full document: [The Operating Framework for the NHS in England 2012/13.](#)