Department of Health	April 2013
Structural Reform Plan Monthly Implementation Update	

(1) Actions due to be completed in April 2013

Section	Action	Status
1.2 ii	Roll out NHS 111 to the whole of England, subject to evaluation	Partially complete
1.5ii	Enable the first local HealthWatch to be set up	Complete Information collected by the Local Government Association shows that all 152 authorities with responsibility for commissioning a local HealthWatch organisation had done so by 1 April.
1.9 i	Develop, pilot and introduce a programme of patient led inspections which cover privacy and dignity, food and cleanliness in hospitals providing NHS funded care	Complete
2.1 i	Develop incentives to improve access to primary care in disadvantaged areas	Delay
2.1 ii	Implement NHS Outcomes Framework	Complete. This framework, the first of its kind, lies at the heart of the new system. It clearly sets out the Government's ambitions for the NHS and the people it is there to serve.
2.2 i	Continue to extend the coverage of Payment by Results (PbR) into areas such as mental health, chemotherapy, radiotherapy, ambulance services and some community services	Complete
2.5 i	Establish NICE on a firmer statutory basis	Complete
2.8 xiv	Support and promote joint working at a local level by criminal justice agencies, emerging health and wellbeing boards and other relevant local structures, working with Home Office	Complete
2.9 i	Work with the Strategic Health Authorities Clusters to ensure good local-level NHS plans for the delivery of QIPP up to financial year ending 2014-15, with clearly articulated transformational endstates and milestones towards their achievement	Complete. Responsibility for delivering local QIPP plans has now passed to CCGs, supported by NHS England. The CCG authorisations process included a requirement to show evidence of having a clear and credible commissioning plan in which QIPP is integrated. NHS England is ensuring that any CCG unable to do this receives support.
2.9 ii	Assure SHA Cluster planning	Complete

	From April 2012 collection of NHS Safety	Complete
	thermometer data will be part of a national CQUIN	1
2.9 v	which will be applicable to all patients in NHS	
	funded care (unless exceptions apply) to incentivise	
	the NHS to focus on delivery of safe, efficient care	
2.9 vi	Support the NHS to transform urgent and emergency	Partially complete
2.9 V1	care by enabling full rollout of the 111 number	
	Make a step change in how providers of NHS	Complete
2.10 vi	services collect patient feedback and act on it to	
2.10 VI	improve services; in particular, implement a friends	
	and family test to cover acute inpatient services	
	Complete the abolition of strategic health authorities	Complete.
3.1 i		SHAs have been abolished by commencement
J.1 1		of the relevant sections of the Health & Social
		Care Act.
	Fully establish NHS Commissioning Board	Complete
3.1 ii		More information is available at
		http://www.england.nhs.uk/
3.2 i	All GP practices to be part of either a fully authorised	Complete
J.Z 1	or a 'shadow' clinical commissioning group	
	Abolish primary care trusts once the NHS	Complete.
3.4 ii	Commissioning Board and Clinical	PCTs have been abolished by commencement
J.7 II	Commissioning Groups are in place	of the relevant sections of the Health & Social
		Care Act.
3.5 i	Monitor's licensing regime operational	Complete
3.7 i	Complete continuity of NHS services framework for	Complete
J. / 1	Foundation Trusts	
4.1 i	Establish Public Health England	Complete
4.2 iii	Allocate local public health budget to local authorities	Complete
	Provide personal budgets, in the form of direct	Delay
5.2 i	payments whenever the person wishes, for everyone	
	eligible for ongoing social care	

(1a) Actions completed ahead of their end date

Section	Action	Status
4.5i	Support the Home Office to prepare and consult on the level of minimum unit price, a ban on multi-buy promotions and further action on licensing powers	Complete

(2) Actions due to be started by April 2013 and ongoing

Section	Action	Status
1.3 iii	Enable the NHS number as the default patient identifier by 2015 for all health data, wherever it is held, for the vast majority of patients where this is appropriate (Ends Mar 2015)	Work started

2.8 vii	Commence national roll out and implementation of youth and adult diversion services (Ends Nov 2014)	Delayed
1.4 iv	Informed by the evaluation, update and extend nationally the powers to make direct payments in healthcare (Ends Jul 2013)	Work on track
1.4 v	Informed by evaluation, introduce a right to ask for a personal health budget for everyone who is in receipt of NHS Continuing Healthcare, by April 2014 (Ends Apr 2014)	Work on track
2.8 x	Undertake a scoping and feasibility study to help inform the evaluation planning process for the drug recovery prison wings (Ends Jul 2013)	Work on track
3.4i	Begin to abolish and transfer functions of ALBs, subject to Parliamentary approval (Ends Mar 2015)	Work on track
2.10 vi	Make a step change in how providers of NHS services collect patient feedback and act on it to improve services; in particular, implement a friends and family test to cover acute inpatient services (Ends Apr 2013)	Work on track

More details can be found in the DH Business Plan 2012-2015, published on 31 May 2012 and available on our website, using the following link: http://transparency.dh.gov.uk/2012/05/31/department-of-health-business-plan/

(3) Explanation of missed deadlines

In April 2013, the Department missed the following deadlines:

Deadline missed	Reason
1.2 ii Roll out NHS 111 to the whole of England, subject to evaluation	NHS 111 is already available in 85% of the country. By the end of Summer 2013 it is planned that NHS 111 will be available nationally. For those areas not yet covered by NHS 111, NHS Direct and local GP out-of-hours services are still available.
2.1 i Develop incentives to improve access to primary care in disadvantaged areas	The Department will continue to work with NHS England on incentives to improve primary care
2.8 vii Commence national roll out and implementation of youth and adult diversion services (Ends Nov 2014) 2.9 vi Support the NHS to transform urgent and emergency care by enabling full rollout of the 111 number	Liaison and diversion services will be re-configured to enable further testing of the best practice delivery model and their impact on health and criminal justice system outcomes. NHS 111 is already available in 85% of the country. By the end of Summer 2013 it is planned that NHS 111 will be available nationally. For those areas not yet covered by NHS 111, NHS Direct and local GP out-of-hours services are still available.
5.2 i Provide personal budgets, in the form of direct payments whenever the person wishes, for everyone eligible for ongoing social care	The official data relating to the personal budget objective is planned to be released by the Health and Social Care Information Centre in Autumn 2013. This will indicate progress towards the personal budget objective.

The status of the missed deadlines from the previous report is:

Deadline missed	Status	Reason
Provide 12 month progress report to the Prime Minister on the Prime Minister's challenge on dementia	Work underway	The progress report is now expected to be provided to the Prime Minister in May. This is a centrally agreed change to the timetable which will ensure it captures the quantified national ambition on diagnosis rates, being published in line with the original commitments in the PM Challenge on Dementia document.
Collect data from adult liaison and diversion pathfinder services to assess service models and their impact, and develop the business case for wider roll-out	Partially complete	Liaison and diversion services will be re-configured to enable further testing of the best practice delivery model and their impact on health and criminal justice system outcomes.
Submit business case and impact assessment for youth and adult diversion services for ministerial approval	Partially complete	Liaison and diversion services will be re-configured to enable further testing of the best practice delivery model and their impact on health and criminal justice system outcomes.