



# System Change – Jargon Buster

## Introduction

As with many other industries and sectors, the health and care system uses numerous abbreviations and terminology that can be confusing. Ongoing improvement plans and changes at a national, regional and local level, have meant that different parts of the system are sometimes using the same words or abbreviations to refer to quite different things.

In response, the Social Partnership Forum (SPF) has produced this simple to use jargon buster and guide on system change for staff and their representatives working across the NHS and wider health and care system. It has been adapted from a glossary of terms, produced and updated quarterly by the North East streamlining programme. It is intended for people who already have a good working knowledge of the system, but who might want to understand the new terminology, or system improvement plans following the recent publication of the next steps on the NHS Five Year Forward View (FYFV).

It is recognised that terminology and plans are constantly evolving and to ensure this guide is kept up to date, it will be reviewed through the SPF Embedding Partnership Working Group on a quarterly basis with links to other useful resources being provided.

It should be noted that this guide does not set out to answer questions about specific changes that might affect certain organisations, staff, or groups of staff and their representatives.

Further useful resources include

1. The [NHS Confederation's acronym buster](#).
2. NHS England's [understanding the NHS jargon buster](#).
3. NHS England's [Next Steps on the NHS Five Year Forward View](#).

## Overview of planned system changes

- The health and social care system is under unprecedented pressure. Members of the SPF acknowledge the pressures that staff are working under and the tough times the system is facing, but also recognise the great job that staff are doing. People are living longer, and are increasingly living with one or more complex long term conditions, which increases demand. At the same time, gaps are appearing in the workforce and this further exacerbates the pressures.
- This establishes a clear case for change nationally. Incremental improvements will not deliver the scale of change needed to ensure sufficient, consistently high quality and financially sustainable capacity across the NHS.
- In response, as part of the FYFV, NHS England has launched a national initiative to enable better, more sustainable services for local populations. Sustainability and transformation plans (STP) set out how local partners intend to work together to address the triple aim - improved health and wellbeing, transformed quality of care delivery, and sustainable finances, now and in coming years. The STP will be taken forward by sustainability and transformation partnerships.
- Sustainability and transformation partnerships have the opportunity to develop new models of care so that health and care services are more joined up.
- New care models, including vanguards, integrated pioneer sites and primary care homes (PCH) have been testing approaches for shifting the focus away from service / disease-led decisions about how health and care is delivered to population health / demand-led decisions.
- This involves a move away from traditional organisational / professional boundaries to establish place-based systems of care in which healthcare, social care, voluntary, charitable sectors collaborate with each other to address the challenges and improve the health of the populations they serve.
- The Next Steps on the NHS FYFV (published 31 March 2017) reviews the progress made since the launch of the NHS FYFV in October 2014 and sets out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS in England.

## Terminology used in reference to system change

<p><b>SPF</b> Social Partnership Forum</p>	<p>The <a href="#">SPF</a> brings together NHS Employers, NHS Trade Unions, NHS England, Health Education England (HEE), NHS Improvement (NHSI) and the Department of Health (DH) to discuss and debate the development and implementation of the workforce implications of policy. The forum also encourages and supports managers and trade unions to work in partnership to support staff deliver high quality patient care. See annex for the membership of the SPF.</p> <p>The SPF is supporting effective system change and has produced guidance for social partnership working in developing and implementing new care models and system transformation. The SPF has also produced the <a href="#">SPF Staff Transfer Guide</a> - an online toolkit designed to support staff who are facing transfer to providers of NHS funded services in England.</p>
<p><b>NHS Employers</b></p>	<p><a href="#">NHS Employers</a> works on behalf of NHS organisations throughout England and aims to be the authoritative voice of workforce leaders, experts in HR, and negotiate fairly to get the best deal for patients. Their role includes negotiating with trade unions on the terms and conditions of employment for NHS staff on a national basis. NHS Employers also provides advice and guidance to the NHS on staff wellbeing; pay and reward; recruitment and retention and helps NHS organisations plan for their future workforce needs. NHS Employers works in partnership with the government, arm’s length bodies and trade unions, through the SPF, on workforce issues that are or could have an impact on staff working for the NHS in England. They have close links with the NHS in Wales. NHS Employers is part of the NHS Confederation.</p>
<p><b>NHSI</b> NHS Improvement</p>	<p><a href="#">NHS Improvement</a> is a national regulatory Arm’s Length Body (ALB) of the DH, supporting foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. They aim to develop an environment for success by empowering leaders and developing improvement capabilities and they encourage collaboration across the sector and the increased use and sharing of established improvement tools and techniques. It will be important to ensure that the role NHSI plays on behalf of the system is reviewed as Accountable Care Systems (ACS) and Accountable Care Organisations (ACOs) emerge.</p> <p>The Next Steps document states that ACS will be offered: “A single one stop shop regulatory relationship with NHS England and NHSI in the form of streamlined oversight arrangements. An integrated CCG IAF and trust single oversight framework”.</p>
<p><b>NHS England</b></p>	<p>A national ALB of the DH, <a href="#">NHS England</a> sets the priorities and direction of the NHS and encourages and informs the national debate to improve health and care. Much of NHS England’s work involves the commissioning of health care services in England. They commission primary care services from independent contractors (GPs, pharmacists, dentists and optometrists) and oversee the work of Clinical Commissioning Groups (CCGs) which plan and commission local health services from hospitals and ambulance services.</p>

<p><b>CQC</b> Care Quality Commission</p>	<p>The <a href="#">CQC</a> is an ALB of the DH. It is responsible for regulating the performance of all Health &amp; Social care providers, both public and private. This may include hospitals, GP surgeries, dental practices and care homes. The CQC’s role is to ensure that services are safe and effective and that they provide high-quality care. Inspectors of services have a background knowledge and experience of the service which they inspect.</p> <p>The CQC is setting out its plans as to how it might regulate integrated care. The first step will be to look at how the organisation regulates new models of care. They will work with the vanguard sites to understand how services can be monitored for quality and improvement, and will outline how new care models should be registered. “An example of this would be acute hospitals that employ general practices,” said David Behan (CQC, CEO). “At the minute we register hospitals and we separately register general practices but in the future we’ll need to flex and change the way we register those services.”</p> <p>The SPF meets the CQC twice a year to enable social partners to inform and support the work of the CQC where it impacts on the workforce.</p>
<p><b>HEE</b> Health Education England</p>	<p><a href="#">HEE</a> is a national ALB of the DH that supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.</p>
<p><b>LWAB</b> Local Workforce Action Boards</p>	<p>Part of HEE. Connected with the creation of a STP, an LWAB’s role is strategic, ensuring that decisions made in connection with the workforce of both health and social care are planned effectively at the right time with the correct people involved. They were created in 2016, and it is anticipated that their purpose will evolve as STPs progress.</p> <p>Workforce issues are challenging for most NHS trusts, including skills shortages so LWABs will identify how this might be addressed at a regional level, including how healthcare can be delivered more efficiently based on the skills and funding available.</p> <p>It is anticipated that there will be an HR Director on LWABs.</p>
<p><b>LWAG</b> Local Workforce Action Groups</p>	<p>An LWAG is a sub-group of the LWAB.</p> <p>The sub-group’s role is to consider and plan the operational impact of decisions made at strategic level at the LWAB, escalating any issues which may need Board approval. Not all areas have an LWAG.</p> <p>LWAG membership has not been finalised. It is anticipated that they will include HR and staff side representatives.</p>
<p><b>New Care Models</b></p>	<ul style="list-style-type: none"> <li>• Key element of the FYFV</li> <li>• 50 <a href="#">vanguards</a> – each one is taking a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. <ul style="list-style-type: none"> <li>• <b>Integrated primary and acute care systems (PACS)</b> - joining up GP, hospital, community and mental health services</li> <li>• <b>Multispecialty community providers (MCPs)</b> - moving specialist care out of hospitals into the community</li> <li>• <b>Enhanced health in care homes</b> - offering older people better, joined up health, care and rehabilitation services</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Urgent and emergency care</b> - new approaches to improve the coordination of services and reduce pressure on A&amp;E departments</li> <li>• <b>Acute care collaborations</b> - linking hospitals together to improve their clinical and financial viability</li> <li>• Primary Care Homes (PCH) - The PCH model builds on the strength of primary care to focus on personalisation of care within the context of improvements in population health outcomes for a registered population of between 30,000 and 50,000. The scale of the population for the PCH model is intended to drive a workforce model that ensures patients have a consistent and personalised experience of care. <a href="#">National Association of Primary Care</a></li> <li>• <a href="#">Integrated Pioneer</a> sites - 25 integrated care pioneer sites are developing and testing new and different ways of joining up health and social care services across England. Utilising the expertise of the voluntary and community sector, with the aim of improving care, quality and effectiveness of services being provided. The shared goal of the integrated pioneer sites is to put the needs and experiences of people at the heart of the health and care system. The aim is collective learning and commitment between pioneer, vanguards and national partners.</li> </ul>
<p><b>ACS</b> Accountable Care System</p>	<p>ACSs will be an evolved version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. More information on ACS can be found in <a href="#">Next Steps on the NHS Five Year Forward View</a>.</p>
<p><b>ACOs</b> Accountable Care Organisations</p>	<p>An ACO brings together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. ACOs can take many different forms ranging from fully integrated systems to looser alliances and networks of hospitals, medical groups and other providers. The King's Fund has provided a definition of <a href="#">ACOs</a>.</p>
<p><b>BHP</b> Better Health Partners</p>	<p>BHPs are NHS organisations working together to ensure that services are delivered to patients in a coordinated way. NHS organisations who treat patients (such as acute hospitals or mental health trusts), referred to as providers, work with commissioners of services (Clinical Commissioning Groups) who make funding decisions.</p>
<p><b>ESR</b> Electronic Staff Record</p>	<p>This is a national database used by the majority of NHS trusts in England and Wales to hold staff data. The functions are interlinked and specific to HR, training, occupational health and payroll.</p> <p>There are electronic interfaces (how systems talk to one another to share information) between Electronic Record System (ESR) and other electronic systems, such as NHS Jobs. ESR can provide reports to organisations, but is only as effective as the information being stored in it. Some organisations are familiar with its functionality (what it can do) where as others use limited fields, either due to a lack of training or awareness.</p>

	<p>ESR OLM eLearning</p> <p>The <a href="#">Oracle Learning Management</a> (OLM) is integrated into the ESR as a module and is used to create course links, course records and user tracking reports. Such reports show course usage, success rates and a variety of other data sets useful for administration purposes. The development of the system is a joint initiative between the <a href="#">ESR</a> programme, DH, NHS Connecting for Health, Skills for Health - Core Learning Unit and eLearning for Healthcare.</p>
<b>Productivity</b> in the NHS	<p>Lord Carter of Coles is the chairman of the national review panel which examined Pathology in the NHS and recommended more efficient ways of providing the service. As a result of the recommendations of his report, laboratories, were developed to provide services to several NHS Organisations.</p> <p>Adding to this, he was also commissioned to review how NHS Hospitals could be more efficient and productive, identifying savings in the region of £5bn per year. For more information see <a href="#">Productivity in NHS Hospitals Review</a>.</p>
<b>SOF</b> Single Oversight Framework	<p>The SOF was developed by NHSI and introduced on 1 October 2016 to replace Monitor's Risk Assessment Framework and the NHS Trust Development Authority's Accountability Framework</p> <p>It also included the recommendations of Lord Carter's review into operational productivity in English NHS acute hospitals. Carter noted the variations in acute trusts and ultimately the quality of service which patients can access. This created a <a href="#">model hospital</a>, which was an online system to access best practice guidelines.</p> <p>The Single Oversight Framework is designed to help NHS Providers attain, and maintain, CQC ratings of good or outstanding. The framework doesn't give a performance assessment in its own right.</p>
<b>Streamlining</b>	<p>A way of working which is simpler and more efficient. Streamlining the administrative functions which support clinical and care providing staff can reduce time and costs associated with recruitment, training and occupational health. This also prevents unnecessary spend on agency staff, for example, filling patient facing job roles due to pre-appointment checks being incomplete or new starters attending a full induction including training that they have already received. There is a portability of information aimed at preventing an individual 'starting again' if they change their job role to another employer. Streamlining needs to meet the NHS employment standards.</p> <p>Streamlining allows NHS organisations to share best practice and learning and increase job satisfaction by removing time consuming, repetitive tasks to enable teams to focus on progression rather than reaction.</p>
<b>WRES</b> Workforce Race Equality Standard	<p>The NHS standard for governing all that NHS organisations do with regard to race equality and for which the CQC will hold organisations to account as part of their inspection regime.</p>
<b>EDC</b> Equality and Diversity Council	<p>Equality &amp; Diversity Council [Co-chaired by Simon Stephens and Joan Saddler]</p>
<b>EDS 1 &amp; 2</b> Equality Delivery System 1 & 2	<p>Versions of the Equality Delivery System</p> <p>The EDS is a toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights; how they can improve; and how they get to where they want to be.</p>

<b>EIA</b> Equality Impact Assessment	Under the Race Relations Act (2000), Disability Discrimination Act (2005) and Equality Act (2006), all public sector organisations need to undertake race, disability and gender impact assessments on new and existing policies and procedures.

## Annex

### SPF partners' websites

Social Partnership Forum	<a href="http://www.socialpartnershipforum.org">www.socialpartnershipforum.org</a>
UNISON	<a href="http://www.unison.org.uk">www.unison.org.uk</a>
NHS Employers	<a href="http://www.nhsemployers.org">www.nhsemployers.org</a>
NHS England	<a href="http://www.england.nhs.uk">www.england.nhs.uk</a>
Health Education England	<a href="http://www.hee.nhs.uk">www.hee.nhs.uk</a>
NHS Improvement	<a href="http://www.improvement.nhs.uk">www.improvement.nhs.uk</a>
Royal College of Midwives	<a href="http://www.rcm.org.uk">www.rcm.org.uk</a>
Royal College of Nursing	<a href="http://www.rcn.org.uk">www.rcn.org.uk</a>
British Medical Association	<a href="http://www.bma.org.uk">www.bma.org.uk</a>
Chartered Society of Physiotherapy	<a href="http://www.csp.org.uk">www.csp.org.uk</a>
Managers in Partnership	<a href="http://www.miphealth.org.uk">www.miphealth.org.uk</a>
Unite	<a href="http://www.unitetheunion.org">www.unitetheunion.org</a>
GMB	<a href="http://www.gmb.org.uk">www.gmb.org.uk</a>
British Dietetic Association	<a href="http://www.bda.uk.com">www.bda.uk.com</a>
British Orthoptic Society	<a href="http://www.orthoptics.org.uk">www.orthoptics.org.uk</a>
Federation of Clinical Scientists	<a href="http://www.acb.org.uk">www.acb.org.uk</a>
Hospital Consultants & Specialists Association	<a href="http://www.hcsa.com">www.hcsa.com</a>
Society of Chiropodists and Podiatrists	<a href="http://www.feetforlife.org">www.feetforlife.org</a>
Society of Radiographers	<a href="http://www.sor.org">www.sor.org</a>
British Association of Occupational Therapists	<a href="http://www.cot.co.uk">www.cot.co.uk</a>
Trades Union Congress	<a href="http://www.tuc.org.uk">www.tuc.org.uk</a>
Business Services Association	<a href="http://www.bsa-org.com">www.bsa-org.com</a>