Demand and Capacity Planning for Commissioners

The National Demand and Capacity Programme

This is a joint programme between NHS England & NHS Improvement

Website: https://www.england.nhs.uk/ourwork/demand-and-capacity/

Gate way number **07930**

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by the Demand and Capacity Team.

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Responsibilities

Patient rights

The NHS Constitution sets out the following patient rights:

- to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible
- start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- to be seen by a cancer specialist within a maximum of two weeks from urgent GP referral where cancer is suspected.

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Responsibilities

The responsibilities of the commissioner are to ensure that:

- Sufficient activity has been commissioned to meet the needs of their population
- Providers have sufficient capacity to meet the demand for their services
- Waiting list sizes are consistent with demand and maximum waiting times

Commissioners should be able to assure that providers' plans are realistic to meet demand and variation in demand:

- Understand key demand and capacity principles that inform plans
- Understand demand and capacity processes and programme governance
- Work transparently with providers to promote robust demand and capacity planning

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Where do commissioners fit into this?

Be drivers for change

- Encourage high quality, evidence based plans
- Collaborate with providers to understand and improve service pathways
- Strategic view of demand and capacity issues, looking at effective pathways in a local area
- Change of culture – working with providers to integrate demand and capacity into business as usual

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Where do commissioners fit into this?

- Demand and Capacity planning is not complicated but it is complex

- It therefore benefits from a structured approach with clear lines of accountability to ensure completion of the task

- It should be a “business as usual” process for operational services to support making better decisions around the delivery of safe and timely care within the required maximum waiting time standards

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How do commissioners assure activity plans?

Three key questions:

1. Are activity plans based on robust demand and capacity modelling?

2. How do I know my provider is fully engaged in the demand and capacity process?

3. What assurance do I have of the governance process around demand and capacity modelling?

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How do commissioners assure activity plans?

Q1: Are activity plans based on robust demand and capacity modelling?

Core concepts to look out for when assuring demand and capacity plans:

- Well organised framework of data collection, quality control and updates of key measures
- Robust and well documented evidence based analysis, that takes into account a systemic view of pathways
- Good governance: operational accountability for statements of capacity and demand

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How do commissioners assure activity plans?

Q1: Are activity plans based on robust demand and capacity modelling?

Sample questions to ask your provider:

- Can you describe demand and its variability?
- What is the evidence base for any assumptions around growth/reduction in demand?
- Can you articulate ideal waiting list sizes and any clearance issues and implications?
- Do calculations of capacity have a degree of operational reality?
- Are outputs expressed in operationally meaningful "*currencies*"?

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How do commissioners assure activity plans?

Q2: How do I know providers are engaged in the demand and capacity process?

Irrespective of which model the provider is using, can they:

- Demonstrate clinical engagement and operational ownership
- Tell “the story” behind the numbers
- Explain the logic behind any assumptions
- Express outputs in meaningful terms

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How do commissioners assure activity plans?

Q3: What assurance do I have of the governance process around demand and capacity modelling?

Is there an agreed approach to demand and capacity planning? For example:

- A joint governance approach with commissioner representation on provider demand and capacity working groups, if one exists
- Agreement to accept the outputs of completed and validated models
- An agreed suite of demand and capacity models to be deployed
- An agreed review and challenge process for completed models
- An agreed approach to the translation of operational demand and capacity models in to activity plans for national submissions.

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How do commissioners assure activity plans?

Q3: What assurance do I have of the governance process around demand and capacity modelling?

Sample questions to ask your provider:

- How was the model built?
- What is your governance structure around demand and capacity modelling?
- Who took the lead, ownership and sign-off of this/these models?
- Was it clinically and operationally owned or constructed by the informatics department?
- Who provided peer review / senior challenge?
- What model / tool was used & why?

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Our training offer to commissioners

Visit our webpage for our support offer:

- Our face to face training is a good opportunity to meet other commissioners and share learning and best practice
- The online training is an ideal alternative to the classroom training, or as a refresher
- Our animations cover key demand and capacity concepts
- Patient experience interview on the impact of long waits for treatment
- Links to resources from the IST and Academic work on patient flow
- Tutorials and links to models for background
- Tools and techniques published by the NHS Institute for Innovation and Improvement

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