



PSNC Briefing on the NHS Next Stage Review – High Quality Care For All

Introduction

In the summer of 2007 as part of the development of 'a government of all the talents' the world-famous surgeon Sir Ara Darzi was appointed to the DH ministerial team and was charged with devising a health strategy for the next decade. Lord Darzi started this work (the NHS Next Stage Review) with a significant amount of local and national consultation with patients, the public and health care professionals.

Our NHS, our future - the interim report

Lord Darzi published an interim report in October 2007; this heralding a push to improve access to GP services by improving opening hours and the development of at least 150 new GP-led medical centres that would open from 8am to 8pm 7 days a week – approximately one per PCT. These differed from the 'Polyclinics' that Lord Darzi had previously recommended should be developed in the capital in his report 'A Framework for Action'; however this has not prevented most proposals for the development of new primary care premises being branded 'Darzi centres' by the media and certain professional groupings.

The regional reports

The nine Strategic Health Authorities (SHAs) outside London were all charged with developing a local vision for the development of the NHS in their area. These plans were developed with substantial involvement of the public and clinicians; across the country over 2000 clinicians were involved in developing the SHA plans. The SHAs published their individual plans in late June 2008.

High Quality Care For All - the final report

Lord Darzi's final report – High Quality Care For All was published on the 30th June 2008. The common theme of the new measures detailed in the report is improving quality. Proposals fall under a number of areas:

Creating an NHS that helps people to stay healthy

For the NHS to be sustainable in the 21st century it needs to focus on improving health as well as treating sickness. Achieving this goal requires the NHS to work in partnership with the many other agencies that also seek to promote health.

- Every PCT will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of their local populations. Efforts will be focused on six key goals: tackling obesity, reducing alcohol harm, treating drug addiction, reducing smoking rates, improving sexual health and improving mental health.
- The formation of a *Coalition for Better Health*, with a set of new voluntary agreements between the Government, private and third sector organisations on actions to improve health outcomes. Focused initially on combating obesity, the Coalition will be based on agreements to ensure healthier food, to get more people more physically active, and to encourage companies to invest more in the health of their workforce.
- Raise awareness of the new vascular risk assessment through a 'Reduce Your Risk' public campaign.
- Support for people to stay healthy at work; introduction of integrated Fit for Work services, to help people who want to return to work but are struggling with ill health to get back to appropriate work faster.



- Support GPs to help individuals and their families stay healthy by improving the Quality and Outcomes Framework (QOF) to provide better incentives for maintaining good health as well as good care.

Give patients more rights and control over their own health and care

- Patients will have greater choice of GP practice and better information to help them choose. The NHS Choices website will provide more information about all primary and community care services, so that people can make informed choices.
- Introduction of a new right to choice in the first NHS Constitution (see below).
- Guarantee patients access to the most clinically and cost effective drugs and treatments - all patients will receive drugs and treatments approved by NICE where the clinician recommends them.
- NICE appraisals processes will be speeded up.

Quality at the heart of the NHS

- Getting the basics right first time, every time - the NHS will continue to seek improvements in safety and reductions in healthcare associated infections. The new Care Quality Commission will have new enforcement powers.
- Independent quality standards and clinical priority setting - NICE will be expanded to set and approve more independent quality standards.
- A new National Quality Board will offer transparent advice to Ministers on what the priorities should be for clinical standard setting by NICE.
- The NHS will systematically measure and publish information about the quality of care from the frontline up. Measures will include patients' own views on the success of their treatment and the quality of their experiences. There will also be measures of safety and clinical outcomes. All registered healthcare providers working for, or on behalf of, the NHS will be required by law to publish 'Quality Accounts' just as they publish financial accounts.
- Making funding for hospitals reflect the quality of care that patients receive - patients' own assessments of the success of their treatment and the quality of their experiences will have a direct impact on the way hospitals are funded (through the use of Patient Reported Outcome Measures – PROMs).
- Easy access for NHS staff to information about high quality care - all NHS staff will have access to a new NHS Evidence service where they will be able to get, through a single web-based portal, authoritative clinical and non-clinical evidence and best practice.
- Development of new best practice Payment by Results tariffs focused on areas for improvement. These will pay hospitals for best practice rather than average cost, meaning NHS organisations will need to improve to keep up.
- Strengthening the involvement of clinicians in decision making at every level of the NHS - medical directors and quality boards will feature at regional and national level. These will complement the arrangements at PCT level that are developing as part of the World Class Commissioning programme.
- Strategic plans for delivering the regional visions will be published later this year by every PCT. Change will be based on the five principles set out earlier this year in *Leading Local Change*.
- A new 'Quality Observatory' will be established in every NHS region to inform local quality improvement efforts.

Fostering a pioneering NHS

- Introducing new responsibilities, funds and prizes to support and reward innovation. Strategic health authorities will have a new legal duty to promote innovation. New funds and prizes will be available to the local NHS.
- Ensuring that clinically and cost effective innovation in medicines and medical technologies is adopted - a strengthened horizon scanning process for new medicines in development.
- Creating new partnerships between the NHS, universities and industry. These 'clusters' will enable pioneering new treatments and models of care to be developed and then delivered directly to patients.

Working in partnership with staff

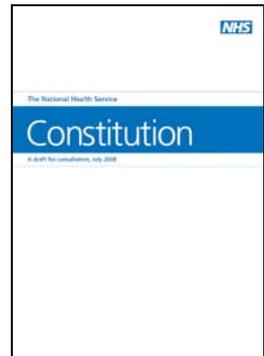
- Placing a new emphasis on enabling NHS staff to lead and manage the organisations in which they work.
- Implementing a wide ranging programme to support the development of vibrant, successful community health services (community nursing and AHPs).

- Enhancing professionalism - investment in new programmes of clinical and board leadership, with clinicians encouraged to be practitioners, partners and leaders in the NHS.
- A clear focus on improving the quality of NHS education and training. The system will be reformed in partnership with the professions.

The first NHS Constitution

The proposed Constitution establishes the **principles** and **values** of the NHS in England. It sets out commitments to patients, public and staff in the form of **rights** to which they are entitled and **pledges** which the NHS will strive to deliver, together with **responsibilities** which the public, patients and staff owe to each other to ensure that the NHS operates fairly and effectively.

All NHS bodies and private and third sector providers supplying NHS services will be required by law to take account of this Constitution in their decisions and actions.



The Constitution will be renewed every ten years, with the involvement of patients, public and staff. It will be accompanied by the *Handbook to the NHS Constitution*, to be renewed every three years, setting out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements for renewal will be legally binding. They will guarantee that the principles and values which underpin the NHS are subject to regular review and recommitment; and that any government which seeks to alter the principles or values of the NHS, or the rights, pledges, duties and responsibilities set out in this Constitution, will have to engage in a full and transparent debate with the public, patients and staff.

Seven key principles guide the NHS in all it does:

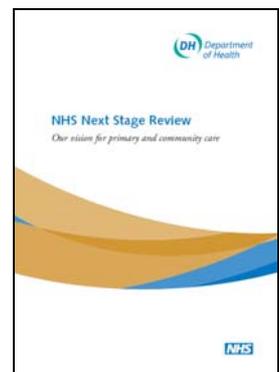
1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to high standards of excellence and professionalism.
4. NHS services must reflect the needs and preferences of patients, their families and their carers.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective and fair use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

The draft Constitution can be downloaded [here](#).

Our vision for primary and community care

As part of the wider review, a group was formed by DH to consider the development of a primary and community care strategy; this strategy was published a few days after Lord Darzi's final report.

The report confirmed that there are high levels of satisfaction with primary care services and trust in the staff who provide them. It says that services need to evolve to reflect the changes in healthcare and society described in the main Darzi review - rising expectations, the 'information age', advances in treatments, the changing nature of disease and the evolving nature of the workplace.



The conclusions and proposals within the strategy fall into four broad themes:

- People shaping services;
- Promoting healthy lives;
- Continuously improving quality; and
- Leading local change.

People shaping services

- Development of the GP patient survey to give patients a greater say in whether medical practices are providing an all-round quality patient experience;
- DH will help GPs to work with community health teams, pharmacies, social care, schools and other groups to give patients access to a greater range of services.
- Patients will have greater choice of GP practice and better information to help them choose.
- Development of a fairer funding system for GPs – the removal of the Minimum Practice Income Guarantee.
- NHS Choices will provide greater information about all primary and community care services, so that the public can make informed choices.
- By 2010, 15 million people with long-term conditions will be offered their own personalised care plan. Named lead professionals will help ensure that plans and services are tailored to support the needs of those with the most complex care needs.
- DH will publish a Patients' Prospectus to provide excellent advice for those wanting to take greater control of how they manage their long-term conditions.
- Learning from social care, and working with patient groups, DH will pilot individual budgets to help people with long-term conditions have greater control of their health and care.

Promoting healthy lives

- The NHS will work with local government, the third sector and the independent sector to promote health and wellbeing in local communities, with greater pooling of resources. DH will develop a suite of indicators that PCTs, local authorities and practice based commissioning groups can use to measure and incentivise improvements in health and wellbeing.
- Primary and community care services will support people in staying healthy throughout their lives.
- The NHS will support people to stay healthy at work and return to work more quickly, piloting integrated access to musculoskeletal, psychological and other services.
- DH will work with GPs, pharmacies and other services to introduce a vascular risk assessment programme for those aged 40 to 74.
- The NHS will improve access to a range of healthy living services to help people give up smoking, control alcohol use and improve diet or exercise.
- The NHS will ensure that primary and community care services have a central role in tackling health inequalities.
- DH will work with professional and patient groups to improve the QOF to provide better incentives for maintaining good health as well as good care.

Continuously improving quality

- Pilots of information tools to compare clinical quality, clinical productivity and patient experience in community health services.
- Development of new tariffs to improve the commissioning and delivery of services and encourage more healthcare to be provided in community settings.
- Support for the NHS in making local decisions on the governance and organisational models that best underpin vibrant, high-quality community services.
- NICE to create an independent, transparent process for developing and reviewing the indicators in the QOF, reduce the number of process indicators and focus resources on health outcomes and quality.
- Extra support for the NHS in collecting, analysing and publishing data on service quality to recognise and reward excellence and support patient choice.
- Promotion of accreditation schemes to improve quality and identify best practice, including working with the Royal College of General Practitioners to drive forward accreditation of GP practices.

Leading local change

- Support for PCTs and clinicians in making local decisions on how best to develop more integrated primary and community care services.
- Practice based commissioning (PBC) groups will be entitled to improved information and management and financial support, for which PCTs will be held to account through the world class commissioning assurance system.

- PCTs will give increasing power and responsibility to high-performing, *multi-professional* PBC groups that achieve better health outcomes for local patients in a *transparent and accountable* way.
- Pilots of new ways of allowing primary, community and hospital clinicians and social care organisations to provide more integrated services for patients, including the formation of new integrated care organisations.
- Provide support and development programmes which enable primary and community services to be better commissioned.
- Establishment of a Minister-led group to identify how best to support those organisations that wish to go further in integrating health and social care.

DH will establish a national clinical advisory group to review progress.

All the documents detailed in this briefing can be downloaded from www.dh.gov.uk.