Our NHS, our future

Lord Darzi’s NHS next stage review, interim report

Key points

- The interim report sets out a vision of an NHS that is fair, personalised, effective and safe.
- The direction should be to complete current reforms, not do something different.
- Patients should have better access to GPs at weekends and in the evening.
- 100 new GP practices should open in areas with the worst provision.
- The provision of GP services in deprived communities should be opened up to a wider range of providers.
- 150 new health centres should open 7 days a week, 8am to 8pm.
- All elective and emergency admissions should be screened for MRSA
- The second stage of the review will involve 1,000 staff and members of the public, examining eight care pathways.

On 4 October Lord Ara Darzi published the interim report of his NHS next stage review looking into the future of the NHS. The report sets out a ten-year vision for the NHS, reflecting the views, gathered over the last three months, of patients, staff and the public. It looks at how the NHS can become fairer, more personalised, more effective and safer. It acknowledges the progress made so far and sets out immediate and longer term priorities in these areas.

This Briefing outlines the main points of the report.

Introduction

Lord Darzi sees the NHS next stage review as an opportunity to shape the NHS for the 21st century. The ambition should be the creation of a world-class NHS that prevents ill health, saves lives and improves the quality of people’s lives. While some aspects are already world-class, the challenge is to ensure that every aspect matches the best, taking the health service “from good to great.”

His assessment is that the NHS is “perhaps two thirds of the way through its reform programme set out in 2000 and 2002.” He suggests that the way forward is to see the current set of reforms through rather than doing something completely different.

The report notes some of the improvements in the NHS since 1997, helped by sustained investment, such as more staff, shorter waiting times, improved standards and more personalised care. However, the views of patients, staff and the public still highlight concerns. For example, some patients say they “sometimes feel like a number rather than a person”, they do not know how to access services they need to help them stay well and independent, and they cannot always see a GP or practice nurse when they need to.
A clear vision for a world-class NHS is needed to respond to the aspirations of patients, staff and the public

The public are sometimes confused about which NHS service they should use and some staff say that they have not been listened to, trusted or given credit for the improvements that have been made.

A world-class NHS

Continuing to make incremental improvements, Lord Darzi says, will not resolve the problems. A clear vision for a world-class NHS “focused relentlessly on improving the quality of care” is needed to allow the NHS to fully respond to the aspirations of patients, staff and the public. The vision should be of an NHS that is:

- **fair** – equally available to all, taking full account of personal circumstances and diversity (see below)
- **personalised** – tailored to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice (see page 3, below)

- **effective** – focused on delivering patient outcomes that are among the best in the world (see page 4, below)
- **safe** – as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive (see page 5, below).

There is no need to change the way the NHS is funded or structured, but there are things that should be done to take the NHS forward:

- move beyond just expanding the capacity of the NHS and focus on improving the quality of care
- be ambitious – respond to the aspirations of patients and the public for a more personalised service by challenging and empowering NHS staff
- change the way change is led – effective change needs to be animated by the needs and preferences of patients, empowered to make their decisions count within the NHS with the response to patient needs and choices being led by clinicians, taking account of the best available evidence
- support local change from the centre rather than instructing it
- make best use of resources to provide the most effective care, efficiently.

The second stage of the review will involve groups of NHS and social care staff in each region looking at how to achieve the vision for eight areas of care.

A fair NHS

“A fair NHS must continue to be equally available to all, taking account of personal circumstances and diversity.”

Although major improvements in care have been made over the last decade, these have not been universal and the breadth and scale of inequalities in England are still striking. Major inequalities exist in life expectancy, infant mortality and cancer mortality; too many of the poorest communities experience the worse health outcomes; and the gap in life expectancy between the most and least deprived areas has widened.

There is also evidence that the opportunity to access healthcare is worse in areas of greater need. There is a need to open up the provision of GP services in deprived communities to a wider range of providers – GP practices or new private GP providers – to help improve equity in the availability of GP services.

To create a fairer NHS, the focus must be on improving access to health...
and social care services for people in disadvantaged and hard-to-reach groups and those living in deprived areas. This also means making services more personal – designing and delivering services that fit with people’s lives will help to reduce inequalities in health and social care outcomes.

Next steps
Locally, the staff and patient groups in each region will consider how to improve fairness in each of the areas of care they are looking at.

A personalised NHS
“A personalised NHS must be tailored to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice.”

Patients sometimes feel treated as numbers, are made to wait too long, do not have their condition or treatment explained well enough, feel lost in the system, receive poor customer service, are denied choice, and experience basic lapses in care: “Care may be personal, but too often it is experienced as impersonal.”

Lord Darzi has identified four factors on which the NHS could improve:
• access to care
• dignity and treating the patient as a person
• integrating care
• choice and personal control.

Access to primary care
Although there have been big improvements in access to care, many people still find it difficult to access primary care. To improve this situation, the report calls for the Government to bring at least 100 new GP practices, including up to 900 GPs, nurses and healthcare assistants, into the 25 per cent of primary care trusts (PCTs) with the poorest provision.

There should also be investment in new resources to enable GPs to develop 150 GP-led health centres, situated in easily accessible locations and offering a range of services to all members of the local population, including pre-bookable appointments and walk-in services. The guiding principle should be to ensure that anyone can access GP services at any time between 8am and 8pm, seven days a week.

These centres will reflect local need and maximise the scope for co-location with other community-based services such as diagnostic services, or therapeutic services such as physiotherapy.

PCTs should work with all new and existing GP practices to develop greater flexibility in opening hours – the aim is that at least half of all GP practices will open each weekend or on one or more evenings each week. Where existing GPs do not start to offer these extended services, PCTs will be able to commission new services from other GPs, GP federations or other providers.

An increasing proportion of the NHS payments made to GP practices will be linked to their success in attracting patients and the views of their patients, including the ability to book advance appointments and the ability to see a GP within 48 hours.

Information about all GP practices, including the results of the patient survey, practice opening times and performance against key quality, is to be made available on the NHS Choices website.

Work is needed to plan more effective out-of-hours services which people understand and that suit their needs.

Next steps
Lord Darzi will be setting up an advisory board to help him develop the vision for primary and community care services, capable of tackling existing challenges of access and inequality and promoting choice and control, as well as focusing on prevention. This will be part of the second stage of the review and will consider:
• proposals for new models of care
• how to reshape incentives to provide a stronger focus on health outcomes and continuous quality improvements
• how to provide a more equitable link between the funding that a GP practice receives and the number of patients for whom it provides care
• how to expand patient choice in primary care
• how to involve the fullest range of service providers in developing solutions to tackling inequalities, improving access, developing more responsive services and increasing patient choice.

‘Anyone should be able to access GP services at any time between 8am and 8pm, seven days a week’
Patient dignity
The report notes that people, especially older people, when treated in hospital are concerned about:

- feeling neglected or ignored while receiving care
- being treated more as an object than a person
- feeling their privacy was not respected during intimate care
- needing to eat with fingers rather than being helped with a knife and fork
- being rushed and not listened to
- beds not being cleaned
- not being helped to wash
- mixed-sex wards.

These concerns are a challenge for all clinicians. Nurses have a key role to play, but all clinicians should constantly challenge themselves to find ways of improving the patient experience.

Integrating care
There is evidence that one-stop care – for example, carrying out a number of diagnostic tests together, by co-locating care under one roof, or by making better use of information and information technology – helps to improve the effectiveness and safety of care. Basing care where it is most needed also increases its connection to local communities.

Integration of care is also a driver of personalisation because there are likely to be fewer appointments on a typical pathway, greater familiarity between patient and staff, better information for the patient, and a more seamless experience for the patient.

Designing services in terms of care pathways is the best way to ensure that the quality of care and the patient’s perspective are foremost, with organisational boundaries a secondary consideration.

Lord Darzi says that in his experience the best care is provided where there is collective accountability for the outcomes at each point on the pathway. He suggests that more could be done to ensure current processes, including the NHS tariff, support this approach.

The principle of “localise where possible, centralise where necessary” should guide health services.

Choice and personal control
Patients increasingly aspire to greater control and choice over the services they receive. The report notes that the drive towards greater choice in the NHS has been focused mostly on patients referred for one-off elective treatments. It is equally important to offer more choice to patients who have to live for many years with an enduring medical condition.

Health services could take a lead from the introduction of individual budgets in social care linked to direct payments. The NHS needs to learn how to support and allow eligible service users increasingly to design their own tailored care and support packages. This could include personal budgets that include NHS resources.

An effective NHS

“An effective NHS must focus on delivering outcomes for patients that are among the best in the world.”

Providing effective care and treatment is what saves lives, improves the quality of people’s lives and prevents them getting ill. During the consultation for the interim report, people’s top priority for improvement was “getting the right treatment and drugs.”

Although there have been significant increases in life expectancy over the last decade, average life expectancy in England is still not as high as in some other countries.

Preventative care matters because if the NHS can support people to make healthier choices, they can avoid ill health. Prevention also provides better value for money.

As the NHS moves from being a sickness service to a well-being service, services need to engage the public much sooner to help them understand the risk factors and allow them to take better control of their health.

For conditions such as heart disease, cancer and stroke, the NHS needs to be able to harness the benefits that can flow from new treatments and technologies as swiftly as possible.

More also needs to be done to help people with long-term conditions manage their own care.

Next steps
To support the delivery of more effective care, the report recommends establishing a Health Innovation Council to be the guardian of innovation, from discovery to adoption.
A safe NHS

“A safe NHS must be as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive.”

Lord Darzi says that at the consultative events he attended, patients and the public voiced their concerns about safety. They wanted the places where they go for care to be clean, safe environments where the risks of infection are minimised.

Infection control is the responsibility of everyone who comes into contact with the NHS – from visitors to managers and from nurses to surgeons. More must be done to develop a culture of safety. A local focus is crucial – the problem cannot be addressed by central direction.

Next steps

To help make care safer, the National Patient Safety Agency should be supported in establishing a single point of access for frontline workers to report incidents – Patient Safety Direct. To reduce rates of healthcare associated infections still further:

- the Government should legislate to create a new health and adult social care regulator with tough powers, backed by fines, to inspect, investigate and intervene where hospitals are failing to meet hygiene and infection control standards
- matrons should get further powers to report any concerns they have on hygiene direct to the new regulator
- MRSA screening for all elective admissions should be introduced in 2008, and for all emergency admissions as soon as practicable within the next three years.

A locally accountable NHS

Realising the vision for a world-class NHS means working differently. However, no major service change should happen except on the basis of need and sound clinical evidence. This means raising the standard of evidence expected before change takes place, ensuring that local decision-making processes are subject to greater public and clinical scrutiny and having a more streamlined process.

Any major change in the pattern of local NHS hospital services should be clinically led and locally accountable. New guidelines will make it clear that:

- change should only be initiated when there is a clear and strong clinical basis for doing so
- consultation should proceed only where there is effective and early engagement with the public
- resources must be made available to open new facilities alongside old ones closing.

Confederation viewpoint

The NHS Confederation welcomes the NHS next stage review and, in particular, its aspirations to a fair, personalised, effective and safe service. We would agree that the engagement of clinicians and the public in this process is key and, indeed, this is an area that we have recently been exploring with the Joint Medical Consultative Council in developing a vision of what a clinically engaged workforce would look like.

The clear vision of a world-class NHS focused on improvements in the quality of care is one which requires

The second stage of the review

The second stage of Lord Darzi’s review will set out how to deliver the vision for a world-class health service through a locally accountable NHS in which health and social care staff are empowered to lead change, supported by the right reformed systems and incentives. Groups of health and social care staff – more than 1,000 people in total – will be established in every region of the country to discuss how best to achieve this vision for:

- maternity and newborn care
- planned care
- staying healthy
- acute care
- children’s health
- mental health
- long-term conditions
- end-of-life care.
the engagement of local people, and we welcome the commitment to look in greater depth at accountability mechanisms which support innovation and are sensitive to local situations. This needs to be set in the context of the new arrangements for involvement developing through the Local Government and Public Involvement in Health Bill and the present consultation on LINks networks.

We believe the reduction of health inequalities is a key challenge for the NHS and agree that improving access is one mechanism which can improve equity. However, the announcement of new GP practices and GP-led health centres in the report will only have a significant impact if it is part of broader engagement strategies which reach into deprived communities, coupled with innovations in primary care practice. We believe more planning will be necessary to ensure these services are the best fit for local needs, particularly for out-of-hours services, and not simply a replication of what already exists.

We agree that patient dignity is of paramount importance and welcome the focus on this within the report. Similarly, whilst all NHS organisations have mechanisms for reporting incidents, we will follow the development of Patient Safety Direct and tougher measures to control healthcare associated infections with interest. We also support the development of a health innovation council and hope that this can learn from and build on previous similar initiatives.

Overall, we hope the review will leave a lasting legacy and not be seen as a one-off exercise. The critical test will be how widely local people and staff are engaged and whether the review is sensitive to local situations. We look forward to being involved in and contributing to the process over the next few months, leading to the final report due next summer.

For further information on the issues covered in this Briefing, contact helen.bradburn@nhsconfed.org

Further information

Our NHS, our future: NHS next stage review – interim report.
www.dh.gov.uk (Gateway ref 8857)

For information on how to get involved in the next stage of the review, see www.nhs.uk/ournhs

The NHS Confederation

The NHS Confederation is the independent membership body for the full range of organisations that make up the modern NHS. We help our members improve health and patient care, by:

- influencing policy, implementation and the public debate
- supporting leaders through networking, sharing information and learning
- promoting excellence in employment.

Our ambition is excellence for patients, the public and staff by supporting the leadership of the new NHS.

Our work is determined by our members. Our aim is to reflect the different perspectives as well as the common views of the many organisations delivering the new NHS. Our core membership covers all types of statutory NHS organisation and independent providers of NHS services. Our members are the organisations themselves – these are represented by individuals from board level – chief executives, chairs, non-executives and directors.