NHS

High Quality Care for All

Our journey so far

DH Department of Health

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High Quality Care for All
Our journey so far

Foreword by the Secretary of State for Health

From the cradle to the grave, the NHS is there for all of us. It supports people at those moments in life when they find themselves at their most vulnerable, providing a service to everyone that is free at the point of need. It is not just an organisation, but a cherished and ingrained part of life in our country.

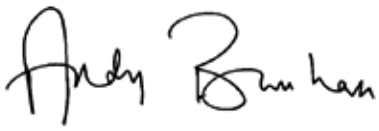
Over the last decade, the substantial investment in clinicians, staff, facilities and equipment was life-saving treatment for an NHS in critical condition. Huge improvements have been made as a result – a massive reduction in waiting times, faster access to care and more choice for patients. But, just as stabilised patients are moved out of intensive care and into rehabilitation and other treatments, so too did the course of NHS reform need to change and adapt once these initial investments and changes had taken their effect.

That is why, in 2007, the Prime Minister, Chancellor and Secretary of State for Health asked Lord Darzi to lead the NHS Next Stage Review to work with patients, public and NHS frontline staff to develop a vision of an NHS fit for the 21st century. The review was a first of its kind, involving 2,000 clinicians and carried out in consultation with 60,000 people across the country. It developed regional visions that reflected local needs and one national vision: that the NHS should deliver high quality care for everyone.

One year on from the publication of *High Quality Care for All*, I am delighted to see the progress that has already been made towards embedding quality at the heart of the service. Lord Darzi has followed the implementation of the vision with as much diligence and effort as he did with its design. The achievements being made in the NHS are testament to this and the work of thousands of people who also share the same passion for improving the quality of service that their patients receive.

We all recognise that many things have changed since the launch of *High Quality Care for All*, in the NHS and healthcare, not to mention the wider economy and society. However, the one thing that has remained constant is our aspiration to make quality the organising principle for everything we do. It is a focus on quality that will make services more efficient; it is a focus on quality that will drive and inspire people to think of new ways to provide care through innovation; and it is a focus on quality that will move the NHS towards concentrating on prevention as well as cure.

I want to thank Lord Darzi and everyone in the service for already doing so much to make the NHS a place which truly does provide high quality care for all. It is testament to the spirit of those working in the service that you came together to set yourself such an ambitious goal, and it is clear that you are well on your way to achieving it.



The Rt Hon Andy Burnham MP
Secretary of State for Health

Dear Prime Minister, Chancellor of the Exchequer and Secretary of State for Health

One year ago, through the combined efforts of 2,000 frontline clinicians, and the energy and creativity of the 60,000 people engaged in the NHS Next Stage Review, we published our final report, *High Quality Care for All*. We recognised the substantial improvements that have been made in the NHS over the past decade and agreed that achieving high quality care for all should be the ambition that we all share. Placing quality at the heart of the NHS has sparked an uprising of energy, enthusiasm and creativity across the service, which cannot be extinguished.

Patients are already noticing the difference. It is easier to see a GP than ever before, with three-quarters of practices now open in the evenings or at the weekends, 50 new GP-led health centres open from 8am to 8pm, and 65 new GP practices open in areas that for generations have had too few doctors. We are approaching an end to the postcode lottery, ensuring that the local NHS everywhere can fund National Institute for Health and Clinical Excellence (NICE)-approved drugs and treatments and speeding up the approvals process.

Improvements have been made in each aspect of quality – experience, effectiveness and safety. Over 9 million people with long-term conditions now have personal care plans, with care organised around their individual needs and so they don't need to repeat their story. There have been radical changes to the care of stroke patients, using the FASTrack pathway which is proven to save lives. Sustained focus on patient safety is showing results as rates of *C. difficile* and

meticillin-resistant *Staphylococcus aureus* (MRSA) have fallen by over a third in the last year alone.

Quality is the silk thread that is being stitched into the very fabric of the NHS. That is why I am delighted with the launch of services that will enable this to happen. A good example of this is NHS Evidence, a new internet portal managed by NICE which ensures that professionals have the best available knowledge at their fingertips.

Clinical teams up and down the country are now measuring the quality of care that they provide to their patients, and all acute trusts are recording this information so that they can publish the first ever set of Quality Accounts alongside their Financial Accounts for the year 2009/10. This will make the NHS the first health system in the world to systematically measure, record and openly publish the quality of care that it achieves. Our new approach to payments means that quality improvement is financially recognised and rewarded, making quality the watchword in thousands of conversations between all parts of the service.

Clinical practice is constantly improving, offering new opportunities to improve the quality of care. In a sense, this makes quality a moving target – to stand still is to fall back. Innovation in healthcare does not just mean new drugs or devices; it means clinical professionals finding new solutions to the problems they face in their daily working lives – from designing a new patient pathway to finding new ways to measure patient experience.

Personal health budgets are an example of innovation in the way the health service works – today, 70 pilot sites are looking at a whole range of different ways to improve the experience of patients, from mental health disorders to long-term conditions such as diabetes. In April of this year I was also delighted to launch a £220 million fund, which will help and encourage the NHS to nurture, develop and spread innovative ideas.

I know that only by harnessing the energy and enthusiasm of all NHS staff can the goal of high quality care for all be achieved. In the past year important improvements have been made to education and training, including the creation of NHS Medical Education England. Substantial investment is being made in leadership, and the service is taking head on the tough but important change in culture that is required so that we are all fully focused on improving quality.

Change in the NHS should always be to the benefit of patients and must be clinically driven. We will support that goal by supporting all providers of NHS services, working with their partners, to follow the example of the best. This must include handing over responsibility and accountability for setting the direction for service improvement, and the decisions on personnel and expenditure, to clinical directors. This bold step in empowering clinicians will enable them to raise the quality and efficiency of NHS services.

The economic challenge now facing the country makes this quest for quality an absolute necessity. High quality care is not an unaffordable luxury but the centrepiece of an efficient health service. Indeed, in healthcare, quality and productivity are inextricably linked and are both driven by innovation. As a surgeon treating NHS patients every week, I know from my own experience that this is the case. Just take one example: patients undergoing keyhole surgery are able to return to work in just a day. Rapidly returning people to good health enables them to get back to work and to financial security. In these times of economic turbulence, I am convinced that our focus on quality will deliver a health service that meets the expectations of NHS patients, the aspirations of NHS staff and the value for money demanded by taxpayers.

Implementation is not always easy. The achievements over the past year have been down to the hard work and dedication of frontline NHS staff. My NHS colleagues and their partners are a source of continuing inspiration to me, and I would like to express my admiration and thanks for their efforts. Together, we will achieve high quality care for all.

Best wishes

Professor the Lord Darzi of Denham KBE Hon FREng, FMedSci
Parliamentary Under Secretary of State; Paul Hamlyn Chair of Surgery, Imperial College London; Honorary Consultant Surgeon, Imperial College Healthcare NHS Trust and the Royal Marsden Hospital NHS Foundation Trust

Key highlights

- **Waiting times in the NHS dramatically reduced**, with the time from referral by GPs to treatment down to a maximum of 18 weeks, from 18 months just ten years ago.

- Improving **patient experience** by substantially increasing access to primary care services, including 50 new GP-led health centres now open, 65 new GP practices in areas that previously did not have enough doctors and more than three-quarters of GPs offering extended opening hours.

- Improving **patient safety** through substantial reductions in healthcare associated infections, including a 35% reduction in *C. difficile* and a 38% reduction in MRSA rates over the last year alone.

- Improvements and investment in NICE to ensure **faster access for patients to new drugs and treatments**.

- Five **Academic Health Science Centres**, bringing together our top academic and healthcare organisations to form world-leading institutions for innovation and research.

- Major progress on the new **Quality Framework** to support local organisations and frontline staff in putting quality at the heart of services, for example through the new Indicators for Quality Improvement, the development of Quality Accounts and the new National Quality Board.

- The first **NHS Constitution** was launched setting out the purpose and values that underpin the NHS and the rights and responsibilities of patients and staff.

Delivering the vision: the journey so far

May–June **2008**
Strategic Health Authorities (SHAs) publish their visions for the future of local healthcare based upon the work of 2,000 clinicians and widespread engagement with patients, staff and local communities.

30 June **2008**
Following unprecedented engagement with patients, staff and the public, Lord Darzi publishes High Quality Care for All, setting out the Government's vision for the NHS.

18 November **2008**
Measuring for Quality Improvement is launched, engaging staff in the development of a framework for measuring quality at a local and regional level.

20 November **2008**
The Social Enterprise 'Right to Request' is launched on Social Enterprise Day. The Right to Request enables primary and community care staff to innovate and redesign services in flexible new ways, setting up social enterprises to deliver healthcare services that improve outcomes and are responsive to the needs of communities and the people they serve.

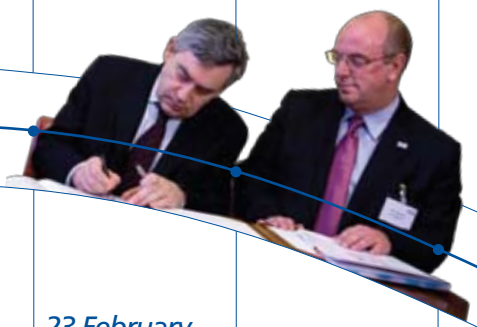
1 December **2008**
The first of 152 new GP-led health centres opens in Bradford, transforming access to primary care.

3 January **2009**
Change4Life is launched – a society-wide movement bringing together community groups, health professionals, teachers, government departments, supermarkets and the media to help everyone to 'eat well, move more, live longer'.

21 January **2009**
The Prime Minister and Secretary of State for Health sign the NHS Constitution, safeguarding the values of the NHS and making clear the rights and responsibilities of patients and staff.

23 February **2009**
The Medical Education England (MEE) Board meets for the first time. MEE will provide independent expert advice on training and education for doctors, dentists, healthcare scientists and pharmacists.

4 March **2009**
A new collective vision for clinical commissioning is launched following extensive engagement with a wide range of clinicians, Primary Care Trusts (PCTs) and SHAs. It firmly embeds Practice Based Commissioning as a core aspect of World Class Commissioning, supporting family doctors and community clinicians to develop better services for their local communities.



9 March **2009**
Five Academic Health Science Centres are designated by the Secretary of State based on the recommendations of a panel of internationally renowned clinicians and researchers. These powerhouses of clinical medicine and research will act as the engine of innovation, catalysing the rate at which research is translated into practice.

30 March **2009**
The new National Quality Board meets for the first time, bringing together all those with an interest in improving quality across the NHS to align and agree the NHS's quality goals.

1 April **2009**
PCTs start to use 'Never Events' to help them focus on delivering the safest services for their patients.

1 April **2009**
The Care Quality Commission (CQC) is launched as the new independent regulator for health and adult social care. Its tough new enforcement powers will help ensure high quality care for service users, whether in hospital, in a care home or at home.

1 April **2009**
The new Commissioning for Quality and Innovation (CQUIN) payment framework comes into effect. It will support a cultural shift by embedding quality improvement and innovation within the commissioner–provider discussion, with PCTs linking a modest proportion of contract income to locally agreed goals to drive quality improvement.

1 April
2009
NICE (the National Institute for Health and Clinical Excellence) takes over responsibility for developing new clinical indicators for the Quality and Outcomes Framework, which ensures that GP surgeries are incentivised to adopt good practice based on the latest clinical evidence.

21 April
2009
Greg Dyke is among the internationally renowned leadership experts supporting the new National Leadership Council, which will champion the transformation of leadership across the NHS.

27 April
2009
New Innovation Challenge Prizes are announced to reward and encourage breakthroughs in areas where we face the biggest health challenges. They will encourage partners from a broad range of communities for work together to develop joint solutions for some of the major healthcare challenges facing the NHS.

15 May
2009
A list of more than 200 indicators of high quality is published to help clinicians drive up the quality of care they deliver to patients. These Indicators for Quality Improvement will help measure the quality of care clinicians deliver, highlight areas for improvement and track the changes they implement.

29 May
2009
The first pilot Clinical Dashboard goes live at Salford Royal NHS Foundation Trust. 'Clinical Dashboards' provide clinicians with the relevant and timely information they need to inform daily decisions that improve the quality of patient care.

18–19 June
2009
The Innovation Expo brings together the public, private and voluntary sectors. The event acts as a platform for ideas in innovation, science and technology and demonstrates how innovation can benefit the NHS and the business world. NHS staff and other delegates share ideas with over 80 of the world's leading innovative organisations, such as NASA, Microsoft, 3M and Toshiba, who showcase the very latest cutting-edge devices and technologies.

1 April
2009
The Integrated Care pilot programme is launched, bringing together Health and Social Care to test and evaluate new ways of delivering integrated care focused on innovation, quality and user satisfaction.

27 April
2009
A new £220 million Innovation Fund to help the NHS nurture, develop and spread new ideas is launched, alongside a new duty for SHAs to promote innovation which will help create a more supportive culture and encourage more rapid adoption throughout the health service.

30 April
2009
NHS Evidence goes live, bringing the world's best evidence and medical guidance to the consulting room or surgery via a new online portal.

29 May
2009
Over 75% of GP practices are now providing extended opening hours, an increase of 25% since September 2008.

1 June
2009
The 50th new GP-led health centre opens in Colchester.

24 June
2009
Transforming Community Services Week sees the launch of the Quality Framework for community services and 'Ambition, Action, Achievement', six practice guides to support local staff to deliver high quality community services.


improvements
for patients

At the heart of our plans to improve services for patients are ten local visions for high quality care.

These visions were developed by hundreds of clinicians and other staff in every region of the NHS. Over the course of a year they came together in clinical working groups to listen to the needs and expectations of patients, analyse the available clinical evidence, describe what high quality care looks like and identify the specific improvements that needed to be made. The local nature of this process is what marked out the NHS Next Stage Review as different: not dreamed up in Whitehall but the expression of the aspirations of local staff to improve services.

This chapter gives a snapshot of the changes coming through for patients as a result of the implementation of each local vision. Each improvement outlined is unique to the particular locality and is a testament to the dedication of NHS staff. Travelling throughout the country I have seen many more encouraging changes than can be described in this short report. I hope the examples of what has been achieved inspire and energise others as they have inspired me.

Improving access for patients

Better access to primary care

In December 2008 the first of 152 new GP-led health centres opened in Bradford. This has revolutionised access for the local area, providing flexible opening hours that enable people to drop in at lunchtime or after work, regardless of whether they are registered or not.

The health centre in Bradford is the first of a wave of similar centres up and down the country. Fifty new health centres offering care from 8am to 8pm every day of the week are now open. Sixty-five new GP practices have also opened in areas that have historically had fewer GPs and nurses and greater health needs. Across the country GPs have extended their hours to better fit around people's lifestyles. Today, over three-quarters of GP practices are open in the evenings or early mornings and/or at the weekend. General Practice is the bedrock of our health system – every year, nine out of ten people will visit their GP. This past year has seen a revolution in access across the country.

The passionate debate about the future of primary care is a reflection of the commitment to seeing it flourish. As controversial as the changes have been, I am convinced that the benefits are becoming clearer as patients begin to see the difference. As well as providing access to any member of the public who chooses to walk in, in many areas these new health centres are offering a broader range of services and a better experience than ever before. Loxford's new clinic – which I was given the privilege of opening in April this year – will provide more than 20 services under one roof, including General Practice, a rehabilitation centre, blood tests and ultrasounds. It is part of a network of practices to manage chronic illness more effectively in the community. This important expansion in the role of primary care is essential as the NHS shifts from reactively diagnosing and treating people to reaching out to prevent illness and promote good health.

Vision to reality: progress on transforming primary care

Our vision for primary care	What we have achieved so far
• 152 new GP-led health centres across the NHS	• 50 GP-led health centres open and providing a range of services under one roof
• 100 new GP practices in under-doctored areas	• 65 new GP practices open in under-doctored areas
• At least half of GP practices to offer extended opening hours	• More than three-quarters of GPs offering extended opening hours
• A national strategy for primary and community care to be developed	• National enabling strategy published and implementation under way, e.g. reinvigoration of Practice Based Commissioning and the launch of Transforming Community Services

Faster access to drugs and treatments

High Quality Care for All heralded an end to the postcode lottery for drugs and treatments. It announced our plans to increase the speed with which NICE completes its assessments, and stood alongside the NHS Constitution which guaranteed access as a right to all NHS patients.

We have made £100 million available to the local NHS to ensure that all patients are able to rapidly access NICE-approved drugs and treatments. Furthermore, we have invested in NICE, ensuring that more resources are in place to speed up the availability guidance and that more resources and effort are invested in spotting new beneficial drugs early on in their development. A new, faster system for referring drugs to NICE for appraisal has recently been the subject of consultation. These improvements will ensure that patients will have faster access to important drugs in the pipeline.

We are already seeing results. NICE has significantly increased the rate at which guidance becomes available to the NHS through its fast track appraisal process.[1] By 2010 the average time taken by NICE to produce draft or final guidance on new cancer drugs will fall to less than six months after the drug is licensed and by 2011 NICE will match this performance for the majority of significant new drugs.

Improved access to urgent care

Out-of-hours services are changing and improving rapidly. In Hartlepool, for example, a new service at the local hospital was established in September 2008 giving patients faster access to services. It is run by highly skilled nurses who are able to direct patients to the right services, see patients at the hospital or at home and issue prescriptions. An emergency care consultant leads the team and supports the team of nurses, consultants and practitioners. The service ensures that patients with minor ailments are rapidly able to receive the care they need without placing an undue burden on the Accident and Emergency department. Patients' words speak for themselves.

"Where else in the world would you get a service where I was telephoned back within five minutes of contact, picked up at my house within fifteen minutes, taken to the centre for a consultation with the nurse, taken to the chemist to pick up a prescription and back in my house all within one hour? Outstanding and first class.**"**

Patient commenting on improved services in Hartlepool

Better care closer to home

Patients have consistently told us that they want access to care closer to their homes. The local NHS is taking this agenda forward by working out what best meets the needs of local people. The NHS in Knowsley, for example, is taking secondary care services for children into the community. Paediatricians and specialist staff are seeing children in their own homes or at health centres close by, preventing unnecessary travel to and from hospital for children and their families.

The majority of people say that they hope to end their life at home as opposed to in a hospital, and the NHS is working to ensure that people are given this choice. In Leeds, clinical leaders discovered that in 2006 only 20% of people were able to die at home, despite this being the preference of the majority of patients. By working with Marie Curie, local organisations are taking ten steps to address this.[2] These include the development of community rapid response teams, dedicated palliative care ambulances and a local programme to support 33 care homes to deliver high quality care at or towards the end of life. The Government has published an *End of Life Care Strategy*, which was informed and shaped by the work on end of life care undertaken by the clinical working groups of the NHS Next Stage Review. The aim of the strategy is to give those approaching the end of life more choice about where they spend their final days.[3]

Our new Transforming Community Services (TCS) programme supports the NHS to create modern, responsive, high quality community services of this kind. In June, six guides were launched to share the evidence of what works and to encourage and support staff to lead service improvement with the aim of 'making everywhere as good as the best'. However, these guides will not be enough on their own, and that is why I have asked for further work to be done in the following three areas.

Firstly, I have asked the National Leadership Council to prioritise leadership development in community services. This will raise the profile of managing and leading community services, attracting strong leaders in the future. Secondly, we will repeat last year's successful Innovation Fund for community services, providing 'start-up' funding to enable frontline staff to try out new ideas to transform their local services. Lastly, I am convinced that a relatively small investment in information technology for clinical staff, such as hand-held devices and 'tablets', could help to improve patient care and create significant gains in efficiency. The Department of Health will work with PCTs to review the costs and benefits of what is available, with a view to issuing advice this autumn.

Empowering patients: more choice and control

Achieving high quality care means empowering patients to make choices over their healthcare and giving them greater control over their health. In the East of England 1,000 people are taking part in a project to develop their own personal health plans, giving them the freedom to choose treatments suited to them and to affect the way in which healthcare services are delivered. The goal is to empower patients to take a more active role in the management of their own long-term conditions.

This regional project is part of a national programme to test how personal health budgets could empower patients and lead towards a more personalised service.[4] The proposals have been greeted with enthusiasm, with 70 provisional pilot sites looking at a whole range of different ways to make personal budgets work best for patients, from those with mental health disorders to those with long-term conditions such as diabetes. Locally, the NHS is forging deeper partnerships with Social Care, the third sector and carers. Some organisations are considering how best to support patients as they move from one care system to another. For example, this would allow patients to continue to employ the same people whom they trust with their care. Others are looking at how personal health budgets can deliver support that is better tailored to the individual.

I am delighted at the progress towards achieving our goal to ensure that every one of the 15 million people with long-term conditions is offered the choice of a personal care plan. We are well on our way to achieving this, as 9.3 million people now have an individual plan in place.[5] Care planning means fewer emergencies and fewer outpatient appointments. This has already saved the NHS around £1 billion, and will continue to do so year on year. Even more importantly, these plans are central to patients' understanding of and involvement in the care they receive. They allow a patient to decide what works for them in partnership with the professionals who care for and support them.

Over 9.3 million people now have an individual care plan in place. This has already saved the NHS around £1 billion.

Improving the quality of care

High Quality Care for All was clear that quality had to be understood from patients' perspectives. The report defined the three aspects of quality that matter to patients: experience, effectiveness and safety.

Improving patient experience

Patients continue to tell us about the importance of the experience they have when they undergo treatment or are cared for by the NHS. Although the majority of patients have a good experience, some feel that services can treat them with indifference. Over the past year we have taken important steps to ensure that every patient has the best experience when they are in our care. To ensure that patients' privacy and dignity are safeguarded when they are at their most vulnerable, we have committed to eradicating same-sex accommodation in NHS hospitals by 2010. A £100 million fund will help trusts to make changes to hospital accommodation and better manage the flow of patients coming into their care.

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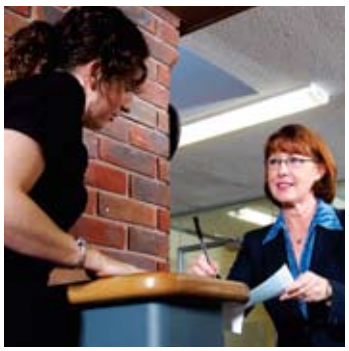
Locally, NHS staff are working with patients to improve patient experiences. Ipswich Hospital has introduced a simple system of visual signs at patients' bedsides which alert staff to those patients who need help. Ward staff discussed with patients which symbols were most appropriate and only used them with patients' consent. Patients and their visitors have been strong advocates of the new system – they have told staff that it gives reassurance and prevents any embarrassment they may feel at having to raise problems with staff.



I have also seen good examples of the NHS providing a more personal service for patients that fits with a patient's individual needs. Following the launch of NHS West Midlands' vision for improved health and care, the NHS in Solihull identified the need to improve the experience of patients who are in the early stages of dementia and that of the people caring for them.

An extra £50,000 was allocated to develop peer support, improve advice and information, and expand outreach support services to prevent crises. People with dementia and their carers have been incredibly positive about the support provided.

We know that there are areas where the NHS still falls short of the high standards of care that patients expect and staff want to deliver. This year we have renewed our focus to radically improve the quality of maternity services. We have put more midwives in place to ensure one-to-one care during birth and have invested an extra £330 million over two years.[6] Building on the ten regional visions of the NHS Next Stage Review, plans are being put in place to ensure high quality, personalised care for mothers, with improved access to services; greater choice around types of care before, during and after birth; and continuity of midwifery care and support.

Making treatment more effective

When we fall ill, the quality of care is what matters most. We want the NHS to employ the most effective treatments to make us better or to care for us when no cure is available.

We have put more midwives in place to ensure one-to-one care during birth and have invested an extra £330 million over two years.

Every day clinicians and managers across the NHS are stepping up to the challenge to find more effective ways to care for patients. Witnessing a patient having a stroke, paramedic David Davis of the South East Coast Ambulance Service was convinced that care could be delivered differently and that a treatment called thrombolysis could help him.[7] He explains:

"We fast-tracked him to the local hospital, only to find there was nothing staff could do in the hyper-acute phase of the condition. I was very concerned because thrombolysis can mean the difference between life and death, or full recovery and major disability."

Mr Davis discovered that none of the hospitals in the trust's region of Sussex, Surrey and Kent offered stroke thrombolysis at that time, despite the fact that the region had well above the national average number of people aged over 65, who are at highest risk of a stroke. The South East Coast Ambulance Service Chief Executive and Clinical Director shared Mr Davis's concern and so began a new initiative to deliver world class stroke care.

The results have been striking. In May 2007 no hospitals in the South East region were offering hyper-acute thrombolysis for stroke patients. Six months later nine were offering the service and, by April 2009, a new care pathway and thrombolysis service was in place at 19 hospitals. Paramedics and ambulance technicians are trained to spot the signs of stroke and, using a new FASTrack pathway, to take relevant patients straight to specialist units. By saving time, lives are saved.

This radical improvement in the effectiveness of care for stroke is, in part, a result of the implementation of a new care pathway in the region. These changes are being replicated across the country so that patients everywhere can benefit. And the transformation of acute care is not limited to stroke. New centres and networks are becoming operational to deliver more effective care for heart attack and major trauma – other major killers where treatment can be drastically improved.

New technology is also supporting the delivery of more effective patient care. This year I opened two robotic centres at Wexham Park in Slough and at Broomfield Hospital in Chelmsford. The robotic system allows surgeons to perform more complex procedures using a minimally invasive approach to surgery. By using enhanced surgical capabilities the robot brings several advantages for the patient, including improved clinical outcomes, a reduced length of stay in hospital, reduced trauma to the body and a faster recovery from surgery.

Safer care

When patients are in our care they rightly expect that we are doing everything that we possibly can to keep them safe. Patient safety must always be the highest priority for every person and organisation in the NHS. For those reasons I am pleased to report that local organisations have continued to make good progress in keeping patients safe. One local example illustrates the point: Newcastle upon Tyne NHS Foundation Trust and all its clinical teams decided to participate in the Patient Safety First campaign. They have used a combination of activities, such as incorporating the inspection of cannula sites within drugs rounds, a leaflet and poster campaign, new guidance and a ward accreditation scheme to reduce the risk of infections.

"There has been a cultural change in the way that organisations tackle infection prevention and control and the priority that it is afforded.**"**
National Audit Office

As a result, since 2007 the number of *C. difficile* infections has fallen by 36% – passing the Government's target of a 30% reduction two years ahead of schedule – and MRSA infection rates have fallen by a further 29% since the NHS met its target to halve MRSA bloodstream infections last year. The figures show that the risk of becoming infected with an MRSA bacteraemia or *C. difficile* is at its lowest for five years.

A National Audit Office report has shown that our efforts to improve infection control – such as increasing the number of modern matrons, providing more improvement teams in hospitals and the cleanyourhands campaign – have not only improved safety but provided good value for money as well.[8] Yet we can never be complacent. That is why from 1 April this year all relevant elective admissions are being screened for MRSA. Screening for MRSA has been warmly welcomed by patients, and the NHS will introduce screening for emergency admissions by 2011 at the latest.

The NHS is constantly striving to find new and innovative ways to keep patients safe.

At Darlington Memorial Hospital Dr Richard Hixon has devised a safer way of providing pain relief to children. Despite existing guidance, prescribing to children is often performed poorly, with potential for adverse drug events and reactions because of the need for complex calculations and accurate measurement of small volumes. Analgesics are among the most commonly used drugs and, because of these complexity issues, provision of pain relief is not as effective as it should be. Dr Hixon has designed a paediatric analgesia wheel, a pocket-sized device that does away with the maze of guidelines and provides clinicians with a single, safe, effective way to prescribe pain relief. This device has now been clinically tested and is being distributed around the UK. This will mean that children receive safer and more effective pain relief.

Since 2007 the number of *C. difficile* infections has fallen by 36% – passing the Government's target of a 30% reduction two years ahead of schedule.

Looking to the future: preventing ill health

Local solutions for improving health

Building an NHS that is fit for the future demands a focus on helping people to stay healthy as well as treating them when they are sick. With nearly two-thirds of all disease caused by conditions associated with lifestyle choices such as smoking, obesity or excessive alcohol consumption, the NHS needs to do more to reach out to people and help them to improve their own health. Now is the time to invest in prevention and, in doing so, to save for the future. There are some areas of excellent practice, where health and wellbeing and prevention are being prioritised.[9]

In Rotherham I visited a groundbreaking new initiative to support children who are overweight. A third of children are overweight or obese in this area, with profound consequences for their future health. The weight management camp is supporting children to change their lives, helping them to understand what to and what not to eat and giving them a new confidence. NHS Rotherham has invested £3.5 million in obesity services.

The initiative is a partnership between Carnegie Weight Management Services, a voluntary sector organisation based at Leeds Metropolitan University, and the local NHS. The impact will be far-reaching, not just for the families who work with professionals to change their lifestyle, but for the future demands on the health service.

To support people to make healthy choices, over the past year we have made progress nationally to build the Coalition for Better Health. Over 90 commercial and voluntary sector organisations have signed up, with the common aim to tackle unhealthy weight. They are delivering a wide range of activities, from promoting fruit and vegetable sales in conveniences stores to supporting opportunities for families to get active in their local area. Excellent and innovative projects to tackle obesity are not unique to Rotherham: for example, local partnerships already exist across the country to support people in realising the health benefits from physical activity.

NHS Rotherham has invested £3.5 million in obesity services.

New health checks

The expansion of screening is essential for picking up symptoms or risk factors early on and for preventing conditions from materialising or from worsening. Everyone is at risk of developing vascular disease, but it can often be prevented.[10] NHS South Central has invested £12 million in the region to identify those patients most at risk – those living in the most deprived areas with the worst health outcomes. Patients are invited by their GP for screening and, if there is a problem, they can be referred for treatment. It is part of national plans to make NHS health checks available to everyone aged 40 to 74 over the next two years. Intervening early to prevent disease will save lives, and it will also save money in the long run. Our efforts to build a more preventive NHS are fundamental to addressing the challenges posed to our health system during the economic downturn.

It is part of national plans to make NHS health checks available to everyone aged 40 to 74 over the next two years.


Quality at the heart of everything that we do
NHS

I believe that we are making good progress towards our goal to make the quality of patient care the organising and central principle of the NHS.

This chapter looks at some of the major developments over the past year, outlining our direction and highlighting the achievements in implementing the Quality Framework.

Bringing clarity to quality

No matter how talented the individual, clinicians cannot do their best for patients if they are unclear about what the best care looks like. **NHS Evidence**, a new service managed by NICE, ensures that professionals have this knowledge at their fingertips. Launched in April this year, it brings the world's best evidence and medical guidance to the consulting room or surgery via a new online portal. This powerful tool makes it easier for professionals to use the latest evidence to guide decisions. At the same time, it empowers individual patients by enabling them to learn about their conditions, their treatment, and what they can expect. NHS Evidence, which accredits sources of information, will be an invaluable, authoritative resource that gives patients confidence in what they read on the internet.

The portal is already proving its worth, with large numbers of people already accessing it to search for information. During its first month, NHS Evidence received 930,726 visitors, who between them made 1,139,814 search queries.[11]

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This is a fantastic start for the new service, and I have no doubt that that it will continue to grow in popularity as more people become familiar with it and new services are rolled out.

Over the coming year, professionals and patients will also be able to access new definitive **national quality standards of care** through NHS Evidence. Working with other standard setters, NICE is developing a library of standards, to bring clarity to the avalanche of clinical evidence and guidance currently available to clinicians and those running NHS services. The first standards will be available in March 2010 and will cover stroke, dementia, specialist neonatal care and venous thromboembolism (VTE) risk assessment. For each condition, the standard will make clear what quality care looks like, which will, in turn, help to end variations in the quality of care that patients can experience from one place to another.

"As a working family doctor I honestly believe that NHS Evidence will make a real and positive difference to the care I give my patients. Presenting information that has been sorted, sifted, and prioritised will allow users – both clinical and non-clinical – to have the confidence to know that they are using the best information to develop frontline patient care and treatment."
Professor David Haslam, President, Royal College of General Practitioners

Measuring quality

We can only be sure to improve what we can actually measure. Teams are using new methods to better measure the quality of the service that they provide to their patients. Clinical Dashboards are an example of one of the new techniques being used.[12] Twenty-two teams across the NHS are joining in this pilot, and from October this technology will be made available to every clinical team across England.

Running in parallel, the NHS Information Centre has developed the Consultant Team Summary Report to provide hospital consultants with secure online access to 12 key indicators that relate to their activity. I have found my information in this report most useful when looking to see how my team and I can improve the quality of care we provide to our patients.

Over the last year we have supported and encouraged teams across the NHS to collect meaningful data about what they do, and develop their own indicators of quality – enabling them to begin the journey of quality improvement.

It is only through measuring what we do in this way that teams can improve the quality of care for patients – by capturing data and harnessing technology, making information available to the whole team and taking collective responsibility for the results.

"From the outset it has been clear that the dashboard is a powerful tool to help clinicians understand the quality and effectiveness of their care. The dashboard in Bolton integrates a wealth of data related to practice performance, in addition to providing real-time data on patients' urgent care attendances and hospital admissions – providing an invaluable tool to integrate and proactively manage care across our local health economy – and providing the means to unlock the potential of Practice Based Commissioning."

Dr Anne Talbot, GP Clinical Director, user of GP Clinical Dashboard – NHS Bolton

Publishing quality information

The NHS must be accountable for the quality of care it achieves both to the people it serves and to the taxpayers who pay for it. For that reason, we made a commitment that every NHS organisation would publish annual Quality Accounts, just as they currently publish Financial Accounts.[13] Information about the quality of services will be available for patients to examine through these Quality Accounts, which will set out how local services are doing against the most important indicators of quality. They will make it clear to patients where an organisation is doing well compared with the national average and where there is room for improvement. Liverpool Heart and Chest Hospital NHS Trust, for instance, is at the cutting edge of quality reporting. It has developed indicators for each of its services – creating a transparent view right through the organisation and outwards to patients – accounting for its quality of care to the local population.

Liverpool Heart and Chest Hospital NHS Trust is at the cutting edge of quality reporting.

The next step along the road to improvement is developing the capability to **compare and benchmark** the data. Later in the year patients will also be able to access comparative data on trust and team quality performance via NHS Choices. This will help patients to make more informed choices about where they want to be treated.

The North West is at the forefront of quality measurement through its Advancing Quality scheme.[14] Over 34 hospitals collect identical data in five clinical areas: heart attack, heart failure, heart bypass operation, pneumonia and hip and knee surgery. Crucially, those indicators include measures which rate the patient's experience of care. Services will be able to compare themselves against others and will be rewarded for the improvement they make. As services improve, the bar will rise, challenging organisations to remain at the highest level.

"Since *Advancing Quality* went live at University Hospital of South Manchester in October 2008, clinicians' working practices have changed dramatically. By following a system of metrics and measures clinicians are driving the standardisation of care for suspected heart failure, and the inconsistent access to heart failure services has also been addressed. The programme has made a huge difference to the quality of care that patients receive across departments and has transformed the way in which we work for the better."

David Watson, University Hospital of South Manchester NHS Foundation Trust

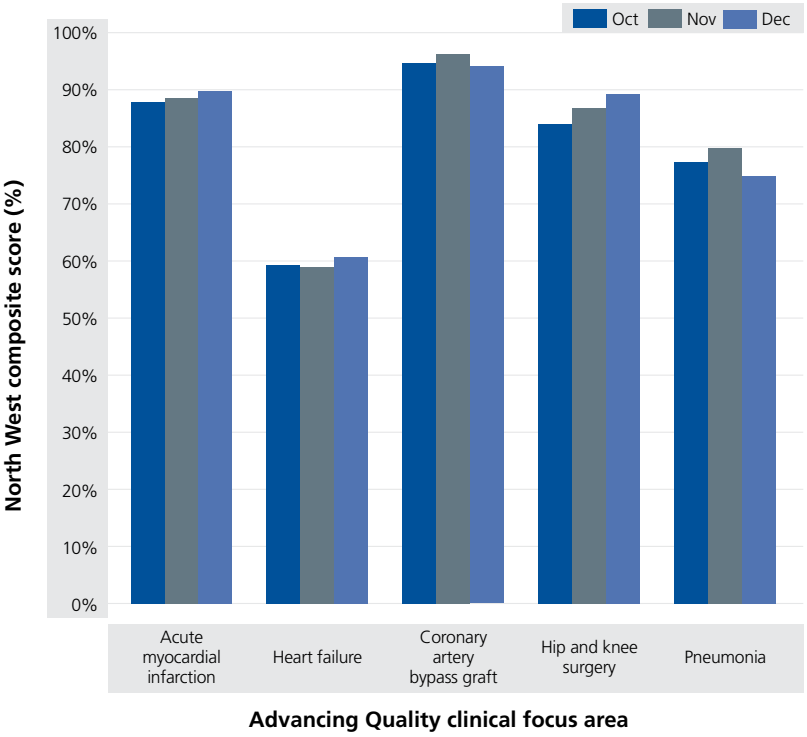
This graph shows the first set of composite data from the North West for the programme's first three months of formal data collection. It provides a starting point to help the North West to improve the quality of patient care, increase efficiency and drive quality to world class standards.

Three other regions, South Central, East Midlands and the South East Coast, will join the North West this year to implement similar programmes in their regions. Together they will extend these to cover new areas including primary and community services. This collaborative effort will help to transform practice.

To support local teams in selecting robust measures of quality, a set of Indicators for Quality Improvement has been developed in partnership with the Royal Colleges.[15] Its publication marks a major step in our quest to implement a new quality-focused system for patient care. The Indicators for Quality Improvement will bring transparency to quality, allowing teams to better compare their performance by benchmarking themselves against their peers.

Over the coming year we will explore how to help clinicians make best use of the data through the development of new tools. Indicators will be updated regularly, with new improved measures added, ensuring that a full range of services are covered.

North West composite score by clinical focus area
(First quarter – October to December 2008)



Note: This data has not been independently assured.

Recognising and rewarding improvement

Organisations that improve the quality of care for their patients should rightly expect that the system recognises and rewards them for the effort and investment that they make. The Commissioning for Quality and Innovation (CQUIN) payment framework came into effect in April 2009. Applying locally, this flexible and innovative framework links a modest proportion of healthcare providers' income to the achievement of goals around quality improvement and innovation.

It is already helping organisations to focus on quality, turning conversations that were purely about finance into conversations about quality.

For primary medical care, we have fulfilled the commitment we made in *High Quality Care for All* to establish a new, more transparent process for reviewing the clinical indicators in the Quality and Outcomes Framework (QOF) and for developing better indicators.[16] From April 2009, NICE has become responsible for the process to review and develop new indicators and will make its first recommendation this year.

> Nine out of the ten new medical directors have been appointed to provide clinical leadership of the health service in each region.

Raising standards: leadership for quality

Raising standards requires leadership, with frontline clinicians empowered and supported to make change happen. Building on the successful clinical engagement in the NHS Next Stage Review, we committed to boosting clinical leadership and involvement at all levels of the health service. Nine out of the ten new medical directors have been appointed to provide clinical leadership of the health service in each region. They are playing a central role in implementing each region's local vision and are spearheading quality improvement. Every region has established a Quality Observatory to support organisations to go further, championing local improvement. At a system level, we have established the National Quality Board, with members from regulators, professionals and patient groups. By bringing together all the different parts of the system it will ensure that the whole NHS and Social Care are properly aligned around the quality agenda.

"CQUIN has had a really dramatic effect locally. Monthly clinical quality reviews with the hospital were in place previously but now they have teeth. CQUIN has successfully raised the quality agenda to the same level as finance and performance within the NHS. It ensures that both commissioners and providers pay as much attention to delivery on quality as they do to activity targets. CQUIN has strengthened our working relationship with the hospital and has been a catalyst for a much more focused debate on how we can deliver world class patient care in Coventry."
Jacqueline Barnes, Head of Clinical Quality, Coventry PCT

We have established the National Leadership Council to help us secure a healthcare system with outstanding leadership and leadership development at every level to ensure high quality care for all. The National Leadership Council, comprising membership drawn from across healthcare and beyond, will focus initially on the areas of Clinical Leadership, Board Development, Emerging Leaders, Top Leaders and Inclusion. SHAs and trusts have started to use the first national guidance on Talent and Leadership, *Inspiring Leaders – Leadership for Quality*, to enable them to identify and develop leaders. We set out a clear leadership framework detailing accountability at all levels of the system to ensure that leadership drives improvement in quality, innovation and productivity.

Safeguarding quality: the role of intelligent regulation

All NHS professionals should be fully committed to keeping patients safe. Similarly all organisations providing NHS care need to ensure that care meets the levels of safety and quality that patients and other service users rightly expect. In April this year, the Care Quality Commission (CQC) began its work, with tough new enforcement powers to help ensure high quality care. These powers are already being used to tackle areas of concern such as infection control: in April, as its first formal action, the CQC registered NHS providers against statutory infection control requirements, and it did not shy away from setting conditions for 21 trusts identified as needing to make rapid improvements.

Following on from the Alberti and Colin-Thomé reviews of the serious problems at Mid Staffordshire, where major failings in care were spotted too late, the CQC will also place more emphasis on listening to the people who use services.[17] It will ensure that intervention, when needed, is both proportionate to the problem and rapid so that patients are kept safe.

"Assuring the quality of individual practice will be an important foundation in the drive for quality, and the implementation of medical revalidation is a key element of this."
Chief Medical Officer Sir Liam Donaldson, commenting on the role of intelligent regulation

Staying ahead: a pioneering NHS

Clinical practice is constantly improving, offering new opportunities to increase the quality of care. In a sense, this makes quality a moving target – to stand still is to fall behind. That is why innovation must not be the preserve of the few but a central part of daily life for all NHS staff. Innovation in healthcare does not just mean new drugs or devices, important as these are. It means clinical professionals finding new solutions to the problems they face in their daily working lives – from designing a new patient pathway to finding new ways to measure patient experience.

In April of this year, I was delighted to launch a £220 million fund, which will help and encourage the NHS to nurture, develop and spread these new ideas. This pioneering fund will support those NHS staff who struggle to get their innovative ideas off the ground and to the patient.

It is a problem I experienced as I developed new approaches within my specialty of keyhole surgery – innovation can be culturally threatening and often the funding is just not there to take the risk. This fund will help to create the conditions where innovation and its dissemination throughout the service can flourish. Alongside this sustained investment in innovation, we have also established Innovation Challenge Prizes, which are generating much excitement and will be the subject of fierce competition between NHS staff. The prizes reward breakthroughs in areas where we face the biggest health challenges. The rewards – of up to £1 million – will recognise the improvement to quality for patients and the efficient use of NHS resources.[18]

In April of this year, I was delighted to launch a £220 million fund, which will help and encourage the NHS to nurture, develop and spread these new ideas.

The NHS continues to be at the forefront of finding new ways of harnessing advancements in technology for the benefit of patients. For example, technology can help patients to better manage their own health – the NHS is leading the world in telehealth and telecare. In Cornwall and the Isles of Scilly they are being used to support people with long-term conditions as a part of the largest clinical trial of these technologies anywhere in the world. Telehealth allows patients to record vital signs such as blood pressure with easy-to-use equipment installed in their homes. Community matrons and GPs, who can intervene early if they are needed, monitor the results remotely. Telecare is helping people to live independent lives – for example, it is being provided to help people with dementia or those at risk of falling to stay at home more safely, using devices that track movements and prevent incidents such as the bath overflowing. Patients are better able to understand and take control of their care and remain where they want – in their own homes.

Our new **Academic Health Science Centres (AHSCs)** are set to lead the world in research and innovation.

The NHS should be recognised across the globe as a truly pioneering health system, constantly striving to push the boundaries of medicine and patient care. Our new **Academic Health Science Centres (AHSCs)** are set to lead the world in research and innovation. Five AHSCs – Cambridge University Health Partners, Imperial College, King's Health Partners, Manchester AHSC and University College London Partners – were designated by a panel of internationally renowned clinicians and researchers. They will rival the very best institutions such as Johns Hopkins Medicine in the US and Karolinska Institute in Sweden. These powerhouses of clinical medicine and research will act as the engine of new treatment and innovation in practice. The AHSCs' excellence in teaching and clinical practice will draw the best practitioners from across the globe.


Looking
forward

Local solutions led by NHS staff will always be the most effective way to deliver high quality care.

While central government has an important role in setting priorities and standards, it will never have the ability to make the changes that are needed at local and individual level. High quality care can only be delivered if NHS staff are given the freedom to use their talents and lead the improvements to services themselves. That is why this chapter will address empowering clinicians to lead change, giving greater freedom to the front line, equipping staff with the skills they need, aspiring for excellence and investing in training and development.

The common purpose of NHS staff is clearly laid out in the draft NHS Constitution, currently making its way through Parliament. The Constitution provides a powerful statement of the shared purpose and values of the NHS, as well as bringing together the rights and responsibilities of all NHS patients and staff. We all have a part to play if we are to fulfil the pledge made in the NHS Constitution that: *"All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients."*

Empowering clinicians to lead change

We have invested significantly in developing our leaders in the last year, recognising that it is only through strong leadership that we can deliver our vision for patients. It is our clinical leaders who will empower their own teams to improve the quality of care that they provide. In March the National Leadership Council, created to champion leadership across the NHS, met for the first time. Dr Mark Goldman, who has responsibility for clinical leadership on the council, makes the case for clinical leadership:

"Promoting clinical leadership is a key ambition which I have been asked to lead. My sense is that the timing is right. It arrives at a point when the NHS is moving forward from the 'push' of performance to the more enlightened 'pull' of patient quality and safety. Managers and clinicians at last feel at ease on the subject material if not yet the language. Aligned ambition across professional and managerial groups is the only way to deliver for the future…

"Even in its infancy, it feels like a movement. It has more than the ministerial thumbprint upon it. It has heart and soul, it is about people and what they need to deliver the most complex and important public service at the most complex and important time since the inception of the NHS."[19]

Across the country, programmes have been put in place to support clinicians to take on leadership roles – from early on in their professional careers to very senior roles at board level. NHS London, for example, is working with the London Deanery to establish a cohort of clinical leadership fellows. Fellows are seconded to the roles of Medical Directors/ Professional Executive Committee Chairs of trusts for a full year, during which they complete an accredited leadership programme and lead projects designed to accelerate new ways of working in their trusts and local communities.

"Promoting clinical leadership is a key ambition which I have been asked to lead. My sense is that the timing is right. It arrives at a point when the NHS is moving forward from the 'push' of performance to the more enlightened 'pull' of patient quality and safety. Managers and clinicians at last feel at ease on the subject material if not yet the language. Aligned ambition across professional and managerial groups is the only way to deliver for the future."
Dr Mark Goldman, Chief Executive, NHS Heart of England Foundation Trust and Clinical Leadership Champion, National Leadership Council

Clinical leaders in control

The support for clinical leadership is being put in place and it is now our responsibility to create a culture where all clinicians feel able and obliged to step up and lead the changes required to improve quality for patients. The next step is to shift the balance of control of services further, giving clinical leaders of services ownership of budgets and accountability for the quality and financial performance of services.

In primary care this shift has been under way for some time, with Practice Based Commissioning offering GPs and practice staff the opportunity to take more control over millions of pounds of NHS commissioning expenditure to achieve better outcomes for the local population. There is increasing support for this among GPs, and earlier this year we published a vision for Practice Based Commissioning to re-engage the primary care community.[20]

We now need to grow the appetite and ambition to do the same in the acute sector. Some trusts are already developing service line management – putting budgets in the hands of clinicians – within their organisations and Monitor, the independent regulator of Foundation Trusts, has advocated this approach for Foundation Trusts.[21] At Heart of England NHS Foundation Trust, clinical directors have been in charge of their services and budgets for some time.

> It is our clinical leaders who will empower their own teams to improve the quality of care that they provide.

Its Chief Executive, Dr Mark Goldman, is leading a major piece of work on developing clinical leadership on behalf of the new National Leadership Council. As part of this programme, I have asked him to work with Sir Bruce Keogh, the NHS Medical Director, to consider how we can embed the principles of service line management across the NHS.

Allowing clinicians to run their own services unleashes a new entrepreneurship – liberating a team's creativity to innovate in the way it delivers services – within clear boundaries. Clinical leaders will be able to make more decisions without deferring upwards. They will be able to make bids for investment to drive quality improvement and will be able to shape their services around the needs of their patients.

Greater freedom for staff to focus on quality

National targets play an important role in driving up the quality of care in priority areas. Without targets we would not have achieved dramatic results in reducing waiting times or reducing healthcare associated infections. National priorities will always have a legitimate role in any tax-funded health system, to continue to drive progress and delivery.

But if we are serious about giving staff more freedom to improve quality for their patients, we must give them more freedom to set their own clinical priorities. In my career I have achieved success by setting my own targets. National targets should only ever be seen as the minimum that patients can expect. I strongly believe that clinical teams, if empowered, will set their ambitions much higher than system-level expectations.

That is why the Secretary of State for Health, Andy Burnham, set out his intention to minimise the burden on frontline staff by reducing unnecessary data collection and removing obsolete targets and commitments. We will start by removing the redundant 13-week outpatient and 26-week inpatient performance targets and will commission a review of other targets and data collection commitments to ensure that they are necessary and fit for purpose.

Our aim is that data should only be collected if it is clinically relevant and important to patients. The review will be reflected in the 2010/11 Operating Framework.

High Quality Care for All also gave staff more freedom to run their own community services. In November last year, we gave community staff the 'Right to Request' to set up social enterprises – organisations with social objectives whose profits are reinvested to serve local communities and can be more innovative and responsive to patients' needs. This has generated considerable interest and we will announce the first wave of social enterprise projects in the autumn.

High Quality Care for All also gave staff more freedom to run their own community services.

Making it happen – equipping staff to improve quality

As discussed in chapter 2, good progress has been made in taking forward the quality agenda. Local teams are more consistently measuring what they do as a basis for improvement. However, measurement alone cannot be enough. Without the skills to improve, teams will not be able to systematically move the care they provide to a higher level. We need to give NHS staff the tools and the time to improve the quality of care based on what they measure.

The science of quality improvement within health services can appear to be forbidding territory. There are many methodologies, from evidence-based care to LEAN and the Institute for Healthcare Improvement's Plan, Do, Study, Act (PDSA) cycle.[22, 23] However, there are fundamental principles applicable throughout – a systematic, team-based, problem-solving process to continually move up the level of care provided – to implement and test the effects of ideas on quality outcomes.

This is not just theory. There are some excellent examples of quality improvement initiatives happening right across the country. The NHS Institute for Innovation and Improvement's Productive Ward initiative is increasing the amount of time nurses spend on direct patient care by implementing simple, standard changes.[24]

Salford Royal Foundation Trust is taking a 'whole systems' approach, embedding quality methods at all levels of the organisation and working towards excellence in clinical systems.[25] Bolton has implemented the Bolton Improving Care System, based on LEAN methodology, to improve the quality of care offered to patients and has notable successes in reducing the mortality rate for trauma. Many of these initiatives are inspired by pioneers such as Virginia Mason Medical Centre in the US and Jonkoping County in Sweden. We need to do more to spread these insights.

Collaboration is essential and should be the obligation of all those who subscribe to the quality agenda. Professionals and providers can learn from each other more efficiently and quickly than they can learn on their own. Quality Observatories and Health Innovation and Education Clusters will play an important role here and there are many other examples of collaborations, such as the Patient Safety First and Clinical Audit programmes.

"One of the rewarding things about the science of quality improvement is how egalitarian it is. Anyone can play a role in making meaningful changes given the time, the right tools and motivation." [26]
Don Berwick, President and CEO, Institute for Healthcare Improvement

Aspiring to excellence: the role of accreditation

Our aspiration for quality in the NHS should be nothing less than excellence, and clinicians should constantly compete with one another to find new and better ways to care for their patients. Their successes should be recognised and celebrated by the whole of the NHS. While we have robust systems in place to ensure that minimum standards of care are met through regulation, there is no coherent or comprehensive approach to recognising leading teams that are providing excellent standards of care. One way of recognising the teams that meet such levels of excellence is through greater use of accreditation. This has the potential to unleash healthy competition among clinicians across the country to provide the best care.

Accreditation schemes are already being used in different parts of the NHS, enabling clinicians to lead the way in healthcare quality. We now need to develop a new common approach to accreditation with a clear purpose, to recognise excellence. It should complement wider efforts to improve quality, while reducing the burden of assessment. It should build in an element of peer review to provide a holistic view of services.

The Royal Colleges have already started to work together to move towards a common approach. Over the next year, the Royal College of Physicians will examine the case for accrediting stroke service. Working with the Royal Colleges we will develop a consistent accreditation approach, beginning initially with a limited number of services and building up to extend this across every NHS service. The National Quality Board will play an important role in the development of this work.

Accreditation schemes are already being used in different parts of the NHS, enabling clinicians to lead the way in healthcare quality.

Fostering a high quality workforce

Improving the health and well-being of NHS staff

The NHS is on a mission to transform itself from a service focused on treating sickness to one that also promotes health and well-being. As the largest employer in the country, there is no better place to start with this agenda than with our own staff. Not only is a healthy workforce important for our own well-being and productivity, but it will also make NHS staff the best ambassadors for promoting healthy living to the patients they care for and the public with whom they engage. We are committed to this agenda and it is therefore essential that we all start to role-model healthy behaviours ourselves.

Therefore, just as we are increasing our focus on more preventive measures for our patients and the wider public, so too should we reconsider our approach to the health of NHS staff.[27] Rather than relying solely on occupational health services, we need to move towards a broader commitment to improving health and well-being across the workplace. That is why Steve Boorman's ongoing review into the health and well-being of NHS staff is of such importance. The review will report in the autumn and I want to encourage as many people as possible across the NHS to get involved as the recommendations are finalised, as they will go on to inform the 2010/11 Operating Framework.

Investing in training and development

Radical developments in the shape of primary care and community services, together with the shift of care from hospitals into the community, require different thinking about how those services are staffed. Since last year, care pathways, designed by clinicians to set out what the future of care should look like in each NHS region, are being actively used to determine the numbers and types of professionals we need for the future.[28] The East Midlands has adopted a systematic, dynamic approach – involving clinicians and service managers to model the consequences for the NHS workforce of major changes to stroke, trauma and maternity care. To support the NHS locally, a new Centre for Workforce Intelligence will begin its work in December. It will work closely with NICE to assess the impact of new developments and standards in clinical care to ensure that we plan the NHS workforce we need for the future.

The quality and safety of patient care depend on the quality of staff treating patients. This is why we have focused on improving the quality of healthcare education and training. Delivering a wholesale change in this area will not take place overnight, but in the last year important steps have been taken. Medical Education England (MEE) has been established to provide professional leadership of workforce planning and education. This clinical input to education is both important and essential, particularly in the face of new challenges. By the end of 2009, we will have set up similar bodies to ensure that nurses, midwives and allied health professionals have the same input.

We must invest in nurturing talent at every level and across the entire workforce. *High Quality Care for All* committed to doubling our investment in apprenticeships by 2012/13, and the Prime Minister has subsequently announced 5,000 additional apprenticeships this year. They will cover traditional apprenticeship roles such as estates and maintenance, but many of them will also be in clinical support roles such as healthcare assistants.

High Quality Care for All committed to doubling our investment in apprenticeships by 2012/13.

We spend £4.6 billion a year on education and training. Ensuring value for money from this investment has never been more important. Our reform of funding – replacing the historical funding for Multi-Professional Education and Training (MPET) with a tariff-based system – will be implemented by April 2010. The tariff will bring greater transparency to funding. Money will now follow the trainee professional – which will help drive up the quality of education.

But these incremental steps are not enough. We must have greater ambition – to become global leaders in healthcare education. In December we will announce the first wave of **Health Innovation and Education Clusters** – new alliances between the NHS, the higher education sector and industry. Building on our strong tradition of medical education in Britain, they will harness creativity and innovation, giving professionals in training access to the breadth and depth of expertise to ensure excellence. Along with AHSCs, they have the potential to attract the best clinical minds from across the world. For patients, this is set to accelerate the pace at which innovative treatments and medicines become available for their treatment.

Where next?

Quality must become personal and individual to everyone working in the NHS. We must develop a culture inside organisations where quality is talked about – from every GP practice through to every hospital ward and every board. It means supporting staff as they step up to the challenge of raising quality, promoting dialogue and discussion about how things can be done differently and looking out to the communities we serve for our inspiration for change. High quality care for all will be accomplished through thousands of small changes, through the courage and leadership of frontline staff, sustained and supported by an NHS system with quality at its heart.

Clinicians must be prepared to step up and take the lead. Two years ago I was offered the great privilege of joining the Government to help improve the health service. It was perhaps the biggest risk of my career, but I agreed to step up to the challenge of setting the direction for the NHS for the decade ahead. Today, the next challenge is to achieve a change in the way we think and work as professionals so that we always put quality first and foremost.

Today, the next challenge is to achieve a change in the way we think and work as professionals so that we always put quality first and foremost.

This means individual clinicians taking a lead to raise the quality of care for their patients. It is easy to stand by and criticise. It is much harder to work with others to make things better. Just as the 2,000 clinicians took the lead to redesign care for patients during the NHS Next Stage Review, clinicians across the country should get involved and lead the changes that will improve the quality of care for their patients.

Our task now is to ensure that we implement the vision for improved quality laid out in the NHS Next Stage Review – locally and nationally – but that we do so in a way that maximises productivity, stimulates innovation and supports people to stay healthy.

"And what you need to do is say to people, it's in your hands... People feel that they're powerless. And what I think they don't realise is the power that they've got… I don't know, it might just be me, but I think the power is in my hands."
Patients' Council, North East Manchester sector

References

[1] Since July 2008 NICE has published six pieces of technology appraisal guidance developed through its fast track Single Technology Appraisal process, of which 50% were available in draft within six months of the drug's market authorisation. This compares with 17% of all the Single Technology Appraisals published before July 2008.

[2] See the Marie Curie Delivering Choice Programme – http://deliveringchoice.mariecurie.org.uk

[3] Department of Health, *End of Life Care Strategy: Promoting high quality care for all adults at the end of life*, July 2008.

[4] *High Quality Care for All* committed to piloting personal health budgets in the NHS as a way of giving greater control to patients over the services they receive. Pilot sites will initially offer notional budgets or budgets held by a third party but the patient would be able to choose how they are spent. When new legislation currently going through Parliament comes into force, some pilots will also test direct payments, where an individual will receive money directly and pay for their own services as agreed in their care plan.

[5] Figures from the 2009 GP Patient Survey, published 30 June 2009.

[6] £330 million is invested within PCTs' baselines for the period 2008/09–2010/11.

[7] A stroke in the UK happens every five minutes and 30% of those affected die. The condition is also the leading cause of disability in this country and devastates the lives of an increasing number of patients every year. Thrombolysis is a treatment which can drastically improve outcomes for people suffering from stroke or transient ischaemic attack (TIA). Around 80% of strokes are caused by a blood clot which can be treated by thrombolytic (clot-busting) drugs – but time is of the essence. Thrombolysis has to be administered within three hours of the onset of symptoms to achieve the best possible outcome for the patient.

[8] National Audit Office, *Reducing Healthcare Associated Infections in Hospitals in England*, 12 June 2009.

[9] In line with the work being done as a result of *High Quality Care for All*, Professor Jimmy Steele has just published his independent review of NHS dental services, which recognises the importance of preventive measures.

[10] Vascular diseases include heart disease, stroke, type 2 diabetes or kidney disease.

[11] NICE Monthly Report on NHS Evidence, 30 April to 31 May 2009.

[12] A Clinical Dashboard is a toolset developed to provide clinicians with the relevant and timely information they need to inform daily decisions that improve the quality of patient care. See www.connectingforhealth.nhs.uk/systemsandservices/clindash

[13] All providers that provide NHS acute healthcare services are to prepare a Quality Account in respect of the financial year 2009/10. When primary care providers, including GPs, dentists and some optometrists, are required to register with the Care Quality Commission, they will be brought into the Quality Accounts regimen by way of further regulations. Depending on the outcome of this work on registration, it might therefore be possible for these groups of providers to be ready to produce Quality Accounts in 2012.

[14] www.advancingqualitynw.nhs.uk

[15] www.ic.nhs.uk/services/measuring-for-quality-improvement

[16] The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

[17] Alberti G, *Mid Staffordshire NHS Foundation Trust: A review of the procedures for emergency admissions and treatment, and progress against the recommendation of the March Healthcare Commission report*, 29 April 2009; Colin-Thomé D, *Mid Staffordshire NHS Foundation Trust: A review of lessons learnt for commissioners and performance managers following the Healthcare Commission investigation*, 29 April 2009.

[18] In January, the Prime Minister announced the establishment of the Office for Life Sciences (OLS) to look at how the life sciences sector can contribute to ensuring that the UK has a strong economy when we come out of the current downturn. The NHS is a key component to delivering on this work. Lord Drayson, Minister of Science at the Department for Business, Innovation and Skills, aims to publish a blueprint of the OLS work before the summer recess.

[19] www.hsj.co.uk/home/clinical-leaders/mark-goldman-on-clinical-leaderships-tipping-point/5001060.article

[20] Department of Health, *Clinical commissioning: our vision for practice-based commissioning*, 4 March 2009.

[21] Service line management has been practised in businesses for many years. Each service line becomes a business unit in its own right, with profit and loss reported at that level rather than aggregated for the whole organisation. A clinical leader typically has accountability for the budget.

[22] LEAN is an organisational approach to improve flow and eliminate waste that was developed by Toyota. LEAN is about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.

[23] The Plan, Do, Study, Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results and acting on what is learned. This is the scientific method used for action-oriented learning.

[24] www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

[25] www.srft.nhs.uk/news-media/publications/quality-improvement-strategy-2008-11

[26] Donald Berwick, MD, MPP, FRCP, President and CEO, Institute for Healthcare Improvement, is one of the US's leading authorities on healthcare quality and improvement issues. He is also Clinical Professor of Pediatrics and Health Care Policy at Harvard Medical School.

[27] This will be aligned with the work we are doing at a national level to promote health and well-being. As part of our Healthy Weight, Healthy Lives strategy we have established the Change4Life movement: 'eat well, move more, live longer'. Physical inactivity is also estimated to cost an average of £5 million per PCT each year. In response we launched *Be Active, Be Healthy – a plan for getting the nation moving*.

[28] Each SHA considered eight clinical pathways of care as part of the NHS Next Stage Review (maternity, children, staying healthy, long-term conditions, end of life, mental health, acute and planned care).

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