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NHS

for the NHS leadership community

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news



Read inside about the first NHS Future Forum meeting and the views of its chair Professor Steve Field, as well as the NHS Management Board's workshop with GP commissioners

update

One of the most enjoyable and important elements of my role is making the time to visit the NHS and to hear from patients and staff about what is happening out in the service locally. This month I spent some time visiting NHS organisations in Cheltenham, Hereford and Worcestershire.

In Cheltenham I spoke to staff and patients at Charlton Lane Hospital, a newly refurbished hospital providing services for older people with functional mental health problems and people with dementia. I was struck by the way the hospital has installed and adopted state of the art technology to ensure the safety and comfort of patients. While at Worcestershire Royal Hospital, I was shown around the maternity services, the enhanced recovery programme and the cardiac catheter suite, and was impressed by the commitment shown by the staff I met at these units.

In Hereford I visited the newly created Wye Valley NHS Trust, which on 1 April became the first integrated care organisation in England, bringing together acute, community health and adult social care services. It is already clear that this single organisation with truly integrated services has major patient benefits. Talking to staff and learning about the great work being done in local services is the best

reminder for me of why we are all here - to improve quality for our patients.

At a time when the NHS is particularly subject to intense levels of scrutiny and debate in Parliament and in the media, it is even more important that we each step back briefly and ensure we are still absolutely focused on our patients and their quality of care. Although it is hard not to be interested in the discussions around us, we cannot be diverted from our core responsibilities.

In my latest transition letter of earlier this month, I touched on a number of important areas as we move from one financial year to the next. That the NHS had another very strong year last year is something for us all to be proud of, continuing to deliver for our patients and make improvements through an exceptionally cold winter. But of course there is always more that we can do for our patients and this must be our guiding principle as we move in to the coming year. It is critical that we maintain and improve our performance for our patients.

The extent of our ability to continue to improve for our patients will depend on living within our means and meeting the quality and productivity

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NHS Leadership Team

challenge. The Innovation Expo last month was a great example of just some of the work going on to make real improvements for our patients, from adopting best practice and implementing new technologies, to basic changes in the way that we work. Innovating to drive up quality and productivity is where our focus must be.

Of course making real improvements, especially in a challenging financial environment, means making difficult or complex decisions. It means changing services so that they are more effective and better connected around patient needs and it means almost always asking our staff to work in different ways. But this is what we in the NHS leadership are here to do and we have major opportunities to get services right for patients.

There is already a real momentum for change across the service as we make quality improvements and we must maintain that momentum during the transition and beyond. It is important too that we remember that service change is not necessarily or only about saving money but comes with investment too – investment in more efficient and effective services that by their nature will improve quality for our patients.

Finally, I would like to remind you of the important opportunity we have to shape the details of the new system and its operation through taking part in the listening exercise announced earlier this month. It is important

that you encourage as many people across your regions and communities to take part and to contribute their thoughts and comments on how we proceed with implementation of the modernisation principles.

The NHS Future Forum membership – chaired by Professor Steve Field – has now been announced and I know that Steve and his colleagues have already been to a number of events, with many more lined up. Information about the group, the engagement process and how to feed back is online at <http://healthcare.dh.gov.uk>. I hope that many of you will be hosting or facilitating discussions for your local communities, seeking views from health and social care, patients and the public.

I understand and recognise this is a challenging time for the NHS, keeping our focus on delivery and maintaining the momentum and great progress made to date on the transition. I believe the NHS leadership has stepped up to meet this challenge and would like once again to thank you and your teams for your ongoing commitment and hard work. The NHS has had a strong past year and I am confident that we will be able to improve again for our patients as we move forward.

Best wishes,

Sir David Nicholson,
NHS Chief Executive

NHS Future Forum in listening mode

Wednesday 13 April saw the first meeting of the NHS Future Forum, bringing together a wide range of NHS professionals, patient and public representatives, and other stakeholders.

Their task is to consider improvements to the current Health Bill, focusing on four key themes led by four key members of the Forum – choice and competition (Sir Stephen Bubb, Chief Executive of ACEVO), education and training (Julie Moore, Chief Executive of Birmingham University Hospitals NHS Foundation Trust), patient and public accountability (Geoff Alltimes, Chief Executive of the London Borough of Hammersmith and Fulham), and clinical advice and leadership (Kathy Mclean, Medical Director of Yorkshire and Humberside SHA).



The Forum's brief is to make recommendations to Government about the content of the Health Bill. Many stakeholders agree on the principles that should underlie change – that control should be locally devolved, for example – but the Forum is discussing and engaging others on how those principles can best be put into practice.

The NHS Future Forum is Chaired by Professor Steve Field, a practising GP from Birmingham, and past President of the Royal College of General Practice, who emphasises the opportunity that the Forum's existence opens up:

'We have managed to bring together a group of over 40 key stakeholders representing a very wide range of interests and professional groups to consider the Government's reform programme. When we met for the first time last Wednesday there was a certain amount of electricity in the room – I think we all realise that the Prime Minister, Deputy Prime Minister and Secretary of State have given us a fantastic opportunity to make a real difference to the contents of the Health Bill.'

'It's going to be hard work, but it's also going to be fascinating to try to distil the views of thousands of people into a clear steer for Government.'

Steve Field has written to colleagues in the NHS encouraging them to get involved in the listening exercise and make their views known.

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_126420

The NHS Future Forum is due to report back to the Government by the end of May. Their recommendations will be considered and acted upon.

More information is at
<http://healthandcare.dh.gov.uk/category/conversations/listening-exercise-conversations/>

'the month' talks to the NHS Future Forum chair

The first NHS Future Forum meeting was held last week chaired by Professor Steve Field and he exclusively gave 'the month' his thoughts



What's the aim of the Forum?

We want to talk about the Government's plans for NHS reform with as wide a group of people as possible. The NHS employs over a million people, and there are literally hundreds of different representative groups to engage, so this will be hard work. But the result – improvements to the current Health Bill – should be well worth it.

Is it just a PR stunt?

Absolutely not. We all recognise the inevitable cynicism that often accompanies attempts to get people's views – but I would not have accepted this role if I didn't think that this represents a meaningful opportunity to make a real difference to the reform plans.

Who is on the Forum?

A really wide range of people. Nurses, surgeons, physicians, GPs, managers, public health and public and patient representatives are all involved, among others. It can be very difficult to make sure that every single group of people is represented, and we keep the membership of the Forum under review in case we've missed something important. But I suspect that it is now broadly representative.

What is its scope? How much could change as a result?

My feeling is that there is actually a lot of consensus about the key principles that underpin the Bill. A great many people agree with the idea that power should be devolved to local levels, rather than trying to run the NHS from Whitehall, for instance. What is not so clear is whether the Bill puts those principles into practice as well as possible – and it's this that we will really be getting to grips with.

The Forum is looking at four key areas, which are being led by four of its members. I think we do need to bring some sense of definition and direction to what we are doing, but we are not ruling out broader discussions.

Sir Stephen Budd, Chief Executive of ACEVO, is leading work on choice and competition, Kathy McLean, Medical Director at East Midlands SHA is leading the clinical engagement workstream, Julie Moore, Chief Executive at University Hospitals Birmingham NHS Foundation Trust is leading on education and training, while Geoff Alltimes, Chief Executive of the London Borough of Hammersmith and Fulham is leading work on patient and public involvement.

How are you going to engage about something so important, with so many people?

On one hand we are in the process of arranging national level meetings. There are well over 100 of these so far. But on the other, we are also very keen to get around the country and speak to patients, the public and frontline NHS staff as far as possible.

Ultimately there will only be so many opportunities for face-to-face events that we can arrange, but anyone and everyone can make a contribution by going to the NHS modernisation website: <http://healthandcare.dh.gov.uk/>

What is the timescale?

The Government has asked us to report back to them by the end of May so that changes can be made to the Bill. We recognise concerns in the NHS that this hiatus could be damaging, so don't want to take months and months, but we do need to balance that against the need to have a meaningful conversation with as many people as possible.

Once the Government has received our report, it will respond and set out the changes it will make as a result.

Any emerging themes yet? What do you think the recommendations of the Forum will be?

It's too early to say. While we all have our own point of view on the Bill, it's really important to remember that this is a listening exercise.

Having said that, we have already had some meetings and many discussions. One of the interesting things that is emerging is that while clinically-led commissioning is clearly the way forward, it may need to involve a broader range

of staff than GPs. We do need to think about how we can break down those traditional barriers between primary and secondary care, and also how we can ensure that services become better integrated on patients' behalf, rather than more fragmented.

So how was the first Forum meeting?

Very, very interesting. We really have a great group of people, and by no means do they all agree with all of the reforms. But it's exactly that range of views that we need to capture if we are to make real and substantive recommendations to Government. I'm really looking forward to our next meeting.

For further information go to <http://healthandcare.dh.gov.uk/>

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NHS Management Board listen to GP commissioners

The NHS Management Board met with 10 lead GPs from commissioning consortia pathfinders on 12 April at a workshop designed to understand each other's perspective and agree some actions to take forward.

This was a timely meeting, following the Secretary of State for Health's announcement of the NHS listening exercise, and was an opportunity for the Board to hear from emerging consortia leads their perspective on the proposed NHS reforms.

The 10 GPs gave a joint presentation to the Board. They described how a GP-led commissioning system focused on patient outcomes and clinically driven would benefit patients. They also highlighted the contribution that GP commissioning consortia can make to better integrate health services locally and improve referral management, ensuring patients receive the right care, in the right place.

Working in small groups, members of the Management Board and the GPs discussed the challenges of implementation and the support and advice that emerging consortia will need from the Department. This included, for example, the authorisation process for consortia and their governance arrangements.

Following a short presentation from Dame Barbara Hakin, the groups discussed the type of commissioning support that emerging consortia might require. Sir David closed the workshop, thanked the GPs for attending and summarised the key actions and messages to take away: that subject to what comes out of the current listening process, it will be important to engage the pathfinder movement in driving forward local reforms working closely with a wide range of clinicians; to produce timely guidance and advice for emerging consortia; and engage with consortia on the 2012/13 planning system.

Dame Barbara reflected that 'this meeting was a great opportunity for the NHS Leadership Team and the leaders of emerging consortia to share their thoughts and ideas about the evolving new system. We took away from the event a range of actions, covering areas such as authorisation and commissioning support development, which we will work on together over the coming weeks.'

Dr Jim O'Donnell, chair of Slough's GP Clinical Commissioning Consortium, who attended the workshop said that clinical commissioning had the potential to change behaviour at all levels - GPs and consultants, clinicians and non-clinicians, patients and the public - to deliver real health outcomes cost-efficiently and at scale.

'We are clear and positive about the proposed changes, and want to work with DH to inspire public confidence in them. Without these changes the NHS will not survive. The public need to understand why this is so. We meanwhile insist that nothing less than superb governance and accountability will suffice for the new system - both at local and at national level.'

'The scope of the changes are enormous, and certainly need to be properly resourced. We are working hard actively developing a better educated workforce in primary care, more highly motivated to perform and achieve, more

accountable and more responsible. We demonstrated some of our achievements to date at the workshop, and came away re-energised and re-invigorated in our commitment to continue our leadership and achieve real delivery on commissioning,' he said.

Dr. Shane Gordon, GP Commissioning Lead for NHS East of England, said he and his colleagues were delighted to be asked to contribute to this workshop. 'It was a great opportunity to showcase GP pathfinders' creativity, energy and commitment to public service values. The workshop was very constructive and I was impressed with the receptiveness of the NHS Management Board to our ideas and challenges. We came away with a sense of optimism that the commitment to co-production is genuine and we will look forward to seeing how that constructive dialogue will continue.'

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New GP pathfinder bulletin launched

A new monthly bulletin has been launched to support the GP pathfinder consortia in their work to develop and implement their new commissioning responsibilities.

The bulletin will contain a mix of news from the Department of Health about commissioning development and the wider modernisation programme; updates from the primary care organisations the Department is working with; progress reports and examples of work from pathfinders around the country; and news on the listening exercise and the work of the NHS Future Forum.

Four cohorts of pathfinders have been announced since last December and there are now over 200 pathfinder groups across England, covering

almost 90% of the population. The consortia are clinically-led and by bringing this clinical expertise to the forefront of the commissioning process, pathfinders can play a key role in improving the quality of services offered to patients and the outcomes achieved.

The bulletin will be posted each month on the Pathfinder Learning Network – an online space which provides support, resources and information for pathfinder consortia and the wider health community.

Read the first issue and find out more at
<http://healthandcare.dh.gov.uk/category/pathfinder-learning-network/>

Good response to workforce plans

Consultation on proposals for a new framework around planning and developing the healthcare workforce closed on 31 March 2011.

We received over 500 responses to *Liberating the NHS: Developing the Healthcare Workforce*, from a wide range of individuals and organisations across the health and education sector.

The consultation process reaffirmed the critical role that education and training has to play in the continued improvement of NHS and public health services in England.

Following the announcement by Secretary of State Andrew Lansley that the Government would pause, listen, reflect and improve the Health and Social Care Bill, a NHS Future Forum has been established to facilitate engagement of the listening exercise. Professional education and

training and the way it can support the aims of the modernisation process is one of the four themes of the listening exercise. Julie Moore (Chief Executive of University Hospitals Birmingham NHS Foundation Trust) will lead the engagement on education and training on behalf of the NHS Future Forum.

It is important that we take into account both the views collated from the consultation and the listening exercise to consider how we may implement any changes to education and training arrangements, and make sure that there is a smooth transition to a potential new system. The Department will publish a response to the consultation in due course.

Read about the closed consultation at
www.dh.gov.uk/en/Consultations/Closedconsultations/DH_122590

The Quarter, quarter 3 2010/11

David Flory's report for the third quarter of 2010/11 provides a summary of the NHS financial position and performance against the national priorities set out in the Revision to the Operating Framework for the NHS in England 2010/11.

Severe weather conditions and influenza bought challenges in this quarter but the service coped well to maintain levels of performance, although there are still some areas which could benefit from improvement.

This is a crucial and unique time for the NHS and it is critical that organisations keep their focus on ensuring patients get timely, high quality care.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_087335

62 practices to trial new dental contract

For the first time, from this summer, dentists will be paid for the quality of the treatment they give rather than the number of treatments provided.

Sixty-two dental practices have been selected to trial a new dental contract that will help improve outcomes for patients. The trials are being carefully designed to improve the quality of patient care and increase access to NHS dental services with the added objective of improving the oral health of children.

The new contract will be based around capitation, registration and quality. This means that, for the first time, dentists will be rewarded for the quality of care they deliver for patients rather than the number of treatments carried out.

Three different models will be piloted across England starting in the summer. Each model will be slightly different in order to provide information and evidence on various aspects of the proposals; this will help better inform the development of the new national contract.

The pilots will run for at least 12 months with scope to extend further if they are successful. Once the new contract is designed proposals will be published for consultation.

Read more at www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_125973

May conference update

Date	Name of conference	Where	Useful weblinks
10-11 May	NICE Annual Conference 2011	ICC Birmingham	For more information go to: www.niceconference.org.uk
16-18 May	Patient Safety Congress 2011	ICC Birmingham	For more information go to: www.patientsafetycongress.co.uk