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High Quality Care For All

NHS Next Stage Review Final Report – Summary

DH Department of Health

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Summary letter

Our NHS – Secured today for future generations by Lord Darzi

An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart.

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

This year the NHS is 60 years old. We are paying tribute to a service founded in adversity, from which were established enduring principles of equal access for all based on need and not ability to pay. We are celebrating a national institution that has made an immeasurable difference to millions of people's lives across the country.

Quite simply, the NHS is there when we need it most. It provides round the clock, compassionate care and comfort. It plays a vital role in ensuring that as many of us as possible can enjoy good health for as long as possible – one of the things that matters most to us and to our family and friends.

The journey so far

I know the journey we have all been on from my own experience as an NHS clinician working in partnership with professional colleagues across the service.

I used to be the only colo-rectal surgeon in my hospital; today I am a member of a team of four surgeons, working in a network that reaches out into primary care. Ten years ago, we had one part-time stoma nurse. Today we have two full-time stoma nurses, two specialist nurses and a nurse consultant.

Ten years ago, my patients would sometimes wait over a year for treatment, and now they wait just a few weeks – and even less if cancer is suspected. My patients are treated using keyhole surgery enabling them to leave hospital in days rather than weeks. My team's conversations about quality take place in weekly multidisciplinary meetings rather than in corridors. Together, these changes have meant real improvements for patients.

I have seen for myself the NHS getting better, and I have heard similar stories from other clinical teams throughout the country over the course of this Review. These achievements were enabled by the investment of extra resources,[1] by giving freedom to the frontline through NHS foundation trusts, and by ensuring more funding followed patient choices. They were delivered by the dedication and hard work of NHS staff who were determined to improve services for patients and the public.

1 In 1996/7, the budget for the NHS in England was £33 billion; in 2008/9 it is £96 billion.

The next stage of the journey

My career is dedicated to improving continuously the quality of care we provide for patients. This is what inspires me and my professional colleagues, and it has been the guiding principle for this Review. We need to continue the NHS journey of improvements and move from an NHS that has rightly focused on increasing the quantity of care to one that focuses on improving the quality of care.

There is still much more to do to achieve this. I have continued my clinical practice while leading the Review nationally. I have seen and treated patients every week. Maintaining that personal connection with patients has helped me understand the improvements we still need to make. It has driven me to focus this Review on practical action.

It is because of this that I have been joined in this Review by 2,000 clinicians and other health and social care professionals from every NHS region in England. Their efforts, in considering the best available evidence and in setting out their own visions for high quality services (described in *Chapter 1*), have been the centrepiece of this process.

Their visions – developed in discussion with patients, carers and members of the general public – set out bold and ambitious plans. I am excited by the local leadership they demonstrate and the commitment of all those who have been involved.

In developing the visions, the NHS has had to face up to significant variations in the quality of care that is provided. Tackling this will be our first priority. The NHS needs to be flexible to respond to the needs of local communities, but people need to be confident that standards are high across the board.

Delivering the visions will mean tackling head on those variations in the quality of care and giving patients more information and choice. The message they send is that the programme of reform that has been put in place has been unevenly applied and can go much further.

We also need to accelerate change for other reasons. *Chapter 2* describes the changes facing society and healthcare systems around the world. It sets out how the NHS in the 21st century faces a particular set of challenges, which I would summarise as: rising expectations; demand driven by demographics; the continuing development of our 'information society'; advances in treatments; the changing nature of disease; and changing expectations of the health workplace. These are challenges we cannot avoid. The NHS should anticipate and respond to the challenges of the future.

My conclusions, and the measures described in this report, focus on how we can accelerate the changes that frontline staff want to make to meet those challenges, whilst continuing to raise standards.

The vision this report sets out is of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically

effective, personal and safe. It will see the NHS deliver high quality care for all users of services in all aspects, not just some. I set out below the key steps we must take to deliver this vision.

High quality care for patients and the public

Throughout this Review, I have heard clearly and consistently that people want a greater degree of control and influence over their health and healthcare. If anything, this is even more important for those who for a variety of reasons find it harder to seek out services or make themselves heard.

Personalising services means making services fit for everyone's needs, not just those of the people who make the loudest demands. When they need it, all patients want care that is personal to them.[2] That includes those people traditionally less likely to seek help or who find themselves discriminated against in some way. The visions published in each NHS region make clear that more support is needed for all people to help them stay healthy and particularly to improve the health of those most in need. *Chapter 3* explains how we will do this including by introducing new measures to:

Create an NHS that helps people to stay healthy. For the NHS to be sustainable in the 21st century it needs to focus on improving health as well as treating sickness. This is not about the 'nanny state'. As a clinician, I believe that the NHS has a responsibility to promote good health as well as tackle illness.

Achieving this goal requires the NHS to work in partnership with the many other agencies that also seek to promote health. Much progress on closer working has been made in recent years. In line with my terms of reference,[3] this reports focuses on what the NHS can do to improve the prevention of ill health.

The immediate steps identified by this Review are:

- **Every primary care trust will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of their local populations**. Our efforts must be focused on six key goals: tackling obesity, reducing alcohol harm, treating drug addiction, reducing smoking rates, improving sexual health and improving mental health.

- **A Coalition for Better Health, with a set of new voluntary agreements between the Government, private and third sector organisations on actions to improve health outcomes**. Focused initially on combatting obesity, the Coalition will be based on agreements to ensure healthier food, to get more people more physically active, and to encourage companies to invest more in the health of their workforce.

2 Opinion Leader Research, Key findings of 18 September 2007 *Our NHS, Our Future* nationwide consultative event.

3 Terms of Reference available at www.ournhs.nhs.uk

- **Raised awareness of vascular risk assessment through a new 'Reduce Your Risk' campaign**. As we roll out the new national programme of vascular risk assessment for people aged between 40 and 74, we will raise awareness through a nationwide 'Reduce Your Risk' campaign – helping people to stay healthy and to know when they need to get help.

- **Support for people to stay healthy at work**. We will introduce integrated Fit for Work services, to help people who want to return to work but are struggling with ill health to get back to appropriate work faster.

- **Support GPs to help individuals and their families stay healthy**. We will work with world-leading professionals and patient groups to improve the Quality and Outcomes Framework to provide better incentives for maintaining good health as well as good care.

We will give patients more rights and control over their own health and care. I have heard the need to give patients more information and choice to make the system more responsive to their personal needs. We will:

- **Extend choice of GP practice**. Patients will have greater choice of GP practice and better information to help them choose. We will develop a fairer funding system, ensuring better rewards for GPs who provide responsive, accessible and high quality services. The NHS Choices website will provide more information about all primary and community care services, so that people can make informed choices.

- **Introduce a new right to choice in the first NHS Constitution**. The draft NHS Constitution includes rights to choose both treatment and providers and to information on quality, so that, wherever it is relevant to them, patients are able to make informed choices.

- **Ensure everyone with a long-term condition has a personalised care plan**. Care plans will be agreed by the patient and a named professional and provide a basis for the NHS and its partners to organise services around the needs of individuals.

- **Pilot personal health budgets**. Learning from experience in social care and other health systems, personal health budgets will be piloted, giving individuals and families greater control over their own care, with clear safeguards. We will pilot direct payments where this makes most sense for particular patients in certain circumstances.

- **Guarantee patients access to the most clinically and cost effective drugs and treatments**. All patients will receive drugs and treatments approved by the National Institute for Health and Clinical Excellence (NICE) where the clinician recommends them. NICE appraisals processes will be speeded up.

The common theme of these new measures for patients is improving quality. It must be the basis of everything we do in the NHS.

Quality at the heart of the NHS

In my career as a surgeon, I try to do my best to provide patients with high quality NHS care – just like hundreds of thousands of other staff. This has been my guiding principle as I have led this Review.

High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.

As independent research has shown,[4] the NHS has made good progress over the past decade in improving the overall quality of care for patients. During this period, improvements in quality were focused primarily on waiting times, as basic acceptable standards of access to A&E and secondary care were established, and on staffing levels and physical infrastructure.

Today, with the NHS budget approaching £2 billion a week, more staff, and improvements in the quality and availability of information, quality can be at the heart of everything we do in the NHS. It means moving from high quality care in some aspects to high quality care in all.

We will raise standards. The visions set out for each NHS region and formed by patients' expectations are ambitious for what the NHS can achieve. *Chapter 4* of this report sets out the measures that will enable us to meet these standards:

- **Getting the basics right first time, every time**. We will continue to seek improvements in safety and reductions in healthcare associated infections. The Care Quality Commission will have new enforcement powers. There will be national campaigns to make care even safer.

- **Independent quality standards and clinical priority setting**. NICE will be expanded to set and approve more independent quality standards. A new National Quality Board will offer transparent advice to Ministers on what the priorities should be for clinical standard setting by NICE.

- **For the first time we will systematically measure and publish information about the quality of care from the frontline up**. Measures will include patients' own views on the success of their treatment and the quality of their experiences. There will also be measures of safety and clinical outcomes. All registered healthcare providers working for, or on behalf of, the NHS will be required by law to publish 'Quality Accounts' just as they publish financial accounts.

4 S Leatherman and K Sutherland, *The Quest for Quality: Refining the NHS Reforms*, Nuffield Trust, May 2008 and K Davis et al., *Mirror, Mirror on the Wall: An international update on the comparative performance of American healthcare*, Commonwealth Fund, May 2007.

- **Making funding for hospitals that treat NHS patients reflect the quality of care that patients receive**. For the first time, patients' own assessments of the success of their treatment and the quality of their experiences will have a direct impact on the way hospitals are funded.

- **For senior doctors, the current Clinical Excellence Awards Scheme will be strengthened, to reinforce quality improvement**. New awards, and the renewal of existing awards, will become more conditional on clinical activity and quality indicators; and the Scheme will encourage and support clinical leadership of service delivery and innovation.

- **Easy access for NHS staff to information about high quality care**. All NHS staff will have access to a new NHS Evidence service where they will be able to get, through a single web-based portal, authoritative clinical and non-clinical evidence and best practice.

- **Measures to ensure continuous improvement in the quality of primary and community care**. We have just completed our consultation on proposals to bring all GP practices and dental practices within the scope of the new health and adult social care regulator, the Care Quality Commission.[5] We will introduce a new strategy for developing the Quality and Outcomes Framework which will include an independent and transparent process for developing and reviewing indicators. We will support practice accreditation schemes, like that of the Royal College of General Practitioners.

- Developing **new best practice tariffs focused on areas for improvement**. These will pay for best practice rather than average cost, meaning NHS organisations will need to improve to keep up.

We will strengthen the involvement of clinicians in decision making at every level of the NHS. As this Review has shown, change is most likely to be effective if it is led by clinicians. We will do this by ensuring that:

- **Medical directors and quality boards feature at regional and national level.** These will complement the arrangements at PCT level that are developing as part of the World Class Commissioning programme.

- **Strategic plans for delivering the visions will be published later this year by every primary care trust**. Change will be based on the five principles I set out earlier this year in *Leading Local Change*.[6]

- There is clear **local support for quality improvement**. A new 'Quality Observatory' will be established in every NHS region to inform local quality improvement efforts.

5 Department of Health, *The future regulation of health and adult social in England*, 25 March 2008.

6 *NHS Next Stage Review: Leading Local Change,* Department of Health, May 2008.

We will foster a pioneering NHS. Throughout my career, in all the clinical teams I have worked in, my colleagues and I have challenged one another to improve the way we provide care for patients. Continuous advances in clinical practice mean the NHS constantly has the opportunity to improve. My review will enable this through:

- **Introducing new responsibilities, funds and prizes to support and reward innovation.** Strategic health authorities will have a new legal duty to promote innovation. New funds and prizes will be available to the local NHS.

- **Ensuring that clinically and cost effective innovation in medicines and medical technologies is adopted**. We will strengthen the horizon scanning process for new medicines in development, involving industry systematically to support better forward planning and develop ways to measure uptake. For new medical technologies, we will simplify the pathway by which they pass from development into wider use, and develop ways to benchmark and monitor uptake.

- **Creating new partnerships between the NHS, universities and industry.** These 'clusters' will enable pioneering new treatments and models of care to be developed and then delivered directly to patients.

These changes will help the NHS to provide high quality care across the board. Throughout this Review, it has been clear that high quality care cannot be mandated from the centre – it requires the unlocking of the talents of frontline staff.

Working in partnership with staff

I have heard some people claim that there is 'change fatigue' in the NHS. I understand that NHS staff are tired of upheaval – when change is driven top-down. It is for this reason that I chose to make this Review primarily local, led by clinicians and other staff working in the NHS and partner organisations. In my own practice and across the country I have seen that, where change is led by clinicians and based on evidence of improved quality of care, staff who work in the NHS are energised by it and patients and the public more likely to support it.

We will empower frontline staff to lead change that improves quality of care for patients. *Chapter 5* sets out how we will do this by:

- **Placing a new emphasis on enabling NHS staff to lead and manage the organisations in which they work**. We will re-invigorate practice-based commissioning and give greater freedoms and support to high performing GP practices to develop new services for their patients, working with other primary and community clinicians. We will provide more integrated services for patients, by piloting new integrated care organisations, bringing together health and social care professionals from a range of organisations – community

services, hospitals, local authorities and others, depending on local needs.

- **Implementing wide ranging programme to support the development of vibrant, successful community health services**. Where PCTs and staff choose to set up social enterprise organisations, transferred staff can continue to benefit from the NHS Pension Scheme while they work wholly on NHS funded work. We will also encourage and enable staff to set up social enterprises by introducing a 'staff right to request' to set up social enterprises to deliver services.

- **Enhancing professionalism**. There will be investment in new programmes of clinical and board leadership, with clinicians encouraged to be practitioners, partners and leaders in the NHS. We challenge *all* organisations that do business as part of, or with, the NHS to give clinicians more control over budgets and HR decisions.

- **No new national targets** are set in this report.

We will value the work of NHS staff. NHS staff make the difference where it matters most and we have an obligation to patients and the public to enable them to make best use of their talents. That is why the Review announces in *Chapter 6*:

- **New pledges to staff**. The NHS Constitution makes pledges on work and wellbeing, learning and development, and involvement and partnership. All NHS organisations will have a statutory duty to have regard to the Constitution.

- **A clear focus on improving the quality of NHS education and training**. The system will be reformed in partnership with the professions.

- **A threefold increase in investment in nurse and midwife preceptorships**. These offer protected time for newly qualified nurses and midwives to learn from their more senior colleagues during their first year.

- **Doubling investment in apprenticeships**. Healthcare support staff – clinical and non-clinical – are the backbone of the service. Their learning and development will be supported through more apprenticeships.

- **Strengthened arrangements to ensure staff have consistent and equitable opportunities to update and develop their skills**. Sixty per cent of staff who will deliver NHS services in 10 years time are already working in healthcare.We need to make sure that they are able to keep their skills and knowledge up to date.

The first NHS Constitution

You asked me to consider the case for an NHS Constitution. In *Chapter 7*, I set out why I believe it will be a powerful way to secure the defining features of the service for the next generation. I have heard that whilst changes must be made to improve quality, the best of the NHS, the values and core principles which

underpin it, must be protected and enshrined. An NHS Constitution will help patients by setting out, for the first time, the extensive set of legal rights they already have in relation to the NHS. It will ensure that decision-making is local where possible and more accountable than it is today, providing clarity and transparency about who takes what decisions on our behalf.

Finally, *Chapter 8* sets out how we will deliver this ambitious programme.

Conclusion

In the 21st century, there remains a compelling case for a tax-funded, free at the point of need, National Health Service. This Report celebrates its successes, describes where there is clear room for improvement, looks forward to a bright future, and seeks to secure it for generations to come through the first NHS Constitution. The focus on prevention, improved quality and innovation will support the NHS in its drive to ensure the best possible value for money for taxpayers. It is also an excellent opportunity to pursue our duties to promote equality and reduce discrimination under the Equality and Human Rights Act.

Through this process, we have developed a shared diagnosis of where we currently are, a unified vision of where we want to be and a common language framework to help us get there. This Review has built strong foundations for the future of the service. It outlines the shape of the next stage of reform, with the clarity and flexibility to give confidence for the future.

Leadership will make this change happen. All of the 2,000 frontline staff that have led this Review have shown themselves to be leaders by having the courage to step up and make the case for change. Their task has only just begun – it is relatively easy to set out a vision, much harder to make it a reality. As they strive to make change happen, they can count on my full support.

I would like to thank everyone who has participated in this Review. I am grateful for the help they have given to me in forming and shaping the conclusions of this Report.

Best wishes,

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