

Darzi's 21st century NHS

The publication of Lord Darzi's report on the future of the NHS attracted widespread media coverage. Sharon Cannaby takes a closer look at how it will impact on those at the heart of the Service.

■ **Lord Darzi's long anticipated review of the NHS – published on 30 June – puts high quality care at the top of the NHS agenda. Entitled *High Quality Care For All*, the review is the third stage of the Government's reform programme to make the NHS fit for the 21st century.**

To recap, these stages are:

- stage 1 – *The NHS Plan* – built up capacity by increasing the number of front line staff
- stage 2 – *Introducing the Reforms* – brought changes to the commissioning process through the introduction of Payment by Results and foundation trusts (combined with a significant increase in funding these two stages helped increase the quantity of NHS care available)
- stage 3 – Lord Darzi's report *High Quality Care For All* – builds on the outputs of the first two stages to tackle issues around the quality of service delivery.

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change – locally-led, patient-centred and clinically driven

Darzi begins by stressing that change has got to be driven locally by those who best understand the needs of local communities.

Each SHA was tasked with publishing its own locally driven vision for service improvement and the results were then fed into Darzi's review to help identify universal areas where change is needed most. Key areas identified included those shown right:

- **PREVENTING ILL HEALTH** – working with others to encourage people to take responsibility for their own health, e.g. to stop smoking, tackle obesity and reduce alcohol consumption
- **ENSURING TIMELY ACCESS** – improving access to services by reducing waiting times and providing more out of hours services
- **PROVIDING CONVENIENT CARE CLOSER TO HOME** – holding outpatient clinics in community centres and making better use of technology e.g. telemedicine
- **IMPROVED DIAGNOSTICS** – establishing centres of excellence and improving local access to diagnostics
- **GIVING MORE CONTROL TO PATIENTS** – allowing patients and their carers to have some say in how they are treated and perhaps even considering the feasibility of giving patients with long term, complex conditions a personal budget
- **ENSURING CARE IS EFFECTIVE AND SAFE** – providing the best possible care for patients, e.g. treating all strokes in specialised centres
- **HIGH QUALITY CARE** – improving the quality of care
- **PERSONAL CARE** – providing care that is personalised to meet the needs of the individual
- **INNOVATION** – working in partnership with others to deliver the most innovative care.

High Quality Care For All says that these changes, which will be supported centrally, are all necessary to ensure the NHS provides care fit for the 21st century.

changes in healthcare and society

Since the inception of the NHS 60 years ago the world has changed significantly and society now places very different demands on the NHS. The Darzi report identified the following six 21st century challenges:

- **ever higher expectations** – patients now demand more from the NHS and they expect services to be provided at a place and time that suits them
- **demand driven by demographics** – life expectancy is increasing which means that by 2031 the NHS will have to be ready to treat nearly double the numbers of patients aged over 75
- **health in an age of information and connectivity** – access to the internet enables individuals to quickly and easily undertake research on their conditions which enables them to have informed discussions about their care with clinicians
- **the changing nature of disease** – in 1950 diseases that were prevalent included pneumonia, rheumatic fever and TB. Today it is lifestyle diseases such as smoking, drug and alcohol abuse, obesity and sexual health that are placing pressure on the NHS
- **advances in treatment** – clinical advances mean that best practice is constantly changing and this can make it difficult to undertake long term planning of services
- **a changing health workplace** – new technologies and advances in medicine mean that the workplace is constantly changing and posing ever new challenges for staff.

Many of these changes are going to cause costs to rise so resources will need to be very carefully managed. One way to control costs is to improve the quality of care provided; a patient who catches an infection, for example, will cost significantly more than one who doesn't.

high quality care for patients and the public

Darzi identifies four key areas for the quality reform agenda:

- **help people to stay healthy** through implementing vaccination programmes, increasing partnership working to tackle issues such as poor housing, through health promotion, by implementing a vascular health check for 40 – 74 year olds and by improving access to primary care services
- **empower patients** to take greater responsibility for their health by giving them clearer information about quality of care and more choice on where they receive treatment; not just in secondary care but also in primary and community care. A range of quality measures covering patient safety, outcomes and experience will be introduced and hospitals that meet the targets will receive an additional quality payment linked to tariff
- **provide the most effective treatments** by speeding up the publication of NICE guidance on newly licensed drugs and ending the 'postcode lottery' for drugs and treatment
- **keep patients as safe as possible** through combating hospital acquired infection and running more patient safety initiatives.

quality at the heart of everything we do

Lord Darzi has described chapter 4 as the heartbeat of his report. Here he describes how quality is to become embedded in the NHS. It focuses on three key areas: patient safety, patient experience and effectiveness of care.

While the report acknowledges that the reforms' programme has had a positive impact on healthcare – particularly around patient safety and effectiveness of care – it notes that there is still room for improvement, particularly in the area of patient experience. The report describes a seven stage quality improvement plan:

- **bringing clarity to quality** by expanding the role of NICE to cover the identification and dissemination of national quality standards
- **measuring quality** by developing a national quality framework and clinical dashboards

which, when supplemented by local measures, will enable organisations to measure, assess and improve quality

- **publishing quality performance information** so that patients are able to make informed choices about their care. From April 2010, each organisation will be required to publish 'quality accounts' to aid transparency and act as a lever in the quality reform agenda
- **recognising and rewarding quality improvement** through changes to the payment system
- **raising standards** by empowering clinicians to take on a stronger role in the planning and commissioning of services, by the appointment of medical directors in each SHA and through the establishment of quality observatories in each SHA
- **safeguarding quality** through independent regulation by the new Quality Care Commission
- **staying ahead** by taking an innovative approach to service delivery. New regional innovation funds will be set up to support innovative practice and, in an attempt to make best practice universal, best practice tariffs will be introduced in four high volume areas: cataracts, fractured neck of femur, cholecystectomy and stroke care.

freedom to focus on quality

The report describes three roles for clinicians: as practitioners providing clinical services, as partners in the careful management of health resources and, where they have the skills, as leaders. It says that taking on these roles will give clinicians the opportunity to focus on the quality of their own and their organisation's outputs.

Clinicians will be given the opportunity to take on these roles by:

- **giving greater opportunity to frontline staff** by moving all acute, mental health and ambulance trusts to NHS foundation trust status, supporting the development of community providers perhaps as foundation trusts and assisting PCTs

- to undertake world class commissioning
- **creating a new accountability** where the focus is on the quality of care along the whole patient pathway, whatever the care setting
- **empowering staff** by giving them the power to provide new services that better meet the needs of the local population
- **fostering leadership for quality** by making leadership development an integral part of the development programmes of clinicians and non-clinicians.

high quality work in the NHS

To support the delivery of high quality care, a set of NHS wide values, which reach across all organisations, has been put together by staff, patients and the public. These values, which will be set out in the NHS Constitution, will help guide behaviours and will support the delivery of high quality care.

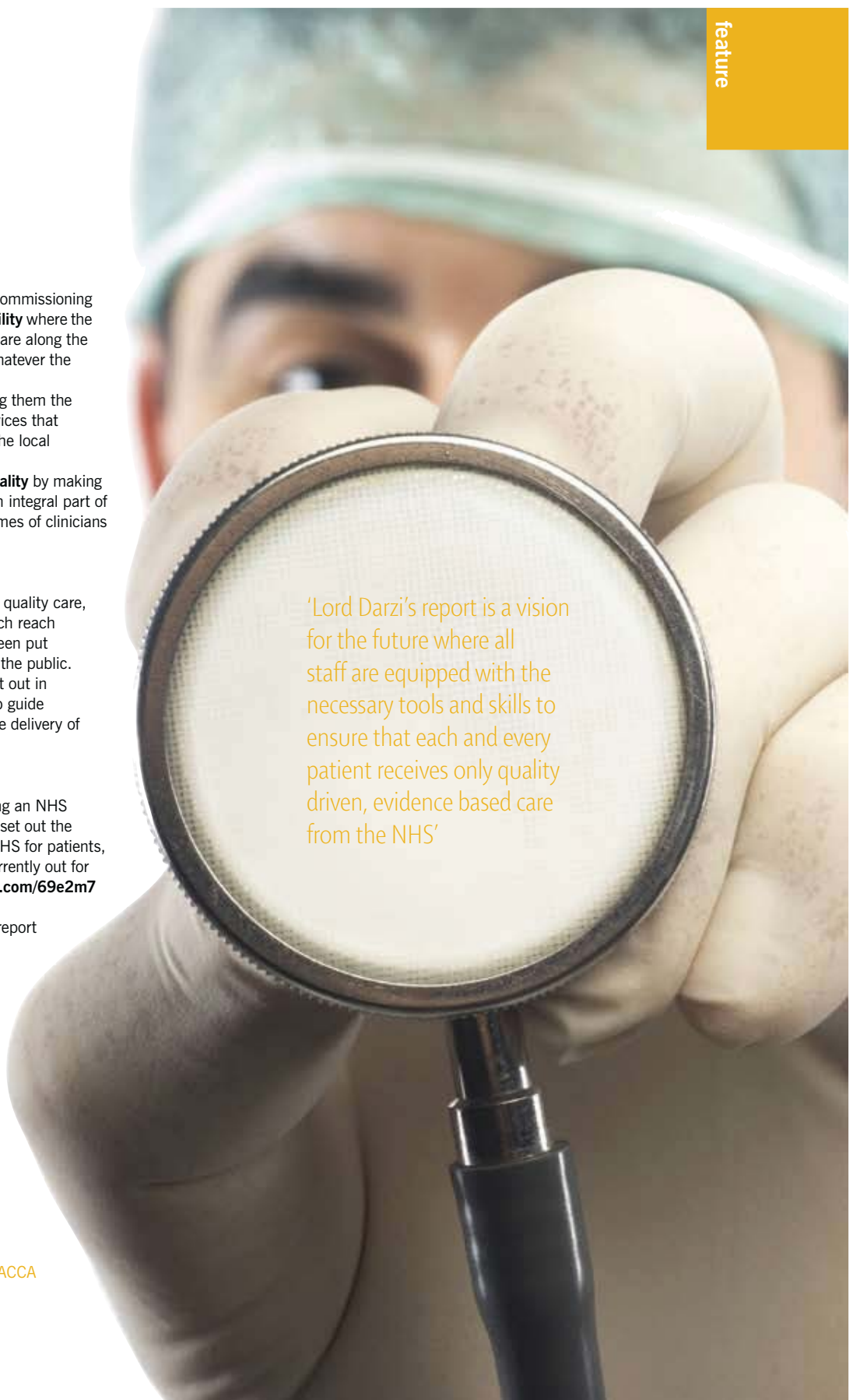
the first NHS constitution

The report proposes introducing an NHS Constitution which will clearly set out the principles and values for the NHS for patients, the public and staff. This is currently out for consultation (see <http://tinyurl.com/69e2m7> for further information on this).

In summary, Lord Darzi's report is a vision for the future where all staff are equipped with the necessary tools and skills to ensure that each and every patient receives only quality driven, evidence based care from the NHS.

The next issue of *Health Service Review* will focus on the changes that Lord Darzi's report calls for in relation to the finance function. ■

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