

## A summary of Lord Darzi's Review of the NHS

### Introduction

This briefing is divided into two main sections:

1. summarising the key points in Lord Darzi's review and
2. providing general comment from CSIP on the main aspects of the review.

In addition, there are accompanying Information Sheets highlighting relevant information relating to commissioning and integrated care; telecare/telehealth and housing - together with the Strategic Health Authorities' (SHAs) visions.

### SECTION 1: High Quality Care for All review

Lord Darzi's final review, *High Quality Care for All*, was published on 30 June 2008<sup>1</sup>. It is highly relevant to planners and commissioners across health and social economies and those providers forging closer partnerships so as to deliver care closer to home.

The review concludes a series of reports, consultations and recommendations for a ten year vision for a world class National Health Service (NHS) that is fair, personal, effective and safe. It is based on extensive consultation with 60,000 staff, patients and stakeholder groups (including 2,000 clinicians) and it was published alongside two other documents:

- ➔ *A consultation on the NHS constitution*<sup>2</sup> - the core principles and values of the NHS are defined for the future. It sets out commitments to patients, public and staff in the form of rights to which they are entitled and pledges which the NHS will strive to deliver. It also lists responsibilities that the public, patients and staff owe to each other to ensure that the NHS operates fairly and effectively. The consultation closes on 17 October 2008.
- ➔ *A high quality workforce: NHS Next Stage Review*<sup>3</sup> - this document defines how the NHS, higher education sector and industry can work together to improve the quality of training in the NHS; thereby improving the skills and competencies of the work force - leading to improvements in the quality of services offered in the NHS.

Shortly afterwards, the following were also published to further support the overall direction:

- ➔ *Health informatics review*<sup>4</sup> - this builds on the Next Stage Review and highlights how informatics can support the aspirations of the vision.
- ➔ *NHS Next Stage Review: Our vision for primary and community care*<sup>5</sup> - a vision for how such services will continue to grow and develop over the next ten years is presented. This is based on high quality personal care and support; treating people when they are sick and helping them to stay healthy, where and when they need it most. (I don't understand this last bit)

These publications should be viewed in the light of a detailed process building on the service developments undertaken in the NHS during recent times. Other publications in the series include:

- ➔ *Our NHS our Future: NHS next stage review*<sup>6</sup> - interim report published October 2007. This reviewed progress to date and began to establish a vision for ten years' time.

- ➔ *Changing for the better. Guidance when undertaking major changes to NHS services*<sup>7</sup> - published May 2008. This highlighted the major aspects required to bring about wide-scale successful change within the acute sector.
- ➔ *NHS next stage review: Leading local change*<sup>8</sup> - published May 2008. Alongside the previous report, this document set out the principles for governing local service change.
- ➔ *Strategic Health Authorities' visions for better healthcare*<sup>9</sup> - published June 2008. To support the national review the nine SHAs published their visions for the future with special consideration to their local context and priorities.

All of these publications have an important role to play in the realisation of a national health service and a future vision of care and support that meets the growing expectations of service users, as proposed in Lord Darzi's final review.

## **Review Summary**

An overarching outcome from the review is the focus on bringing about change at the local level, based on sound evidence and in partnership with patients and staff. The vision is that there is '*an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart.* Quality is defined as 'clinically effective, personal and safe.' The first major priority identified is to tackle the 'significant variations' in the quality of care provided across the country. However, it is acknowledged within the review that local flexibility to respond to specific contexts is important, with statements such as: 'The NHS should be universal, but that does not mean that it should be uniform.'

An accessible and comprehensive executive summary is provided in Lord Darzi's final review and it is not the purpose of this briefing to replicate this. Rather, some of the key themes required to deliver the vision are highlighted.

### **1. High quality care for patients and the public**

The review comments that 'people want a greater degree of control and influence over their healthcare.' This means 'personalising services... fit for everyone's needs'. This will be achieved by:

#### **Focusing on improving health as well as treating sickness, through:**

- ➔ Ensuring every primary care trust (PCT) commissions comprehensive wellbeing and prevention services, in partnership with local authorities, to offer personalised services to the local population.
- ➔ 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.
- ➔ Better promotion to help patients reduce their risks, e.g.. through a '*Reduce Your Risk*' campaign of vascular diseases.
- ➔ Support for people to stay healthy at work and enable them to return earlier after a period of sickness.
- ➔ Support GPs to help individuals and their families stay healthy - with incentives for maintaining good health as well as good care, strengthening the Quality and Outcomes Framework and Practice Based Commissioning.

#### **Giving patients more rights and control over their own health care, through:**

- ➔ Extending the choice of GP practice, with NHS choices providing information on primary and community care services.
- ➔ Introducing a new right to choice in the first NHS Constitution, empowering people to make informed choices.
- ➔ Greater access to primary care through 150 GP-led health centres (polyclinics) and 100 new practices in England. These will be open seven days a week, 8am to 8pm and open to anyone.
- ➔ Ensuring everyone with a long-term condition has a personalised care plan.

- ➔ The introduction of pilot personal health budgets to give greater levels of control (see *the accompanying CSIP Networks Information Sheet 1 on integrated care*).
- ➔ Delivering care closer to home - with greater use of technology for planned care and outpatient care not always meaning a trip to hospital (see *the accompanying CSIP Networks Information Sheet 2 on housing and telecare*).
- ➔ Guaranteeing patients access to the most clinically and cost effective drugs and treatments.

## **2. Quality at the heart of the NHS**

It is suggested that '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. The NHS should move from 'high quality care in some aspects to high quality care in all'.

**The measures to enable standards to be raised are:**

- ➔ To improve safety and reduce healthcare associated infections.
- ➔ Setting independent quality standards and clinical priority through NICE and a new National Quality Board.
- ➔ Systematically measuring and publishing information about the quality of care from the frontline up, including patients' own views. These 'Quality Accounts' will be available from April 2010.
- ➔ Linking quality of care to payments for hospitals. Associated to the 'Quality Accounts' will be a quality bonus, as an uplift to the tariff. This will make hospital funding reflect the quality of care that patients receive.
- ➔ To strengthen the current Clinical Excellence Awards Scheme for senior doctors.
- ➔ To provide easy access for NHS staff to information about high quality care through a one stop portal called mystaffspace. Through it they will be able to access the new NHS Evidence knowledge portal and get information on what high quality care looks like and how to deliver it.
- ➔ Ensuring continuous improvement in the quality of primary and community care.
- ➔ By introducing new best practice tariffs by 2010/11 focused on areas for improvement rather than average cost.

**Clinician involvement will be strengthened in decision making at every level of the NHS.**

This will be achieved through:

- ➔ Medical directors and quality boards featuring at regional and national levels to complement World Class Commissioning.
- ➔ Strategic plans for delivering the local visions to be published later this year by every PCT.
- ➔ Clear local support for quality improvement with a 'Quality Observatory' established in every region.

**A pioneering NHS** is sought as continuous advances in clinical practice means the NHS constantly has the opportunity to innovate and improve. This will be brought about by:

- ➔ Introducing new responsibilities, funds and prizes to support and reward innovation with SHAs having a new legal duty to promote innovation.
- ➔ Ensuring that clinically and cost effective innovations in medicines and medical technologies are adopted.
- ➔ Creating new partnerships between the NHS, universities and industry to enable pioneering new treatments and models of care to be developed and delivered.

## **3. Working in partnership with staff**

The review seeks to '**empower frontline staff to lead change that improves quality of care for patients**' by:

- ➔ Placing a new emphasis on enabling NHS staff to lead and manage the organisations in which they work. Re-invigorating PBC, giving greater freedoms to high-performing GP practices to develop services, and piloting new integrated care organisations, bringing together health and social care professionals.
- ➔ Alongside greater autonomy for high performing PCTs, commissioners will have greater accountability for the whole patient pathway irrespective of which setting the care is provided in.
- ➔ Implementing a wide ranging programme to support the development of vibrant, successful community health services through social enterprise organisations.
- ➔ Enhancing professionalism with clinical and board leadership. Challenging organisations to give clinicians more control over budgets and human resource decisions.
- ➔ Making new pledges to staff on work and wellbeing, learning and development.
- ➔ A clear focus on improving the quality of NHS education and training.
- ➔ A threefold increase in investment in nurse and midwife preceptorships (these offer protected time for newly qualified nurses and midwives to learn from more senior colleagues during their first year).
- ➔ Doubling the investment in apprenticeships.
- ➔ Strengthening arrangements to ensure staff have consistent and equitable opportunities to update and develop their skills.

#### **4. The first NHS Constitution**

The review puts forward the case for the first NHS constitution and, referring to the accompanying document, establishes its principles and values:

<b>Principles</b>	<b>Values</b>
The NHS provides a comprehensive service, available to all	Respect and dignity
Access to NHS services is based on clinical need, not an individual's ability to pay.	Commitment to quality of care
The NHS aspires to high standards of excellence and professionalism	Compassion.
NHS services must reflect the needs and preferences of patients, their families and their carers.	Improving lives
The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.	Working together for patients.
The NHS is committed to providing best value for taxpayers' money and the most effective and fair use of finite resources.	Everyone counts.
The NHS is accountable to the public, communities and patients that it serves.	

Additionally, it sets out 'commitments to patients, public and staff in the form of rights to which they are entitled and pledges which the NHS will strive to deliver, together with responsibilities which the public, patients and staff owe to each other to ensure that the NHS operates fairly and effectively'.

#### **5. Implementation**

This is covered in other reports in the series. However, this review concludes there 'is enormous enthusiasm and energy throughout the NHS for achieving the vision set out'.

This will be achieved by:

##### **Leading local change:**

- Every NHS region has developed a vision. The review says: 'We should now back local leaders - clinical and managerial - to deliver them.'
- By Spring 2009, each PCT will publish a five year plan for improving the health of people locally (*see the accompanying CSIP Networks Information Sheet 3 on the regional elements*).

##### **Central enablement, to bring about the local change, will consist of:**

- Ensuring funding is available to deliver the changes
- Publishing an NHS Operating Framework in October 2008 to set out the enabling system that will deliver this review

- As the Department of Health develops policy proposals it does so in partnership to ensure the benefits identified in the review can be realised.

## **SECTION 2: CSIP comments on the Review**

The Next Stage Review is an ambitious programme seeking to establish a ten year vision for the health service which embraces local service providers and users of health services. CSIP Networks believes that it will have a significant impact on the design and delivery of health services, social care, housing and related support services.

This can be captured as follows:

### ***Prevention***

Greater emphasis will be placed on prevention and the responsibility individuals have themselves. The review comments that 'unhealthy choices and missed prevention opportunities are in part the cause of the growth in the prevalence of conditions such as diabetes, depression, and chronic obstructive pulmonary disease'.

To address this 'working with their local partners, every primary care trust will commission comprehensive wellbeing and prevention services'. This continues the change in emphasis over recent times of improving the health and wellbeing of individuals by trying to prevent health episodes occurring and, should they occur, minimising their impact. Clearly, such attempts to prevent and minimise the impact of incidents is welcome from the point of view of individuals and public finances.

Greater emphasis on prevention is very welcome, whether people currently engage with the health care system or not. However, our future experiences as patients are likely to be different in three main ways (a) individual empowerment, (b) quality of care and (c) integration of services.

### ***Empowering patients***

Giving individuals more choice and control is a major element of the vision. This could be through being informed on performance data when choosing a GP or hospital; by being able to access primary care through centres open seven days a week; personal health budgets or the introduction of Healthspace. The latter will allow patients to see their care records on-line, receive personalised information and upload the results of health checks for their clinicians to see.

This would seem to suggest a change in the balance of power from a reactive health service where the patient was *given care* to a partnership where the individual is *involved* in sharing the decisions around what care they receive. This makes patients more of a *partner* than a *customer*.

We have seen Individual Budgets (IBs) in social care services for adults help to provide greater choice and control to individuals. The continued transformation of adult social care through the social care Green Paper, *Independence, Wellbeing and Choice*<sup>10</sup> (currently out for consultation on a future vision for social care), the *Putting People First* concordant<sup>11</sup> and the greater emphasis on personalised services in the Darzi review is welcome. It could have substantial benefits for individuals.

CSIP Networks has been jointly funding the health pathfinder programme with *In Control*. Early lessons from the IB pilots and *In Control* have resulted in a Personalisation Toolkit<sup>12</sup> that supports councils to begin to plan and deliver the transformation of their social care systems. Over the coming months CSIP will produce further material to support this initiative through its Personalisation Network.

### ***Quality of care***

There is a noticeable change in language and measurement of system performance. We have seen a move away from top-down targets to an emphasis on improving the quality of care through 'clinical dashboards' which will present performance measures for benchmarking and enable a process of informed continual improvement.

Throughout the final review, improvements in the quality of care are embedded in numerous statements. This will be achieved through new boards, greater clinical priority through NICE, increased attention to measurement outcomes, greater clinician involvement in decision making and enhanced information to all NHS staff on what works and how to do it.

Staff training to achieve a greater skill base and thus improve the quality of service is given a noticeable priority and is a welcome initiative. Effort will be needed to link into the *Adult Social Care Workforce Strategy*<sup>13</sup> which is working with a number of delivery partners across the statutory and independent sector to develop a workforce strategy for adult social care. If this can occur then we are likely to see even closer working relationships and integration.

Equally important is the role of leadership in bringing about change and this has been phrased as 'leadership for quality' in the review. Considerable emphasis has been given to leadership and team working through CSIP Networks and we have observed the difference this can make when delivering new initiatives. This change in emphasis to embrace quality is more than just words with funding for both hospitals and GPs linked to quality performance (including the views of patients on their experiences).

### ***Integration of services***

Working practices, technology and the sharing of information for the benefit of the individual have resulted in closer working relationships between organisations over recent years, particularly in community services.

The vision proposed in the review suggests even greater levels of integration will materialise with the piloting of 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'.

CSIP's Integrated Care Network has been working with NHS and local government organisations for many years to achieve better integration in the planning and delivery of services. We have seen first hand how patients and service providers can benefit from such a closer working relationship and this emphasis is likely to result in significant benefits in the long term.

To help achieve this vision, reference is made to the CSIP publication *Bringing the NHS and Local Government Together: A practical guide to integrated working*<sup>14</sup>, which has proven to be a valuable tool for organisations working towards greater levels of integration.

### ***Innovation***

The NHS of 2018 is likely to be substantially different to what it is today. Greater emphasis is being placed on prevention, individual empowerment, quality of care and integration of services. Alongside these, there is a noticeable desire to foster innovation in the delivery of services, development of new medications and technology.

The review suggests that 'the next stage in achieving high quality care requires us to unlock local innovation and improvement'. While such steps are welcome, consideration of how to ensure such innovation is translated across the country will be important to ensure a high quality service for all. Nevertheless, the desire to embrace innovation is welcome - as is the backing to support these words through a new legal duty on SHAs to promote innovation and substantial funds to 'identify, grow and diffuse innovation'.

CSIP has a history of innovative working in a number of areas and expertise in sharing this knowledge with the front line. For example, as part of the £31m investment in the Whole System Demonstrator Programme (which is seeking to work with health and care services to introduce telecare and telehealth systems in large volume), we have the responsibility for disseminating the lessons from this programme to a wider audience.

CSIP produces regular newsletters and briefings on new practices and innovations across its Learning and Improving Networks. To stay informed of developments in areas of relevance to you, register here [www.networks.csip.org.uk](http://www.networks.csip.org.uk)

## Conclusions

The Darzi review proposes an exciting time for commissioners and providers of healthcare while patients should receive much better care as a result. The change in language and emphasis is noticeable and considerable improvements in the quality of care and patient experience will materialise. Additionally, cost efficiencies in the delivery of care are likely to result.

It will be challenging to deliver the vision laid down in the review but the building blocks have been put in place and working together to share learning and best practice we have the opportunity to embrace this vision for the benefit of all.

## About CSIP Networks and how to contact us

CSIP Networks provide a forum for people to exchange ideas and promote local best practice across health, social care and housing. It takes the lead for CSIP around integration and whole system reform, housing with care, assistive technology and commissioning.

By showcasing innovation, CSIP Networks enable our colleagues in health, social care and the third sector to make informed decisions about how to improve and integrate services they commission, facilitate and/or provide in their local populations.

For more information about our family of networks, to receive the latest policy news and practice updates and/or to attend one of our regional network meetings or events, visit [www.networks.csip.org.uk](http://www.networks.csip.org.uk) or write to CSIP Networks, 304 Wellington House, 133-155 Waterloo Road, London SE1 8UG.

## July 2008

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