



# Challenges for Darzi

In summer 2007, health minister Professor Lord Ara Darzi set about a wide-ranging review of the NHS. This paper highlights some of the ideas we believe will make the biggest difference and outlines a number of tests we believe Lord Darzi's proposals should be judged against to ensure they create positive outcomes for patients and the public.

## Background

The Next Stage review was designed to directly engage patients, NHS staff and the public on four challenges:

- Working with staff to ensure that clinical decision-making is at the heart of the future of the NHS and service delivery.
- Improving patient care by ensuring high-quality, joined-up services for those suffering long-term or life-threatening conditions, and treating patients with dignity in safe, clean environments.
- Delivering more accessible care, integrated across primary and secondary providers, which reflects best value for money and offers services in the most appropriate settings for patients.
- Establishing a vision for the next decade of the NHS, in time for its 60th anniversary this year, which will be based less on central direction and more on being responsive to greater patient control, choice and local accountability.

## Summary: key proposals

- **Delivering quality services** – a revolution in the level of feedback and measurement, backed up by the right incentives and awards, the creation of space and time for staff, and the development of skills, rewards and recognition for those who do it well.
- **Delivering better primary care** – for primary care we need to strengthen mechanisms to deal with poor performance (for example, stronger contracts or regulation) and to address health inequalities (for example, abolition of Minimum Practice Income Guarantee (MPIG)).
- **Improving community services** – we need investment in informatics to support the development of stronger commissioning and further integration with social care.
- **Fostering innovation and adoption** – a culture of curiosity needs to be fostered to support innovation. This needs to be supported by the creation of ways to help people find research, techniques and examples; more sources of expertise and help and ways of getting peer support; and an NHS venture capitalist to help fund the best.
- **Recruiting the right staff** – workforce planning in the NHS is the biggest unresolved problem around workforce. It can be improved if driven by local employers, with investment in the capacity and skills necessary alongside a national system to aggregate, analyse and forecast.
- **Nurturing leaders** – we need to focus more on middle managers, not just the top leaders, because the real difference will come from leaders at the front line. We would support a major investment in training and the creation of a faculty of leadership.
- **Delivering better care** – one development in informatics that would make a major difference to how the system works is real-time service directories, including capacity.



## Influencing the review

We have worked closely with the review team to feed through views and facilitate discussions with members; submitting detailed comments in August and January and bringing members and Lord Darzi together on several occasions. Senior NHS Confederation representatives have also taken part in the review's national working groups.

The five national working groups looked closely at what enablers and barriers the local clinical pathway groups want to be addressed on quality improvement, innovation, primary and community care, workforce and leadership. There has also been work at a national level on informatics, systems and incentives, and the case for an NHS Constitution. The findings will form the basis of Lord Darzi's vision.

# The NHS Confederation's key proposals

## Quality improvement

**This national working group considered the vision and strategy for quality improvement and the measurement, systems and incentives to drive it.**

There needs to be a revolution in the scale of feedback and measurement of outcomes and patient experience. It is important that comparative information and feedback is based on required standards and that national data definitions are used effectively, particularly to enable boards to do their job more effectively. It is also vital the right incentives are in place and staff are given the time to develop the skills required to focus on improvement. Clinicians need time to focus on improvement, which need not be monetary and could include access to training. There is a major opportunity for the Royal Colleges to provide leadership in this area.

## Primary and community care

**The working group dealt with identifying how contractual and commissioning arrangements for primary medical care can continue to evolve to reflect trends and challenges.**

New tools are required to stimulate a more responsive and accessible primary care market. Making the contracts that govern the relationship between primary care trusts (PCTs) and GP practices more flexible and including additional contractual levers, would take away some of the barriers to improving performance. The MPIG should be phased out and replaced with the establishment of a target capitation figure for practices. For community services, we need investment in informatics to support the development of stronger commissioning and further integration with social care.

## Innovation

**The innovation national working group considered how to speed, spread and embed innovation in health and social care.**

A culture of curiosity needs to be fostered throughout the NHS to encourage greater innovation when delivering services. One of the most significant problems is knowing where to find the significant amount of research, techniques and examples already available. Building on the work of NICE, the National Electronic Library and the NHS Institute, we could link together all the different sources of knowledge behind a single portal, and using wikis and social networking approaches build communities of people who can provide ideas, knowledge and the benefit of their experience. Peer review and methods to help organisations challenge themselves could also be built around this.

The NHS also needs a 'Dragon's Den' to give innovative ideas the opportunity to be developed. An NHS bank could act as a venture capital provider to lend money for experimentation and service change in exchange for taking a share in any revenue produced to support further developments.

## Workforce

**The working group covered planning, education and training issues.**

The workforce planning system must be based on the needs of the service, driven by local employers and better integrated with service and financial planning within the NHS. Led by local employers and including non-NHS providers, a system must be developed to aggregate plans and develop the necessary capacity and skills, building up from the plans of local employers and ensuring that smaller occupations are not overlooked. To complement this, a central analytical and forecasting function and a continued move away from numerically-based targets are required.

## Leadership

### **The working group concentrated on leadership in clinical and non-clinical, medical and non-medical senses.**

We need to focus on middle managers because the real difference will come from leaders at the front line. All clinicians have a managerial and leadership role, whether or not they have a formal leadership position, and must be given greater autonomy, clarity of success, support and training. In particular, there needs to be major investment in training, and a faculty of leadership akin to the Royal Colleges could provide focus and status. The legitimate role of doctors who work in management needs to be better recognised.

## Informatics

### **The review is exploring information needs, system and management structures, and maximising the benefits for patient care of the National Programme for IT.**

The measurement and feedback we argue for means that data needs to be much more accessible to researchers, analysts and organisations.

One specific idea that would make a significant difference is that of service directories, enabling greater innovation within the NHS and improving quality of care. The NHS is a complex service and access to its services can be complicated as a result. Service directories could provide information, in real time, to allow patients and professionals to easily find out which organisations provide which services and, once they have found the service they require, who to contact.

## Constitution

### **Following the publication of the Next Stage review, there will be a period of consultation on the NHS Constitution.**

As we approach the 60th anniversary of the NHS, we do believe there is a need to restate its core principles and values to reassure people of the service's future. Setting out a clear vision for the NHS to the public, patients and staff, the Constitution should not include detail about systems, structures, relationships or rights and responsibilities.

## Systems and incentives

### **Additional systems and incentives required to support the changes proposed by the local groups are also being taken into account by the review.**

Systems and incentives need to be aligned with what is best for the patient and to support and enable NHS staff to deliver excellent patient care, rather than follow bureaucratic processes. Faster progress on the tariff is necessary and it must incentivise clinical best practice, improving quality and innovation. Managers and clinicians also need to be able to depart from the tariff if they have good ideas that can benefit patients, are clinically correct and are cost-effective in population terms. The tariff is also not suitable for capital expenditure and a two-part tariff that separates fixed or capital costs from variable costs could deal with stranded capacity, which is a significant barrier to innovation.

## Mental health

### **The Confederation feels it is important that the review at a national level addresses mental health.**

As part of the review, the Government should develop the use of individualised budgets. Whilst people agree the benefits individualised budgets could have for adults with mental health problems, there needs to be a commitment to develop pilots to explore how best to implement them.

Whilst recognising the Lottery-funded Moving People campaign, the NHS Confederation and its Mental Health Network believe the Government should place a greater emphasis on addressing anti-stigma and discrimination by providing mainstream funding for future work. The NHS also needs to do better to address stigma and champion anti-stigma both as an employer and in the delivery of services.



## Our tests for the review

The Confederation has developed a set of tests for new policy to assess whether the policy is likely to produce good outcomes for patients and the public. We are often asked to comment on new ideas from the perspective of our members. The tests are our framework for assessing and developing policy. We are setting out the tests to share this thinking explicitly.

The tests are challenging. They build on the Cabinet Office's work on better policy-making from the particular perspective of health. They have recently been endorsed by the Confederation's Council.

The Confederation has shared a longer version with Lord Darzi and other policy and decision-makers and we will be making this available.

### Tests for policy design

**Coherence** – is there a clear narrative about how the policy fits into the wider policy framework and what success will look like?

**Joined up** – is the policy joined up both within the Department of Health and between different parts of government?

**Using evidence** – is the policy based on evidence or, where the policy is innovative, based on design principles that have a strong evidence base?

**Solutions that fit the problem** – is the idea based on a thorough analysis of the issues and does the solution properly address the problem?

**Applicability** – are the ideas universally applicable or do they represent a solution that would work in a smaller sub-set of cases?

**Financial impact** – has high-quality evidence and analysis been used to assess the financial impact? For example, is the policy fully and accurately costed? Is it cost-effective compared with other possible uses of resources? Does it double count efficiency savings? Does it allow for double running costs or for shifting money around the system?

**Timescale** – has there been a realistic assessment of the timescale for the intended impact of the policy?

**Warning signs from history on restructuring, flexibility and policy for outliers** – has any proposal that requires significant structural change been subjected to a very exacting analysis? Does implementation avoid rigid centrally defined templates or

timetables? Is the policy suitable for all organisations rather than designed for outliers?

**Learning and evaluation** – how will the policy be rigorously and independently evaluated?

### Tests for policy instruments

**Overloading** – has the policy avoided the danger of overloading policy instruments with too many different objectives?

**Complexity** – is the policy so complex to those responsible for implementation or interpretation that they have little chance of responding in the way anticipated?

**Innovation** – does the policy promote innovation?

### Tests for implementation

**Bureaucratic burden** – does the policy add to the burden of regulation, reporting or inspection?

**Number of tasks** – does the totality of policy result in a manageable number of tasks for organisations and front-line managers and staff?

**Do-ability** – has the policy for implementation been tested with the service as far as possible?

**Starting points** – has the policy taken into account the different starting points of organisations?

**Pilots** – are pilots properly constructed and evaluated before full implementation?

### Tests for the development of system management

**Decision-making** – is the policy in line with the principles of subsidiarity, transparency and fairness.

**Clarity of roles** – does the policy support clarity of roles in the system, avoiding conflicts of interest and ensuring clear separation of roles?

**Doing the right thing** – does the policy support doing the right thing in clinical and population terms?

## Further information

[www.nhsconfed.org](http://www.nhsconfed.org)

[www.ournhs.nhs.uk](http://www.ournhs.nhs.uk)