

# The stages to our journey

1

## Building capacity in the system

- NHS Plan saw greatest investment in the history of the NHS
- More doctors, more nurses, better facilities

2

## Introducing the reforms

- Patient choice and payment by results
- Foundation trusts
- Stronger commissioning

3

## High quality care for all

- NHS Next Stage Review local clinical visions, national enabling report and NHS Constitution

# Our health, our care, our say – a new direction for community services

- Ambition
- Enabling health, independence and well being
- Better access to GP
- Better access to community services
- Support for people with longer term needs
- Care close to home
- Ensuring reforms put people in control
- Making sure change happens

# Vision

## ‘Adding years to life and life to years’

- **Better health and well being for all**
  - People live healthier and longer lives
  - Health inequalities are dramatically reduced
  - NHS and health gain
- **Better care for all**
  - Services are of the best quality which is evidence based
  - People have choice and control over the services that they use so they become more personalised
- **Better value for all**
  - Informed investment decisions
  - PCTs work with others to optimise effective care
  - Wildavsky

# 11 Competencies

**1. Locally lead the NHS**

**2. Work with community partners**

**3. Engage with public and patients**

**4. Collaborate with clinicians**

**5. Manage knowledge and assess needs**

**6. Prioritise investment**

**7. Stimulate the market**

**8. Promote improvement and innovation**

**9. Secure procurement skills**

**10. Manage the local health system**

**11. Make sound financial investments**

# *Our NHS, Our Future*

## *Next Stage Review*

- **Fair** –Mal-distribution, Often lower performance for patients from socially deprived communities-
- **Personalised** – White paper ambition, a want is a need, segmentation, PROMs
- **Effective** –VFM, skill mix, variation in performance even when similar demography, reflective practice, use of evidence base, inappropriate/ineffective interventions
- **Safe** –Accreditation and regulation, NPSA advice
- **Locally accountable** – ‘transparent accountability leads to transparent autonomy’, PPI, different forms of ownership
- And focused relentlessly on improving the quality of care

# NSR interim report

- new GP practices for deprived areas
- GP-led health centres for all PC
- extending opening hours for at least 50% of GP practices
- linking greater proportion of pay to patient satisfaction
- publication of key information about all GP practices

NHS Choices via [www.nhs.uk](http://www.nhs.uk).

# Facts and Myths

- No national plan for ‘polyclinics’ –is a local decision
- No GP ‘factories’
- But we do want extra services where there are GP practices

# What we heard from you

## *Overview of findings of clinical pathway groups*

### Staying healthy

- Support people to take responsibility for their own health, through reaching out to disadvantaged groups

### Maternity & new born

- Women want greater choice over place of birth and a more personal experience, with care provided by a named midwife

### Children's

- Services needed to be more effectively designed around the needs of children and families, delivered in schools and children's centres too

### Acute care

- Saving lives by creating specialised centres for major trauma, heart attack and stroke care, supported by skilled ambulance services



# What we heard from you

## *Overview of findings of clinical pathway groups*

### Planned care

- More care should be provided closer to people's homes, with greater use of technology and outpatient care not always meaning a trip to hospital

### Mental health

- Extending services in the community, benefits to general wellbeing and to physical health arising from stronger mental health promotion

### Long-term conditions

- Need for true partnerships between people with long-term conditions and the professionals and volunteers caring for them

### End of life

- Necessity for greater dignity and respect and desire to have round the clock access to palliative services



# High quality care for all

## *NHS Next Stage Review Final Report*

- Help to stay healthy
- Empowering patients
- Most effective treatments for all
- Keeping patients as safe as possible

Quality at the heart of the NHS

- Raising standards
- Stronger involvement of clinicians in decision making at every level of the NHS
- Fostering a pioneering NHS

***High quality care for all***

High quality care for patients and the public

Freedom to focus on quality

- Empowering frontline staff to lead change that improves quality for patients
- Valuing the work of NHS staff

# First NHS Constitution

## *Secured today for future generations*

### Why a constitution

- Secure the NHS for the next generation
- Empower all patients and the public
- Value and empower NHS staff
- Create a shared understanding of purpose, values and principles
- Strengthen accountability through national standards for patients and local freedom to deliver

### What it says

- Key principles stated
- Rights for patients articulated
- Pledges to staff and patients
- Decision-making explained
- Every organisation will have legal duty to take account of the Constitution
- Requirement for Secretary of State for Health to renew every 10 years

# Primary and community care strategy

- Shaping services around individuals;
- Promoting healthy lives;
- Continuously improving quality;
- Leading local change.

# Pharmacy

- 99% of the population - even those living in the most deprived areas - can get to a pharmacy within 20 minutes by walking, public transport or car.
- Pharmacies are open at times which suit patients and consumers - many late into the evenings or at weekends. Since April 2005, over 400 new pharmacies have been approved to open for at least 100 hours per week, every week of the year.
- Patients receive their prescribed medicines promptly, safely and efficiently. Over 750 million items were dispensed in 2006 - more than one item a month for every person in England - and the number is growing by about 5% per year<sup>[1]</sup>.
- <sup>[1]</sup> *Prescriptions Dispensed in the Community Statistics for 1996 to 2006; England NHS Information Centre*

# Pharmacy

- A recent survey found that 84% of adults visit a pharmacy and 78% for health related reasons at least once a year. Three quarters of people have visited in the last six months.
- Excluding those who report never visiting a pharmacy, an adult visits a pharmacy 16 times a year, of which 13 visits are for health related reasons.
- An estimated 1.6 million visits take place daily of which 1.2 million are for health related reasons
- Women, those aged over 35 and those with a long-term health condition or disability are frequent users.

# Pharmacy

- Pirmohamed and colleagues (2004) estimated that in England, 4.7% of all admissions were due to preventable harms from medicines.
- A systematic review in 2002 concluded that between 3.5 per cent and 7.3 per cent of inpatients experience harm from medicines (Wiffen, 2002)
- It is estimated that preventable harm from medicines could cost the NHS more than £750m each year in England.

# Pharmacy White Paper

- Overarching themes:
  - Shift in focus from dispensing medicines to the provision of preventative and clinical services.
  - Wider range of preventative and clinical services available in pharmacies
  - Reward those that embrace this and provide high quality services to improve patient outcomes

# Primary and community care strategy

## *Leading local change*

### **Greater freedom to the frontline**

- Local decisions on how best to develop more integrated services
- PBC groups entitled to improved information and management/ financial support
- Increasing power and responsibility to high-performing PBC groups that achieve better health outcomes
- Piloting new models of integrated care across primary, community, hospital & social care services

### **World class commissioning**

- PCTs as local leaders of NHS and strategic commissioners of health and healthcare
- Support and development to improve strategic commissioning
- Partnership between PCTs and local authorities (joint strategic needs assessment, local area agreements)
- Focus on health outcomes, quality of services and patient experience