

**ourNHS**  
*our future*



**NHS NEXT STAGE REVIEW**

**Interim report:  
Summary**

**October 2007**

# Summary



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

**As you know, I'm a doctor not a politician.** That's why you asked me to take on this task – and it's why I agreed.

With my colleagues, I have spent my career committed to doing my best to provide patients with high quality NHS care. And I am continuing to work as an NHS surgeon.

But the reason I accepted your invitation to lead this Review is because I believe that it is an important opportunity to take stock of the progress of recent years in improving the quality of care and up the pace of improvement going forward.

I want to make the most of this opportunity to listen to the views of patients, staff and public on how to do this. I have already heard from thousands of people in the weeks since the Review began – and their views have helped shape this interim report. I want to continue to give everyone the chance to contribute during the second stage of the Review.

My aim is to convince and inspire everyone working in the NHS, and in partner organisations, to embrace and lead change. I have met with some scepticism, including from clinical

colleagues. I was expecting it. I told them I would not have agreed to get involved if this was a means of avoiding awkward decisions. I believe however that this is a chance to shape the future of the NHS in a new way.

My assessment is that the NHS is perhaps two thirds of the way through its reform programme set out in 2000 and 2002. In my visits across the NHS I have detected little enthusiasm for doing something completely different; instead the majority opinion is that the current set of reforms should be seen through to its conclusion. I agree.

Making the improvements that people expect us to achieve will not be easy. Improving the quality of care means accepting that fundamental change will have to happen. No-one should see this Review as a way of slowing down or diluting what we need to do. If anything we should be seeking to respond to the rising aspirations of patients and the public and be more ambitious, to help all members of our diverse population live longer, healthier lives, especially those least able to help themselves.

I believe passionately that, through this Review, we all have an opportunity to shape the NHS for the 21<sup>st</sup> century. Our ambition should be nothing less than the creation of a world class NHS that prevents ill health, saves lives and improves the quality of people's lives.

Some aspects are already world class. The challenge is to ensure that every aspect matches the best – to take our health service from good to great.

This interim report is the start of developing this vision for the next ten years. It has two purposes. It describes the key elements of a vision – an NHS that is fair, personal, effective and safe – and sets out the immediate actions that should now be taken to make progress towards it.

I have spent the last three months visiting different NHS organisations and hearing the views of staff. I have participated in lively debates with patients and the public about how they feel the NHS and its partners should respond to their needs.

This report is based on those views, visits and discussions. It acknowledges the progress that NHS and other staff have already made towards achieving that vision, challenges them to be ambitious in striving towards it, and sets out the scope for improvement and the challenges we need to meet over the second stage of the Review.

I believe that this vision for the future should not be just mine – or the Government's – but a vision for the future of health and healthcare in England that is developed and owned by patients, staff and public together.

## THE JOURNEY SO FAR

We are not starting from scratch in achieving this vision.

Back in 1997, the NHS was in relatively poor health. Investment levels had varied considerably over previous decades, hampering proper planning. Although many patients enjoyed good care, many more experienced the trauma of poor access to primary care, long waiting times, old buildings and a winter crisis that was as predictable as the season itself.

Since then, the NHS has vastly improved. I only have to look at my own experience to see the progress that has been made. There are more staff in my team; our patients do not wait as long for operations; and their care is of a higher quality and is more personalised.

Those experiences are echoed across the country. The sustained investment since the NHS Plan (2000) has allowed the NHS to grow. As a result, there are tens of thousands more doctors, nurses and other NHS staff, hundreds of new or refurbished facilities and thousands of new pieces of equipment. Together with the reforms that have been put in place this has helped reduce waiting times, raise standards and improve the quality of care the NHS provides – care that is still provided according to clinical need and not ability to pay.

But in spite of this improvement, the views I have heard from patients, staff and the public do not always fit with the description above.

Patients have told me that they still sometimes feel like a number rather than a person. They do not know how to access the services they need to help them stay well and independent. They cannot always see a GP or practice nurse when they need to.

In short, patients lack 'clout' inside our health care system.

The public say they are sometimes confused about which NHS service they should use. They hear a lot about changes but do not know why they are being made.

Some staff tell me that they haven't been listened to and trusted. They do not feel that their values – including wanting to improve the quality of care – have been fully recognised. Nor do they feel that they have always been given the credit for the improvements that have been made.

The NHS could therefore continue to make incremental improvements.

This would not resolve the frustrations I have identified. It would mean accepting that services stay broadly as they are now. It would mean accepting steady progress rather than a step-change in reducing mortality rates. It would mean the NHS facing

mounting pressure from rising public expectations and from major public health challenges.

## A WORLD CLASS NHS

Alternatively we can choose to be ambitious and set out a clear vision for a world class NHS focused relentlessly on improving the quality of care.

Based on what I have heard and seen, I believe that only this approach allows us fully to respond to the aspirations of patients, staff and the public. Only this approach enables us to deliver the kind of personalised care we all expect.

Our vision should be an NHS that is:

- **Fair** – equally available to all, taking full account of personal circumstances and diversity
- **Personalised** – tailored to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice
- **Effective** – focused on delivering outcomes for patients that are among the best in the world
- **Safe** – as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive.

This is not about changing the way NHS is funded or structured.

Successive reports have shown not only that our system is fair, but also that other comparable systems are, in key respects, less efficient. We now need to:

- move beyond just expanding the capacity of the NHS and focus relentlessly on improving the quality of care patients receive
- be ambitious – respond to the aspirations of patients and the public for a more personalised service by challenging and empowering NHS staff and others locally
- change the way we lead change – effective change needs to be animated by the needs and preferences of patients, empowered to make their decisions count within the NHS; with the response to patient needs and choices being led by clinicians, taking account of the best available evidence
- support local change from the centre rather than instructing it – providing that the right reformed systems and incentives are in place
- make best use of resources to provide the most effective care, efficiently.

## IMMEDIATE STEPS

Some immediate steps should be taken ahead of my final report:

1. To help make care **fairer** the Secretary of State has announced a comprehensive strategy for reducing health inequalities, challenging the NHS, as a key player, to live up to its founding and enduring values.
2. To help make care more **personal**, patient choice should be embedded within the full spectrum of NHS funded care, going beyond elective surgery into new areas such as primary care and long term conditions:
  - New resources should be invested to bring new GP practices – whether they are organised on the traditional independent contractor model or by new private providers – to local communities where they are most needed, starting with the 25% of PCTs with the poorest provision
  - Newly procured health centres in easily accessible locations should be offering all members of the local population a range of convenient services, even if they choose not to be directly registered with GPs in these centres
  - PCTs should introduce new measures to develop greater flexibility in GP opening hours,

including the introduction of new providers. Our aim is that, over time, the majority of GP practices will offer patients much greater choice of when to see a GP, extending hours into the evenings or weekend.

3. To support the delivery of more **effective** care, we should establish a Health Innovation Council to be the guardians of innovation, from discovery to adoption.

4. To help make care **safer**, we should support the National Patient Safety Agency (NPSA) in establishing a single point of access for frontline workers to report incidents: Patient Safety Direct. And to reduce rates of healthcare associated infections still further we should:

- legislate to create a new health and adult social care regulator with tough powers, backed by fines, to inspect, investigate and intervene where hospitals are failing to meet hygiene and infection control standards
- give matrons further powers to report any concerns they have on hygiene direct to the new regulator
- introduce MRSA screening for all elective admissions next year, and for all emergency admissions as soon as practicable within the next three years.

5. We should ensure that any major change in the pattern of local NHS hospital services is clinically led and **locally accountable** by publishing new guidelines to make clear that:

- change should only be initiated when there is a clear and strong clinical basis for doing so (as they often may well be)
- that consultation should proceed only where there is effective and early engagement with the public and
- resources are made available to open new facilities alongside old ones closing.

Any proposals to change services will also be subject to independent clinical and managerial assessment prior to consultation through the Office of Government Commerce's Gateway review process.

## THE SECOND STAGE OF THE REVIEW

Building on these immediate actions, the second stage of the Review will set out how we can deliver the vision for a world class health service through a locally accountable NHS in which health and social care staff are empowered to lead change, supported by the right reformed systems and incentives.

Groups of health and social care staff – over 1,000 people in total – will be established in every region of the country to discuss how best to achieve this vision across eight areas of care:

- Maternity and newborn care
- Children's health
- Planned care
- Mental health
- Staying healthy
- Long-term conditions
- Acute care
- End-of-life care

I want each group to listen to patients, the public and others to identify what it would take over the next decade to commission and provide world class care, using the best available evidence, and set out their plans to deliver on our vision of a fair, personal, effective, safe and locally accountable NHS.

I also have come to the view that the NHS could benefit from greater distance from the day to day thrust of the political process, and believe there is merit in exploring the introduction of an NHS Constitution. I have therefore asked NHS Chief Executive, David Nicholson, to chair a national working group of experts to consider the scope, form and content that such a Constitution might take.

These steps – local and national – will form the basis for a vision for a world class NHS, to be published in June 2008 in time for the 60th anniversary of the NHS.

Best wishes



**Professor the Lord Darzi of Denham FREng, KBE, FMedSci**

Parliamentary Under Secretary of State, Paul Hamlyn Chair of Surgery Imperial College London, Honorary Consultant Surgeon, St Mary's Hospital and the Royal Marsden Hospitals NHS Foundation Trust





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