



## **High Quality Care for All NHS Next Stage Review final report**

Lord Ara Darzi's report for the Government on the future of the NHS, published 30 June 2008, focuses on improving the quality of care in the NHS. More specifically it advocates a move away from centrally dictated targets to an emphasis on 'personalisation' of the NHS led by change at a local level, with increased quality of care, patient choice, and accountability to the public.

In contrast to the interim report published in October 2007, the report veers away from discussing specific changes to community and primary care and the development of health centres or polyclinics.

The interim report also made fairly regular mention of the need for input from private providers to ensure changes to the NHS. The final report makes little mention of these plans, making more of the fact that all providers for the NHS must conform to high levels of quality.

### **Health promotion**

The report has a heavy emphasis on raising the standard of health promotion efforts to enable people to stay healthy. There are six key goals: obesity, reducing alcohol-related harm, drug addiction, smoking, sexual health, and mental health improvement.

Services will be designed by the PCT based on its own population needs, but will include a 'Coalition for Better Health' with voluntary agreements between the Government, private and third sector organisations on actions to improve health outcomes, with obesity the first target. Various other measures include 'Fit for Work' services, to help people who want to return to work but are struggling with ill health and increased emphasis on employers helping their employees to stay healthy.

### **Personalisation**

For patients there is a move towards greater 'personalisation', with the right to choose a GP and treatment to be enshrined in the new NHS constitution. What the patients think of their treatment will have a direct influence on GP funding, along with the responsiveness, accessibility and quality of services. In addition, there are plans for everyone with a long-term condition to have a personalised care plan, a system that is already being piloted in social care. Patients will be guaranteed access to the most clinically and cost effective drugs and treatments approved by NICE.

## **Quality monitoring**

The report emphasizes the importance of improving quality of the care in the NHS and an increase in monitoring of quality.

The Care Quality Commission will be handed new enforcement powers. NICE will also be expanded to set and approve more independent quality standards. Levels of quality will directly affect funding for hospitals, with hospitals which receive negative responses from patients seeing their funding cut.

There will, however, be no new national targets for the NHS.

## **Training and independence**

NHS employees are to be given more independence, with greater clinician involvement in the running of PCTs. The investment in apprenticeships will be doubled as part of an effort to improve education and training. New funds and prizes will be set up to support and reward innovation. New partnerships will be created between the NHS, universities and industry.

Taking independence a step further will be the possibility for PCTs and staff to set up social enterprise organisations. In these organisations transferred staff can continue to benefit from the NHS Pension Scheme while they work wholly on NHS funded work.

## **Integration**

Integrated services will be provided by new integrated care organisations, which bring together health and social care professionals from a range of organisations. There will be a programme to support the development of community health services.

## **The first NHS Constitution**

Taking the concept of patients' rights one step further, the report talks of a draft NHS constitution, covering the principles and values of the NHS, and the rights and responsibilities for patients, public and staff. The constitution aims to bring together in one document the existing rights for patients.

The draft NHS Constitution was published alongside the Darzi report. It outlines seven key principles, as follows:

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, religion or sexual orientation.

- Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

- The NHS aspires to high standards of excellence and professionalism.
- NHS services must reflect the needs and preferences of patients, their families and their carers.
- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well being.
- The NHS is committed to providing best value for taxpayers' money and the most effective and fair use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
- The NHS is accountable to the public, communities and patients that it serves.