



# **The Next Stage review & MNC in England**

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# *The challenges for healthcare and society*



# The stages to our journey

*Where we have been and where we are going*

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

**NHS**

East of England  
East Midlands  
London  
North East  
North West  
South East Coast  
South Central  
South West  
West Midlands  
Yorkshire and the Humber

**High Quality Care For All**

NHS Next Stage Review Final Report

**NHS** Department of Health

**DH** Department of Health

*A consultation on*  
**The NHS Constitution**

**DH** Department of Health

**A High Quality Workforce**  
*the next stage review*

**DH** Department of Health

**Health Informatics Review**  
*Report*

**NHS**

**DH** Department of Health

**NHS Next Stage Review**  
*Our vision for primary and community care*

**NHS**

# 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

# Helping people to stay healthy

*High quality care for patients and the public*

## Context

- Challenges of 21<sup>st</sup> century are **'lifestyle diseases'**
- NHS has a **responsibility to promote good health** as well as tackling illness
- Real **focus on primary care** to improve health

## What we will do

- 1 **A new Coalition for Better Health.** With Government, private and third sector organisations
- 2 **'Reduce Your Risk' campaign.** Raise awareness of biggest killer – vascular diseases and how to reduce risk
- 3 **Support for people to stay healthy at work.** We will pilot integrated Fit for Work services
- 4 **Support family doctors to help individuals and their families stay healthy.** Changes to QOF and PBC to promote prevention

# Empowering patients

*More choice and control over their health and care*

## Context

- Patients want **more control** rather than being passive recipients of services
- Patients want services that are **personal** to their needs
- Giving more control for health services should encourage **more responsibility for health**

## What we will do

- 1 **Extend choice of GP.** Fairer rewards for practices taking on new patients, electronic registration
- 2 **New right to choice.** Draft NHS Constitution contains new right to choose treatment and providers with quality information
- 3 **Personalised care plans for people with long-term conditions.** Service organised around people
- 4 **Pilot personal health budgets.** Learn from social care to give greater control to individuals & families
- 5 **Guaranteeing access to NICE approved drugs.** NICE appraisals will be speeded up

# Quality: Define, measure, publish, reward...

*High quality care throughout the NHS*

1

**Bring  
clarity to  
quality**

- Expanding NICE so it selects the best available, or fills the gaps, and runs a new NHS Evidence service

2

**Measure  
quality**

- Quality Metrics across service line (Patient experience and patient related outcomes)
- Clinical dashboards for teams

3

**Publish  
quality  
performance**

- All providers of NHS services will publish 'Quality Accounts' from April 2010
- Comparative information on NHS choice

4

**Recognise  
and reward  
quality  
improvement**

- New Commissioning for Quality and Innovation scheme
- Multi-year tariff projections, tariff for mental health

# Improve, regulate, and innovate

*High quality care throughout the NHS*

5

## Raise standards

- Stronger clinical engagement in commissioning
- Medical Director and Clinical Advisory Group at every SHA
- Quality Observatory in every region
- National Quality Board

6

## Safeguard quality

- Strong role for regulation by the Care Quality Commission
- Regulation extended to primary care for first time

7

## Stay ahead

- Best Practice Tariffs programme from 2010/11
- SHAs to promote innovation, new fund, & prizes
- Health Innovation & Education Clusters
- Academic Health Science Centres

# Freedom to focus on quality


*Unlocking talents and greater freedom to the frontline*

## Greater freedom to the frontline

- Commitment for all NHS organisations to become foundation trusts
- More freedoms for community services
- Right to request new professional-led model such as social enterprise will retain pension rights
- More autonomy for high performing PCTs

## New accountability

- With greater freedom must come new and enhanced accountability
- Achieved through openness on quality performance
- New accountability is for whole patient pathway
- Applies to care in all settings
- Commissioners accountable for health outcomes of populations



*"The lesson of public service reform is that real excellence depends upon liberating the imagination, creativity and commitment of the public service workforce."*

**Prime Minister Gordon Brown June 2008**

# NHS values inform shared expectations *across the NHS*



**Respect  
and dignity**

**Improving  
lives**



**Commitment  
to quality  
of care**

**Working  
together  
for  
patients**



**Compassion**

**Everyone  
counts**





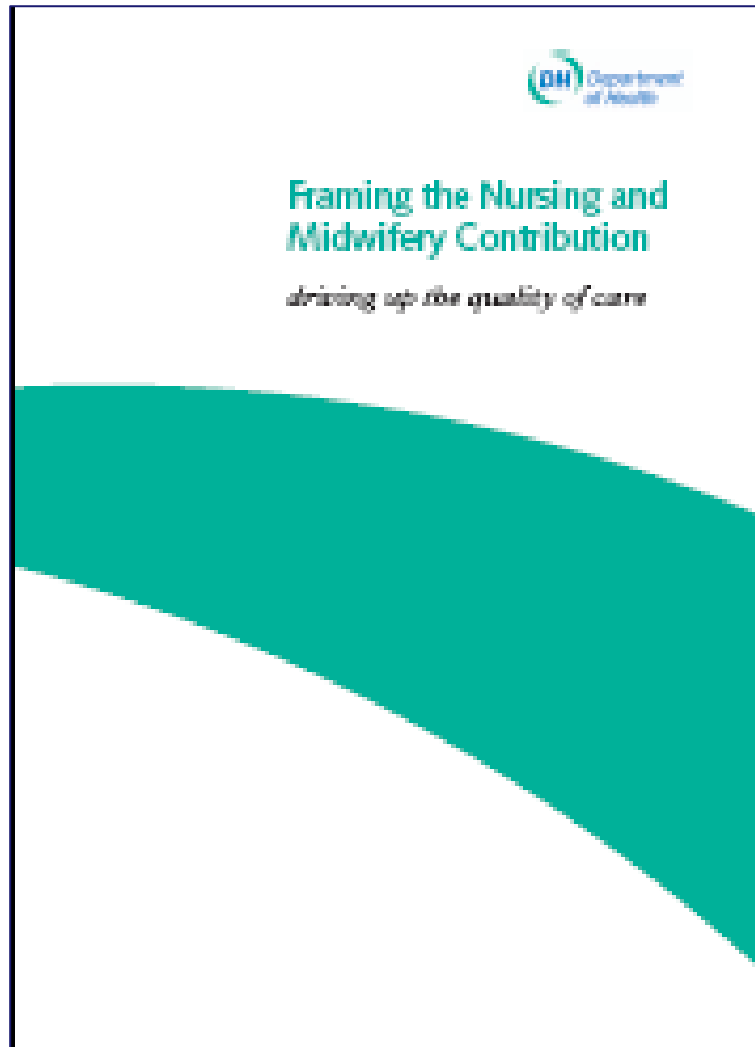
**NHS Constitution**



**NHS Staff Pledges**



## Nurses are PIVOTAL ....



“ we know that nursing and midwifery are fundamental to high quality healthcare.

There is hardly an intervention, treatment or healthcare programme in which we do not play a significant part.

This means we are in a powerful position to improve the quality of care across the NHS and play a major role in improving health outcomes “

*Dame Christine Beasley CNO (2008)*

**Nurses are living proof of that**  
**- they have made a difference to patients & to their health in last decade**



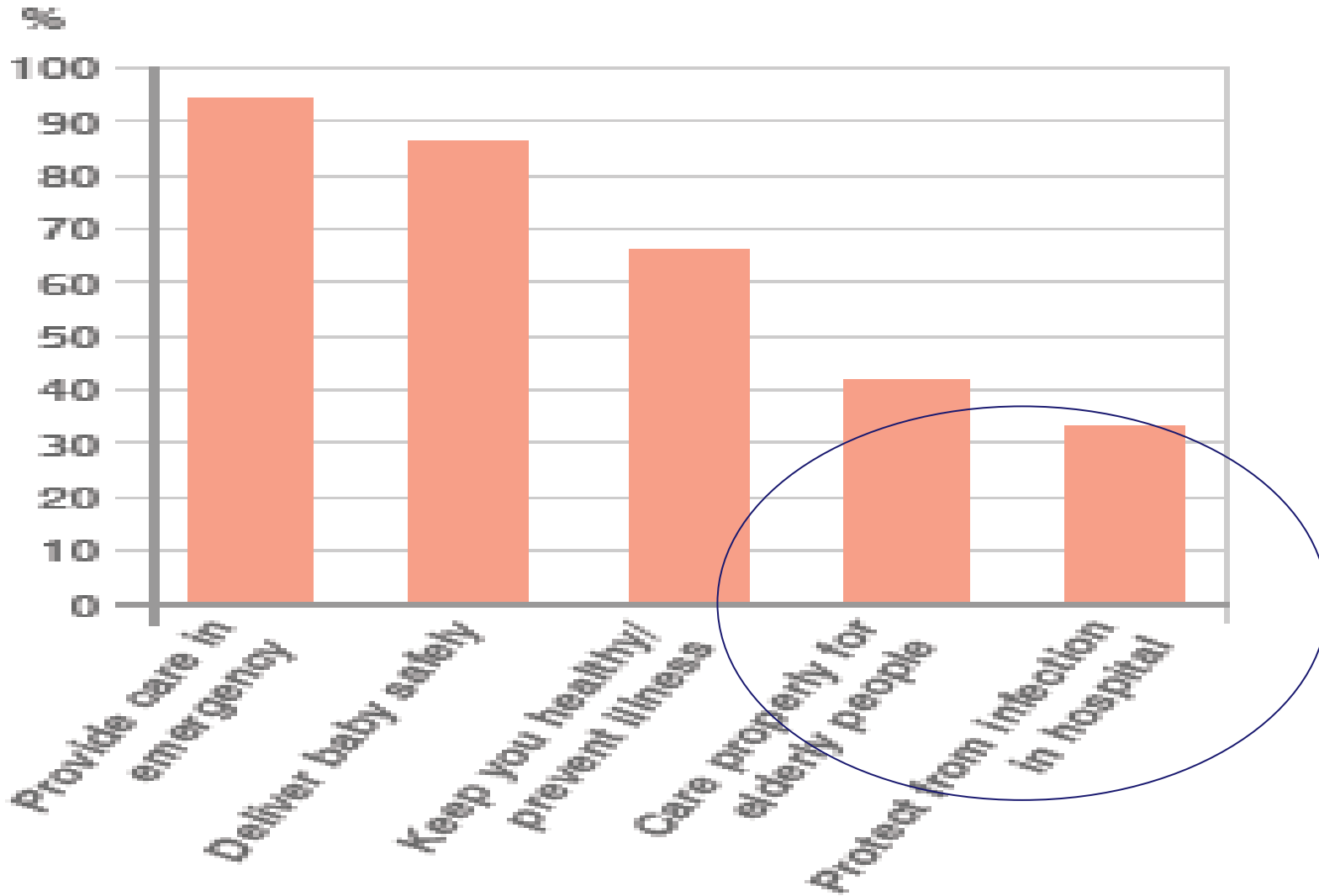
## But are we still seen as the natural gatekeepers?



- Health Scares
- Better informed more critical consumers
- Rogue practitioners
- Failure to challenge poor practice & safeguard patients
- Failures in self regulation
- Territorialism and self interest

# BBC Poll 30th June 08

## CONFIDENCE IN NHS TO...



SOURCE: BBC / ICM Research

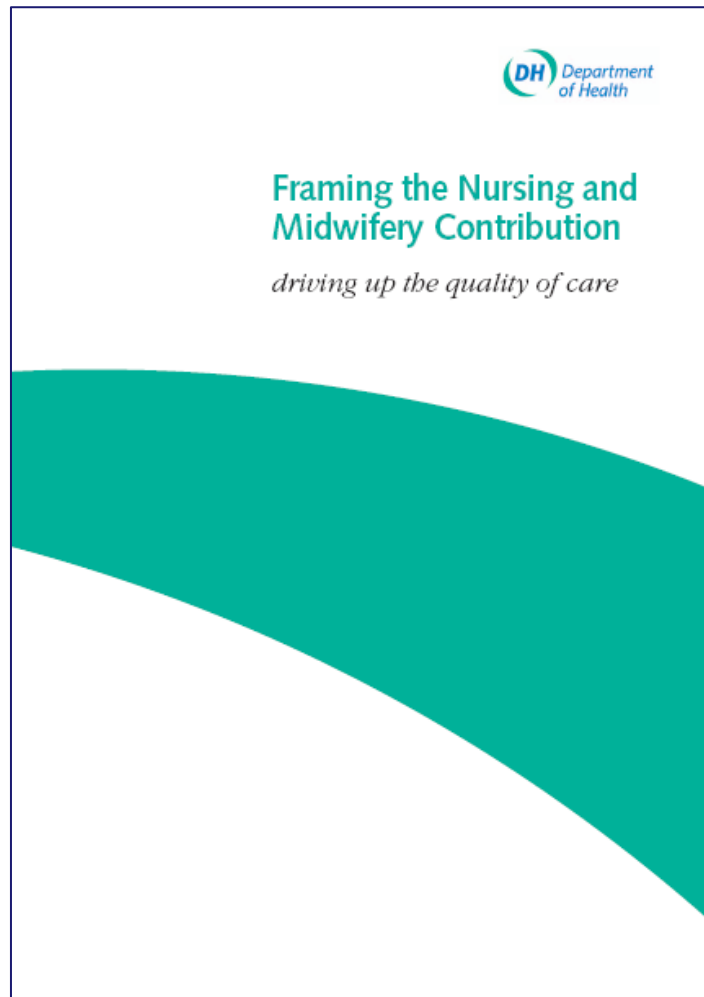
## Nursing quality...

- Remains stubbornly short of where we want it to be & where we know it could be.
- Agonisingly slow and sporadic in making improvement.

# Nursing Strategy

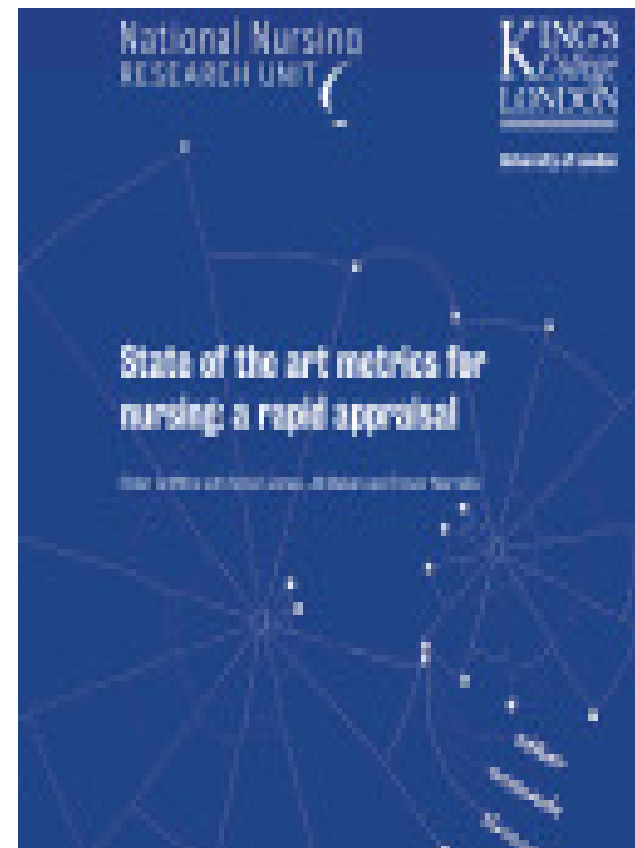
- 1 **Image and identity ( restating our role & values)**
- 2 **Quality at the heart**
- 3 **Continue Modern careers & education**
- 4 **Focus on health - transforming primary & community care**
- 5 **Access, choice & personalisation**

# The stage has already been set for nursing & midwifery



# The NSR Quality Challenge

- Bringing clarity to quality
- Measuring quality consistently across service
- Being transparent – publishing
- Rewarding quality
- Safeguarding quality
- Staying ahead
- empowering staff
- Accountability for quality
- Fostering leadership for quality

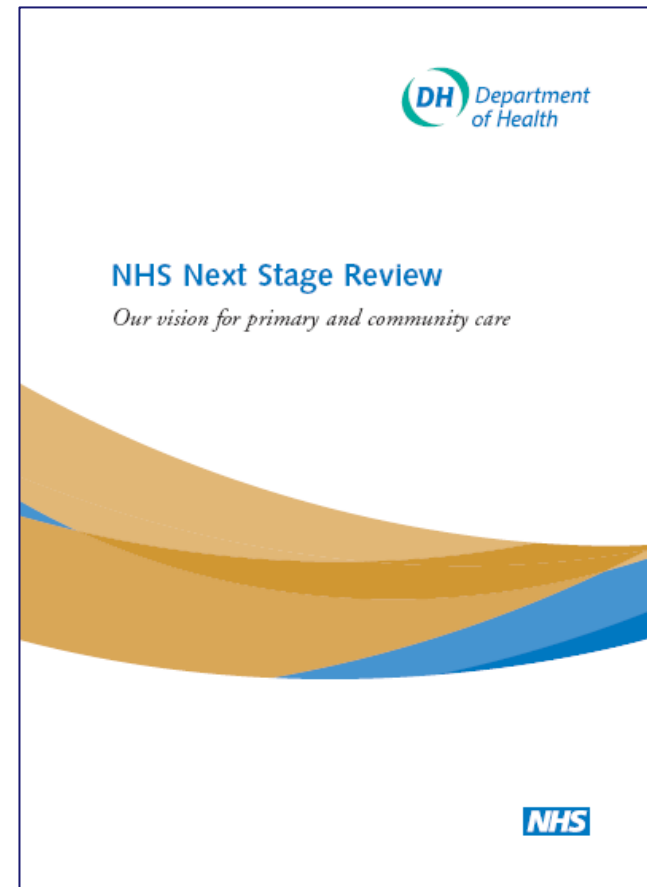


# Nursing Quality

- Metrics to define & measure the quality of nursing care
- Care line' management - accountability framework that spans delivery of care to the boardroom
- Extend the 'Productive Series' to community services refreshing Essence of Care.

# Transforming primary and community services

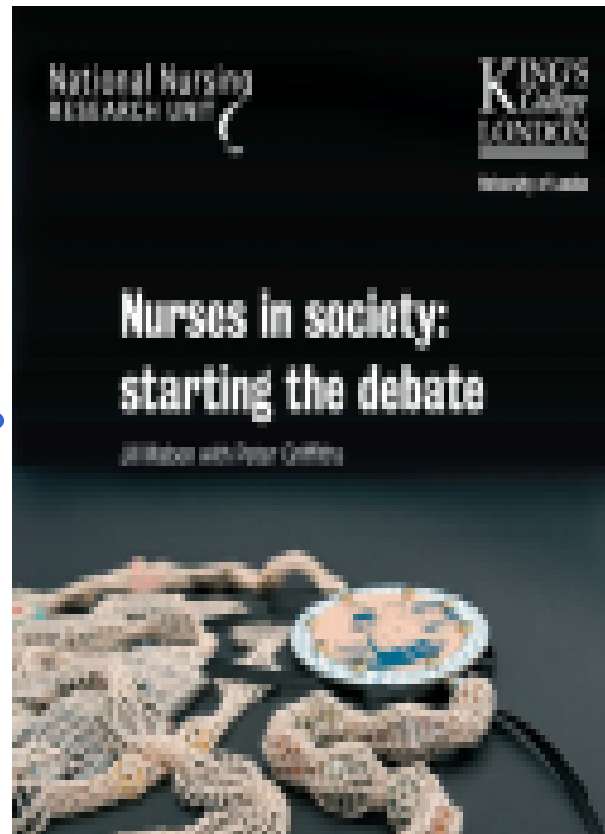
- New focus on health and addressing inequalities for all
- Care out of hospital
- Approach to care planning (LTC) - patient and practitioners in a 'meeting of experts' relationship
- Multi disciplinary practice based commissioning
- Joined up services - integrated care pilots
- "Right to request" PCT Boards to consider the establishment of social enterprises, while retaining right to access the NHS pension scheme
- Clinical and leadership skills and resources for world class commissioning and effective high quality care



# The Future....transformational leadership and 'new' approaches to practice

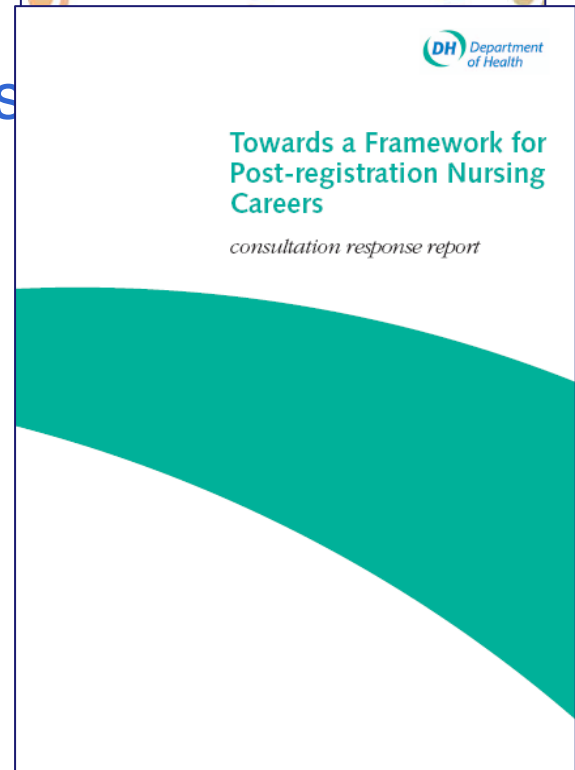
- Nurses and AHPs as business entrepreneurs (Entrepreneurial Nurse/AHP)
- Leaders of service transformation
- Champions of community clinical quality

# Nursing Roles and image



# Nursing careers & education

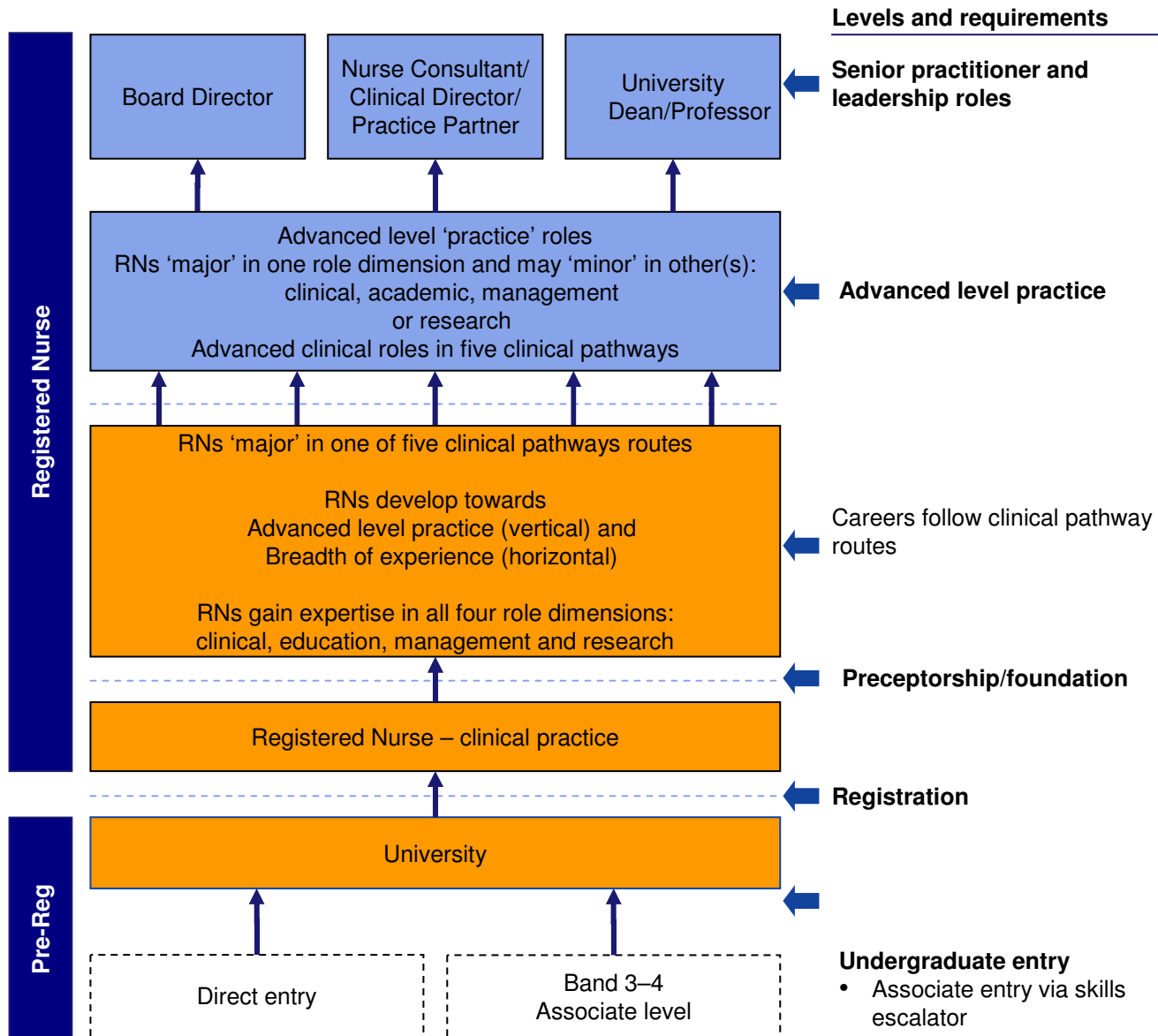
- Better recruitment
- Health focused careers
- Preceptorship
- Graduate registered nursing
- Clinical academic & education careers
- Pathway based careers
- Leader Practitioner Partners
- Advanced and autonomous roles



## Changing careers

- Hospital based care
- Single point of entry
- Linear careers
- NHS as employer
- Advanced skills not defined
- Role dictated by title
- Hierarchically managed
- Outdated image
- ✓ Community-centred
- ✓ Multiple entry points
- ✓ Movement
- ✓ Alternative employers/models
- ✓ Standardisation of advanced skills
- ✓ Needs of patients
- ✓ Self-directed, multi-professional
- ✓ Opportunity and diversity

# Sample careers structure



# Key Dependencies

- Education Commissioning for Quality – clinical placements
- Leadership
- Regulation - including grades 1-4
  -
- Education funding - MPET review
  - Benchmark price
  - Review of student support
- Medical Workstream
  - Role of the doctor;
  - Modular credentialing
- CPD, Apprenticeships and e-learning
- Workforce Planning Quality Metrics
- Child Health Workforce Strategy

## New standards for Pre registration – NMC proposals & questions

- Shift to graduate registration – ? Credits must work across the UK and with Bologna
- Mandatory preceptorship but a full review first
- Field of practice remains but greater permeability
- Increasing proportion of community focussed experience
- EU requirements for Adults
- APEL

# How

## **Co-production**

working jointly with the NHS & stakeholders

## **Subsidiarity**

devolving power and decision making as close to patients as possible

## **Clinical leadership**

aligning managerial and clinical priorities and leadership

## **System alignment**

making sure all parts of the system work together and pull in the same direction