

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

THE DARZI REVIEW AND OUR VISION FOR SHARED CARE

1. Purpose of the Paper

This paper aims to do the following:

- Outline the key milestones in the NHS Next Stage Review process, which has taken place over the past 12 months and been led by Lord Ara Darzi.
- Summarise the key recommendations of Lord Darzi's Interim Report (October 2007)
- Consider the potential impact of the above upon the Trust
- Describe how the Trust may respond to Lord Darzi's recommendations using some of the plans described within the "Vision for Shared Care", which was published in September 2007.

2. Executive Summary

Lord Darzi's Interim Review Report highlights a number of key issues that are likely to have an impact upon NUTH.

The main issues are:

- A shift in focus from treatment to prevention of ill health
- The expansion of primary and community services and the opportunity for other NHS and private providers to tender for these
- The emphasis on delivering care closer to home
- The introduction of a Health Innovations Council
- A new regulator with tougher powers to deal with HCAI
- New guidelines to govern changes to hospital services
- The focus on eight key streams of patient care

The Trust is cognisant of the potential implications that may arise from the above. Clear plans have been developed under each heading and the Trust is taking active steps to mitigate any potentially negative effects.

3. The NHS Next Stage Review – Purpose

- 3.1 The Next Stage Review was launched as a "stocktaking exercise" as the NHS approaches its 60<sup>th</sup> Birthday and is 8 years into a programme of major reform, which was originally set out in the NHS Plan in 2000.

3.2 In launching the Review, Alan Johnson, Secretary of State for Health, highlighted that healthcare in the 21<sup>st</sup> Century is being delivered against a backdrop of:

- Increasing expectations
- Demand driven by changing demographics
- An “Information Society”
- The changing nature of disease
- Changing expectations of the health workforce

3.3 Mindful of the above, Mr Johnson advised that this would be the first review of its kind in engaging patients, staff, and wider public in addressing four key challenges:

- Firstly, working with NHS staff to ensure that **clinical decision making is at the heart of the future of the NHS** and of the pattern of service delivery.
- Secondly, improving patient care, including providing **high-quality, joined-up services for those suffering long-term or life-threatening conditions**, so that patients are treated with **dignity in safe, clean environments**.
- Thirdly, ensuring that more **accessible and convenient care is integrated across primary and secondary providers**, reflecting best **value for money** and offering services in the **most appropriate settings for patients**.
- Fourthly, establishing a vision for the next decade of a health service that is based less **on central direction and more on patient control, choice and local accountability**, and which ensures that services are responsive to patients and local communities.

#### 4. The NHS Next Stage Review – Process and Timeline

4.1 The overall process and timeline for the Next Stage Review process is summarised at Appendix 1.

4.2 Key milestones include the Review Launch in July 2007 by Alan Johnson, Secretary of State for Health. This was followed by Lord Darzi’s Interim Report in October 2007 and the Final Report in June 2008.

#### 5. Lord Darzi’s Interim Report – Key Recommendations

Key recommendations in the October 2007 Report included:

5.1 The need to create a “world class” service which **prevents ill health, saves lives and improves the quality of people’s lives**. It is acknowledged that

some aspects of the NHS are already world class and that the challenge is to make sure that this applies to all healthcare.

5.2 The need to develop a **vision for the next 10 years, which will support and underpin the above. Key elements of the vision are:**

- Fairness – services which are equally available to all regardless of personal circumstances.
- Personalised care – services which are tailored to individual needs, especially for the most vulnerable and those in greatest need.
- Effective care – services that are focused on delivering outcomes for patients that are the best in the world.
- Safe care – i.e. as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive.

5.3 The need to **shift the focus from increasing the quantity to improving quality.**

5.4 Some **immediate and practical steps to implement the above** recommendations are summarised in Lord Darzi's Interim Report and these include the following:

- To make care **fairer** a comprehensive strategy has been announced for reducing healthcare inequalities.
- To make care **more personal** patient choice is to be embedded within the full spectrum of NHS funded care, going beyond elective surgery into new areas including primary care and long term conditions.

New resources are to be invested in bringing new GP practices to local communities that are most in need i.e. the 25% of PCTs with the poorest provision. In delivering these services existing GP providers, or new private providers may bid to develop services.

Newly procured health centres should also be developed, which deliver a range of flexible services including “walk in” or without appointment services.

The above services should be available at evenings and weekends.

- To support **effective** care a Health Innovation Council should be developed as the guardian of innovation from discovery through to adoption of new services.
- To help make care **safer**, a range of steps have been agreed:

The National Patient Safety Agency (NPSA) is to establish a single point of access for frontline workers to report incidents.

In relation to healthcare associated infections a range of steps have been agreed including the development of a new health and social care regulator with tough new powers to impose fines and intervene when hospitals are failing, giving matrons further powers, introducing MRSA screening for all elective admissions in 2008 and for emergency admissions in 2009.

- Finally, it has been agreed that major changes in the pattern of local NHS hospital services must be clinically led and **locally accountable**. New guidelines are to be published which make clear that:
  - Change should only be initiated when there is a clear and strong clinical basis for doing so.
  - That consultation should proceed only where there is effective and early engagement with the public.
  - Resources are made available to open new facilities alongside old ones closing.
  - Any proposals to change services will be subject to independent clinical and managerial assessment prior to consultation through the Office of Government Commerce's Gateway review process.

## 5.5 The Next Stage of the Review

The Interim Review Report goes on to say that Lord Darzi plans to work with patients, staff and the wider public in reviewing 8 key areas of patient care and agreeing a 10 year vision, which will support the delivery of world class care.

The 8 patient care streams, which will be the focus for the above work, are as follows:

- Maternity and New Born Care
- Children's Health Services
- Planned Care
- Mental Health
- Staying Healthy
- Long Term Conditions
- Acute Care
- End of life Care

## 6. Lord Darzi's Interim Report – What are the Key Issues, How Might These Affect the Trust and how Might the Trust Respond?

### 6.1 Shifting the Focus from Treating Ill Health to Prevention

The North East is an area with some of the highest levels of deprivation and associated ill health in the country. To address this situation it is considered that there is a need to invest in the prevention agenda to a much greater extent than is presently the case.

Clearly, the resources to support the above change will need to be identified and in the North East proposals there is clearly the potential for resources, which are currently invested in secondary and tertiary care services, to be diverted into services which aim to prevent ill health in the future.

The recommendations of the Darzi Review in the North East constitute a major threat to the current size of the hospital sector. A direct consequence is likely to be a reduction in the number of hospitals providing specialist services and a significant reduction in hospital activity in both District General Hospitals and Regional Centres.

#### How Can the Trust Respond?

To respond to the above it is important for the Trust embrace the need to deliver more care in the community to mitigate against the potential loss of activity to DGHs. Developments at Brighton Grove and Walkergate constitute a central part of the organisation's plan to do this. Plans are already well advanced in both of these areas where it is hoped that services will be operational in the earlier part of 2010.

The need to influence the specialised services agenda is also key and the Trust is actively engaged in this work. Central to this will be the Trust's leadership of and involvement in strong Clinical Networks which will underpin service delivery.

#### 6.2 Equitable Access

To improve access to primary healthcare care services it has been determined that new GP Practices and Health Centres should be developed in areas where there are shortages. The North East is considered to be under doctored and 24 new GP Practices as well as three new Health Centres are to be developed across the North East region.

As described above, it was agreed that as well as the current GP contractors, other providers of healthcare – NHS and private - would be eligible to bid to deliver these services.

#### How Can the Trust Respond?

The Trust has chosen to tender to deliver GP and Health Centre Services in both Newcastle and North Tyneside.

If the Trust is successful there will be a range of advantages for patients who will benefit from integrated and streamlined pathways of care across primary, secondary and tertiary care interfaces i.e. the Vertical Integration Agenda.

Delivering primary / community based services will also expand the Trust's portfolio of services and mitigate against potential losses as described above.

### 6.3 Health Innovation Council

This is to be established to oversee advances / new innovations in healthcare.

#### How Can the Trust Respond?

The Trust needs to be aware of this new agency and work within the framework and guidelines that are established.

### 6.4 New Healthcare Associated Infection (HCAI) Regulator

A much tougher approach is planned to manage trusts who are failing to tackle MRSA, C Diff and other HCAs. This includes the development of a new regulator who can investigate, inspect and intervene when satisfactory progress is not being made.

#### How Can NUTH Respond?

This is a challenging area for the Trust. A clear action plan has recently been approved and implemented and the organisation has adopted a zero tolerance approach.

### 6.5 New Guidelines to Govern Changes in Hospital Services and New Standards about Consulting with the Public

Any major change in the pattern of local NHS hospital services must be clinically led and locally accountable.

#### How Can the Trust Respond?

This is generally positive for the organisation meaning that there must be a strong and clear basis for change. The Trust's leadership of and involvement in clinical networks is of central importance here.

### 6.6 Review of 8 Key Patient Care Streams

As mentioned above, service change is to be focused around 8 key areas of patient care:

- Maternity and New Born Care
- Children's Health Services
- Planned Care
- Mental Health
- Staying Healthy
- Long Term Conditions
- Acute Care
- End of life Care

#### How Can the Trust Respond?

The Trust is and must continue to be actively involved in discussions with

regard to patient pathways in the above areas – from both a clinical and managerial perspective.

Exploring opportunities to deliver care closer to home in each of these areas is important and the Trust is actively doing this in developing Brighton Grove, Walkergate and the potential new sites that will be progressed under the umbrella of the Equitable Access Project.

## 7. Summary and Conclusions

Lord Darzi's Interim Review Report highlights a number of key issues that are likely to have an impact upon NUTH.

The main issues are:

- The shift in focus from treatment to prevention of ill health
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The Trust is cognisant of the potential implications that may arise from the above. Clear plans have been developed under each headings and the Trust is taking active steps to mitigate any potentially negative effects.

## 8. Recommendation

To i) note the key issues highlighted within the Next Stage Review Interim Report by Lord Darzi and the Trust's plans to address these and ii) receive a briefing on Lord Darzi's Next Stage Review Final Report at the November meeting.

**David Allison**  
**Director of Operations**  
**16<sup>th</sup> September 2008**

**Darzi Review Process - Timeline**

<a href="#"><u>Review announced: Secretary of State in the House of Commons, 4 July 2007</u></a>	<a href="#"><u>Stakeholder forum: introductory presentation, 12 September</u></a>	<a href="#"><u>Consultative events: over 1,000 people attend events around the country, 18 September 2007</u></a>	<a href="#"><u>Interim report: published by Lord Darzi, 4 October 2007</u></a>	<a href="#"><u>Clinical working groups: local clinicians and others in each Strategic Health Authority</u></a>	<a href="#"><u>National working groups: considering issues requiring action at national level</u></a>	<a href="#"><u>Clinical summit: at London's ExCel Centre, 21-22 November 2007</u></a>	<a href="#"><u>Local engagement events ensure the views of local staff and patients feed into clinical working groups</u></a>	<a href="#"><u>Reconvened consultative events discuss models of care developed by local working groups, 24 January 2008</u></a>	<a href="#"><u>Local visions: SHAs to develop local models of care for the next decade</u></a>	<a href="#"><u>Final report: Lord Darzi's nationwide vision for next decade, June 2008</u></a>
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