Our NHS our future
NHS Next Stage Review – interim report

Published in October 2007 Lord Ara Darzi's interim report on the future development of the NHS is considered to be the basis for several major changes already underway to the structure of primary and community care in England and Wales. Although this was not the final report, which is due in summer 2008, it did outline several significant actions that are already in full swing, one of the most notable being the introduction of health centres or polyclinics across England and Wales.

Lord Darzi's 'vision' for the future NHS is of a world-class NHS that is:
- fair – equally available to all;
- personalised – tailored to the needs of the individual;
- effective – delivering outcomes for patients at a world-class level;
- safe as it can possibly be.

With the exception of some very precise actions (see below), much of the interim report considers the strategy for achieving this vision of the NHS in a more general way with the details being determined by individual strategic health authorities (SHAs) for inclusion in the final report. However, what the interim report does give is the general thrust of the strategy that will be used to achieve this vision of the NHS. Two ideas in the report stand out above all others: the need for the NHS to fully embrace the use of 'other' organisations, be they private or voluntary, to achieve its goals; and that change should be led at the local level such that 'no major service change should happen except on the basis of need and sound clinical evidence' with public consultation initiated at an early stage.

Considering each aspect of the 'vision' individually, as the interim report does, certain points are clear.

'A Fair NHS'

For the NHS to be fair, the report acknowledges that access to health and social care services has to be improved for people in disadvantaged and hard-to-reach groups and those living in deprived areas, in order to close the unjustified gaps in health status between individuals. The report outlines no precise actions for how this is to be achieved, but does highlight the need for cross-government action and that 'PCTs have a key role in working with local authorities, Local Strategic Partnerships, communities, industry, the voluntary and private sector and individuals to ensure a broader approach and focused action'.

'A Personalised NHS'

By far the largest section of the report is on the creation of a 'personalised' NHS. Within this section clear actions are outlined to achieve 'equitable access to primary medical care'. These actions are as follows:

- Investment to bring at least 100 new GP practices, including up to 900 GPs, nurses and healthcare assistants into the 25% of PCTs with the poorest provision.
- Investment to enable PCTs to develop 150 GP-led health centres, in easily accessible locations and offering a range of services to all members of the local population, including pre-bookable appointments, walk-in services and other services. These services should be available whether a patient chooses to be registered or not.
- At least half of all GP practices to open each weekend or on one or more evenings each week. Where existing GPs do not start to offer these extended services, PCTs will be able to use funding made available to commission new services from other GPs, GP federations or other providers.
- An increasing proportion of the NHS payments made to GP practices will be linked to their success in attracting patients, and the views of their patients, including the ability to book advance appointments and the ability to see a GP within 48 hours.
- The development of a website to show key information about all GP practices, including results of patient surveys, practice opening times and performance against key quality indicators.

These actions form part of a broader strategy for the future of primary and community care that is under review by a separate committee. This review covers several areas, including:

- incentives for health outcomes;
- the linking of funding for GPs with the number of patients treated and use of the 'money follows the patient' concept;
- the expansion of patient choice, including making it easier for 'new entrants to start providing primary care on contract to the NHS as of right in under doctored areas without a slow and bureaucratic procurement process';
- the wider use of other service providers, including voluntary organisations and the independent sector.

Lord Darzi goes as far as to note that the independent sector should now shift its focus to local services, to primary and out-of-hospital care, and to enable this change services should be procured at a local level rather than at a national level. The move of the independent sector to the provision of local services could, according to the report, 'challenge the established ways of working among NHS organisations'.

The 'personalisation' of primary and community care should result, according to the report, in the creation of an integrated care system with the ideal being a 'single health and wellbeing service in every local community'. Within this system the NHS would allow 'eligible' service users considerable choice and

personal control over care and support packages, in much the same way that individual budgets are now being introduced in social care. A suggested initial move will be practice-based commissioners being allowed to commission alternative services to those provided by the NHS.

'An Effective NHS'

Providing the most effective care for patients to obtain the best outcomes is without a doubt a priority for the NHS. The strategy for achieving this is being developed with the eight SHAs, but at a national level the report targets the use of innovation and the assessment of quality within the NHS as a way to increase the effectiveness of outcomes. The major actions being:

- The establishment of a Health Innovation Council (HIC), which would act as a 'guardian for innovation from discovery through to adoption' and so help overcome any barriers to innovation. The current organisations, NICE, the National Institute for Health Research and the NHS Institute for Innovation and Improvement, will be members of the HIC.
- The establishment of Academic Health Sciences Centres (AHSCs) in teaching centres across the country which bring together world-class research, teaching and patient care to encourage innovation.
- The development of a standard quality framework and proposals for systematic measurement against the framework. Patients should be able to see this information before choosing where to be treated.

'A Safe NHS'

In this section the emphasis is on tackling hospital-acquired infections, with the major actions put forward being:

- A new health and adult social care regulator with powers to inspect, investigate and intervene where hospitals are failing to meet hygiene and infection control standards.
- Introduction of annual infection control inspections of all acute trusts.
- Introduction of MRSA screening for all elective admissions in 2008 and for all emergency admissions within the next three years.
- Financial penalties or rewards in the commissioning process linked to providers' performance in terms of infection and cleanliness.

The final section of the report is dedicated to a discussion of 'a locally accountable NHS'. Darzi makes it clear that any changes to the NHS should be based on need and clinical evidence. The decision-making should be at a local level and subject to public and clinical scrutiny from an early point in the process.

The vision of the NHS outlined in the interim review can not be faulted. No one would disagree with the wish for an NHS that is fair, personalised, effective and safe. It is the means by which this vision is achieved which are of concern. The report is peppered with references to the NHS seeking services from the independent sector and it is clear that the report wholeheartedly advocates the use of the private sector to achieve Darzi's vision in ten years time.

Some of the most obvious references to the use of the private sector appear in the section on personalisation of the NHS, for example the development of GP-led health centres, which the PCT is expected to commission from 'existing GP groups or other providers'. In the area of GP surgery opening times, the report notes that 'where existing GPs do not start to offer these extended services, PCTs will be able to use funding we make available for this to commission new services from other GPs, GP federations or other providers'.

There are also references to making it easier for 'new entrants' to start providing primary care on contract to the NHS 'as of right in under doctored areas' and a call for the independent sector already involved in surgical procedures to now move its focus to primary and community care.