

A clear road ahead

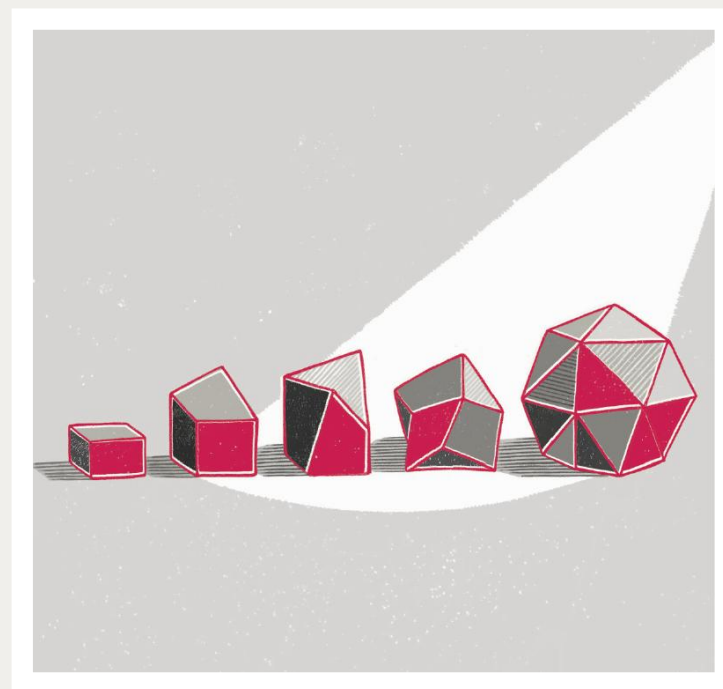
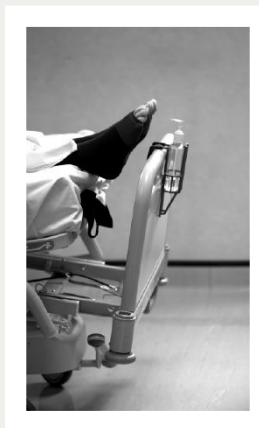
Developing the quality strategy for the NHS in England

19 January 2017

About us

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

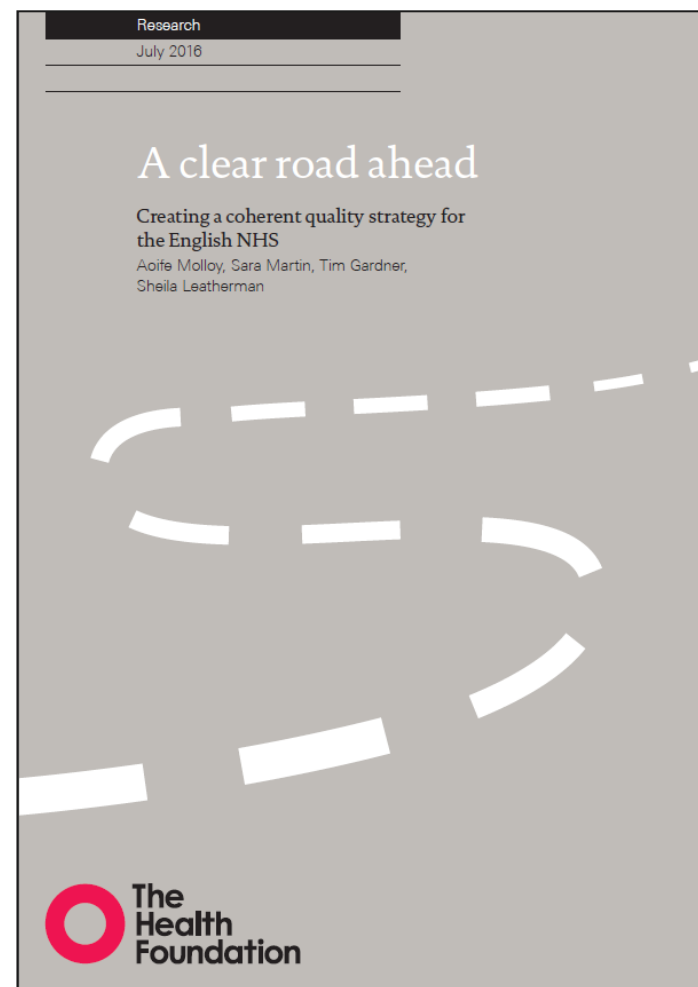
We connect what works on the ground with effective policymaking and vice versa.



We shine a light on how to make successful change happen

Introduction

- Review of quality strategy for National Health Service in England
- Concepts that may be relevant to other health systems



Setting the scene

The UK health system and the history of healthcare reform

The UK health system

- Health Service founded in 1948 to offer universal access to comprehensive healthcare
- NHS services mostly free at point of use, access based on need not ability to pay
- Funded primarily from general taxation, with high level of publicly-owned provision



THE NHS
CONSTITUTION
the NHS belongs to us all

Four countries, four health services

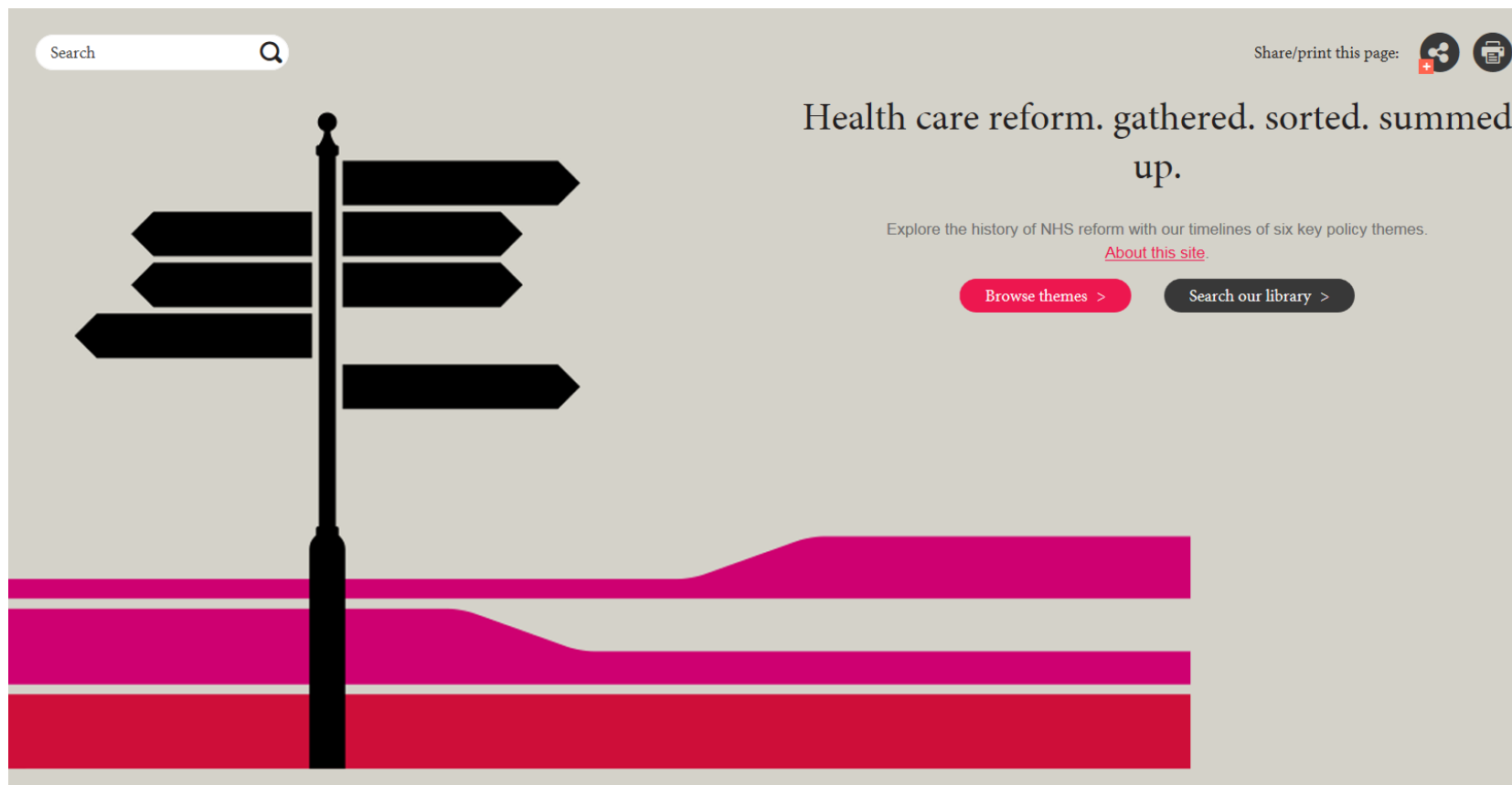


- Health policy devolved since 1999
- Each country has own NHS, all based on same founding principles but organised differently

The NHS in England

- Only UK health service with a purchaser-provider split, with more emphasis on competition than Scotland and Wales
- Greater plurality of provision, with more use of NHS-funded, privately provided healthcare – albeit still relatively low
- Range of different payment systems across primary, acute, mental health and community services
- Public health and social care services provided by local government – latter is means tested

Long, complicated history of reform in England



The screenshot shows a website interface for exploring NHS reform. On the left, there is a search bar with the text "Search" and a magnifying glass icon. Below the search bar is a graphic of a black signpost with several black arrow-shaped signs pointing in different directions. The background of the page is light grey. On the right side, there is a heading "Health care reform. gathered. sorted. summed up." followed by a sub-heading "Explore the history of NHS reform with our timelines of six key policy themes." and a link "[About this site.](#)". Below this, there are two buttons: "Browse themes >" and "Search our library >". In the top right corner, there are icons for "Share/print this page:" and a printer icon.

New Labour, 1997 to 2010

“The world’s most ambitious, comprehensive, systemic and intentionally funded effort to create predictable and sustainable capacity for improving the quality of a nation’s health care system”

Leatherman and Sutherland, 2003



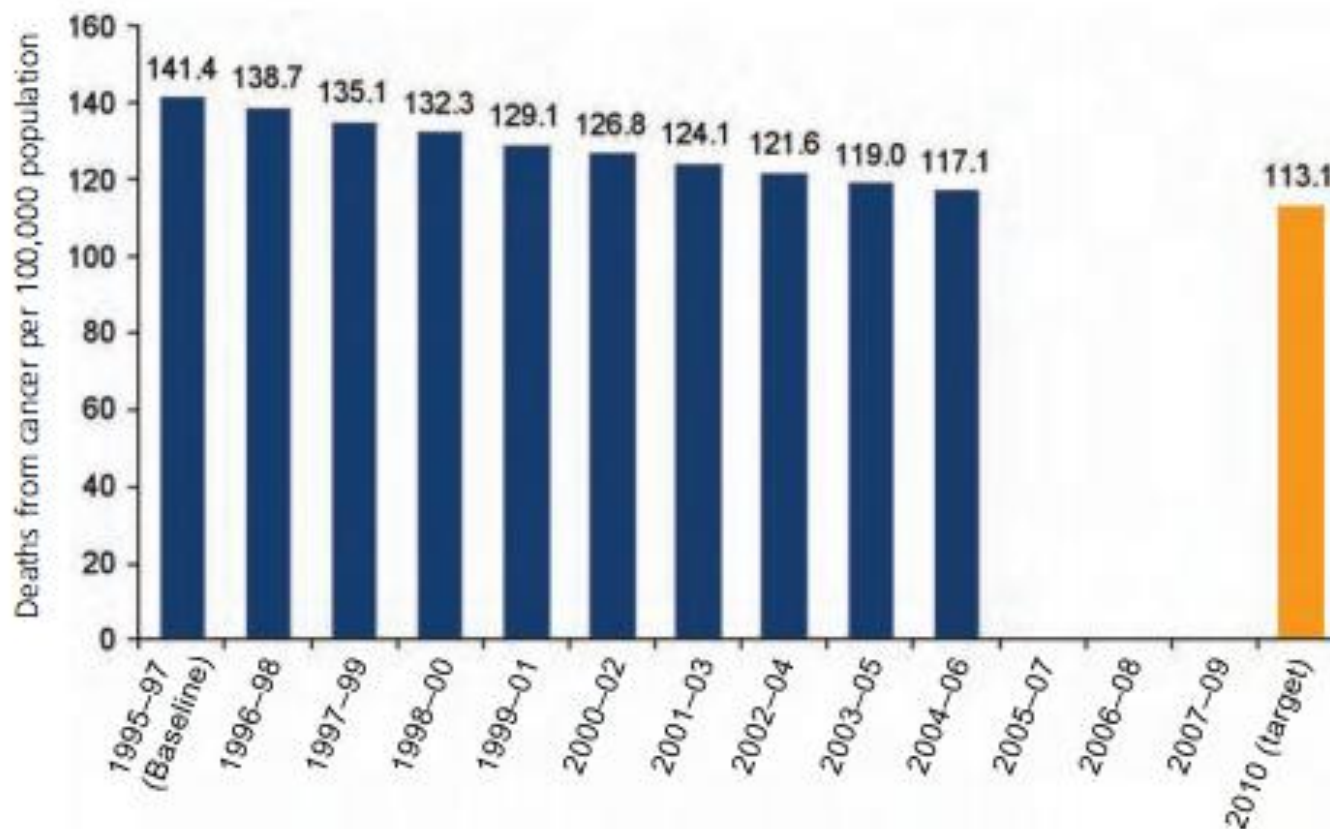
The Department of Health

The new NHS
modern . dependable

Presented to Parliament by the
Secretary of State for Health
by Command of Her Majesty,
December 1997

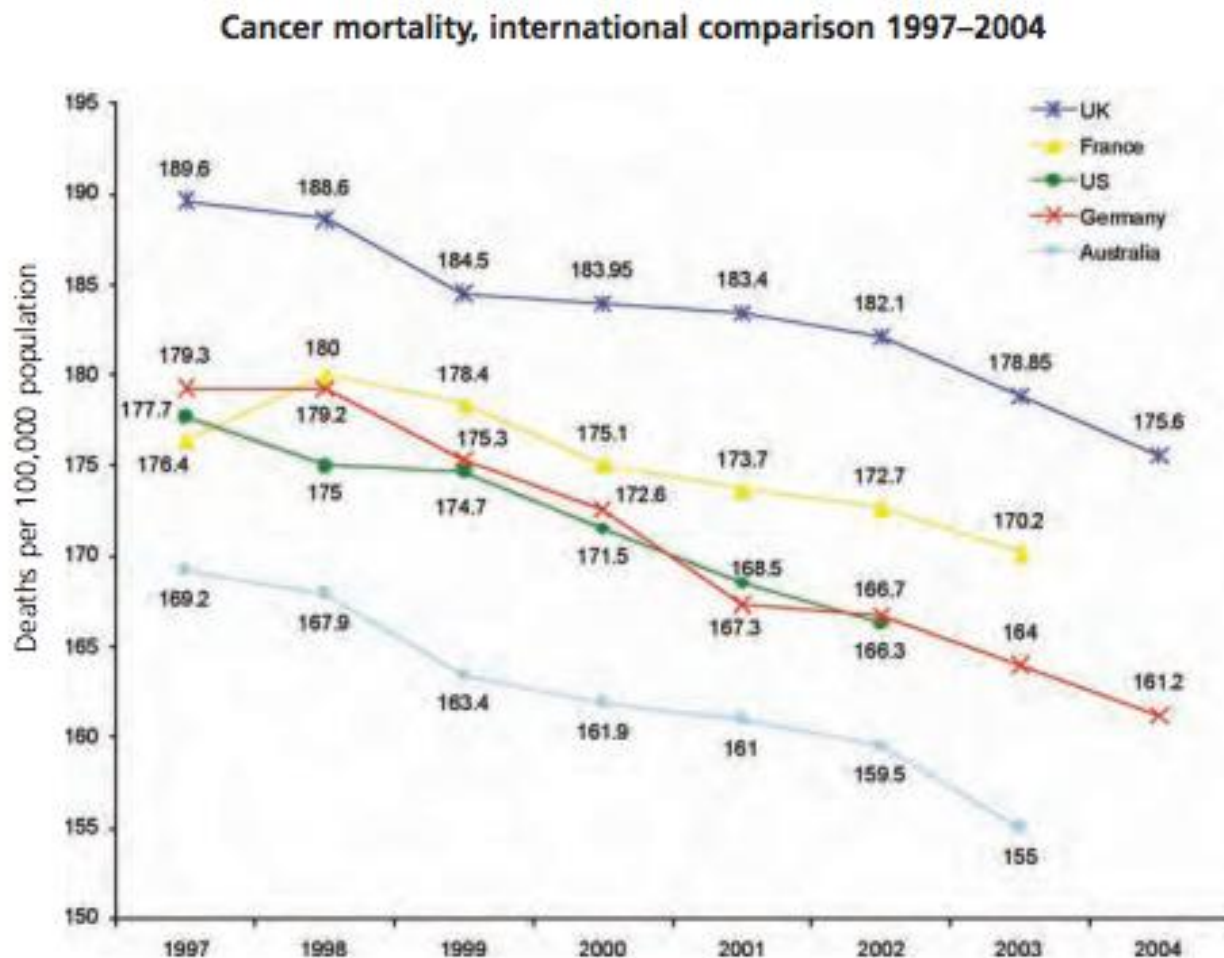
Quality of care improved...

Mortality rates from cancer (people <75 years), England, 1995–97 to 2004–06



Source: NCHOD

...But perhaps not as quickly as expected



A national quality programme

In 2008, an independent report by Professor Sheila Leatherman and Dr Kim Sutherland highlighted that the NHS had still not developed a coherent approach to quality

That report called for a national quality programme, to have two objectives:

- Develop a coherent approach to improving quality
- Make better use of the available evidence to refine policy changes

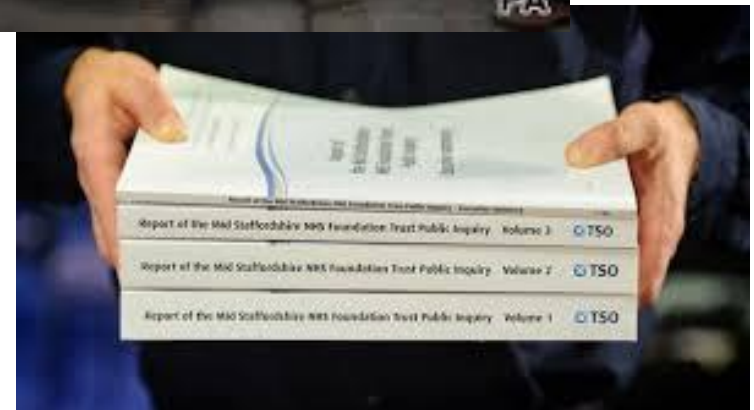
NHS Next Stage Review, 2008

- A national definition of quality – safe, effective, good experience
- A national framework for aligning plans, actions and resources behind quality as the organising principle of the NHS
- A national quality board to oversee progress



But then...

- 2010 – New government, big new reform agenda
- 2011 – Draft legislation introduced to Parliament
- 2012 – Health and Social Care Act 2012 finally passes
- 2013 – Final report of public inquiry into Stafford Hospital
- 2014 – Government responses, NHS Five Year Forward View
- 2015 – New care models, Sustainability and Transformation Plans, new clinical strategies, etc



Where does this leave the NHS?

- Caught between continuing growth in demand and most financially austere decade in NHS history
- Challenging objectives to maintain quality and balance the books, while transforming care delivery for the future
- Revival of ‘command and control’ management from the centre, with proliferation of top-down policy initiatives
- Complicated new structures, with more fragmented national leadership and accountability unclear

Our research

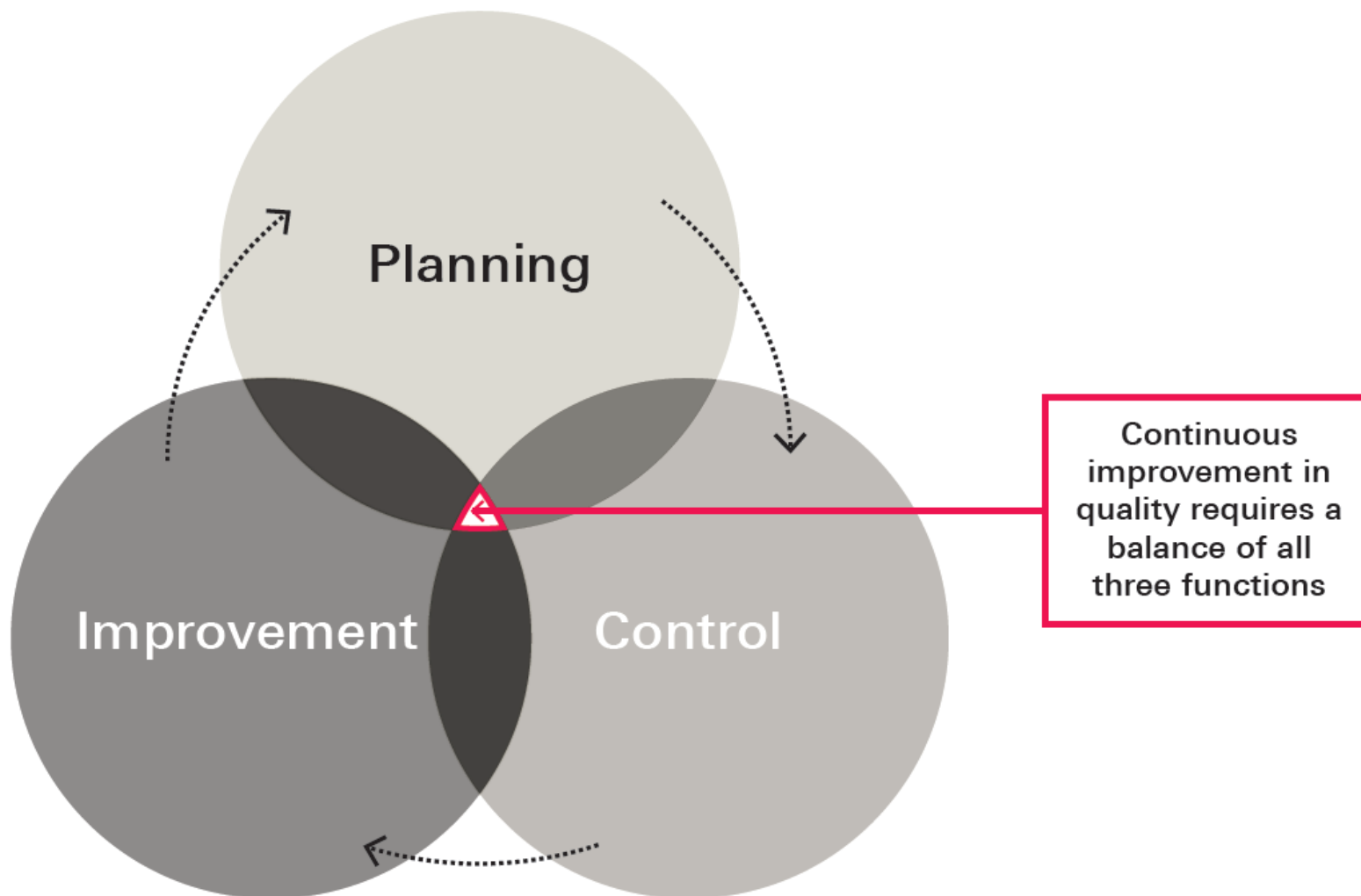
Key concepts and frameworks

What we did

Aimed to understand policy framework on quality, in the wake of substantial policy, legal and structural changes from 2008-2015:

- Spoke to +100 national leaders and other experts
- Reviewed organisational roles and responsibilities at different levels of the system
- Mapped policy initiatives announced in response to high-profile instances of quality failure
- Examined evidence on impact of selection of key policy interventions

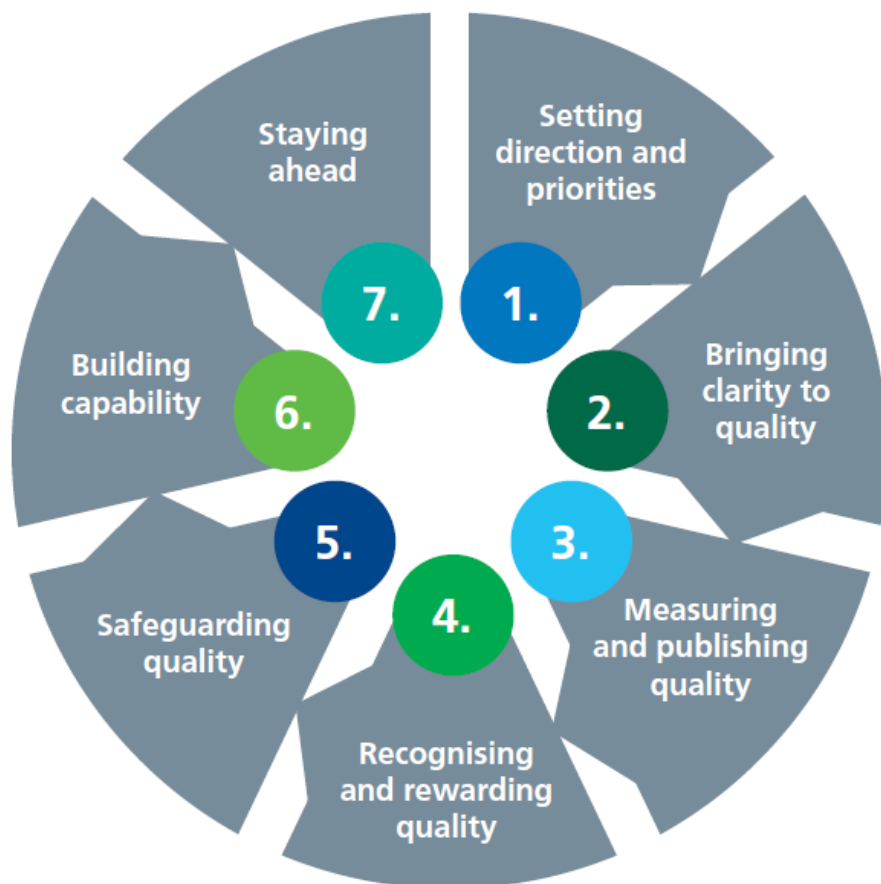
The Juran trilogy



The Juran trilogy

- Planning: setting structures, priorities and rules for how the system operates
- Control: applying regulatory and other control mechanisms
- Improvement: providing meaningful support to professionals and provider organisations

The NHS quality framework



1.

Setting clear direction and priorities based on evidence.

2.

Bringing clarity to quality, setting standards for what high-quality care looks like across all health and care settings.

3.

Measuring and publishing quality, harnessing information to improve care quality through performance and quality reporting systems.

4.

Recognising and rewarding quality.

5.

Maintaining and safeguarding quality.

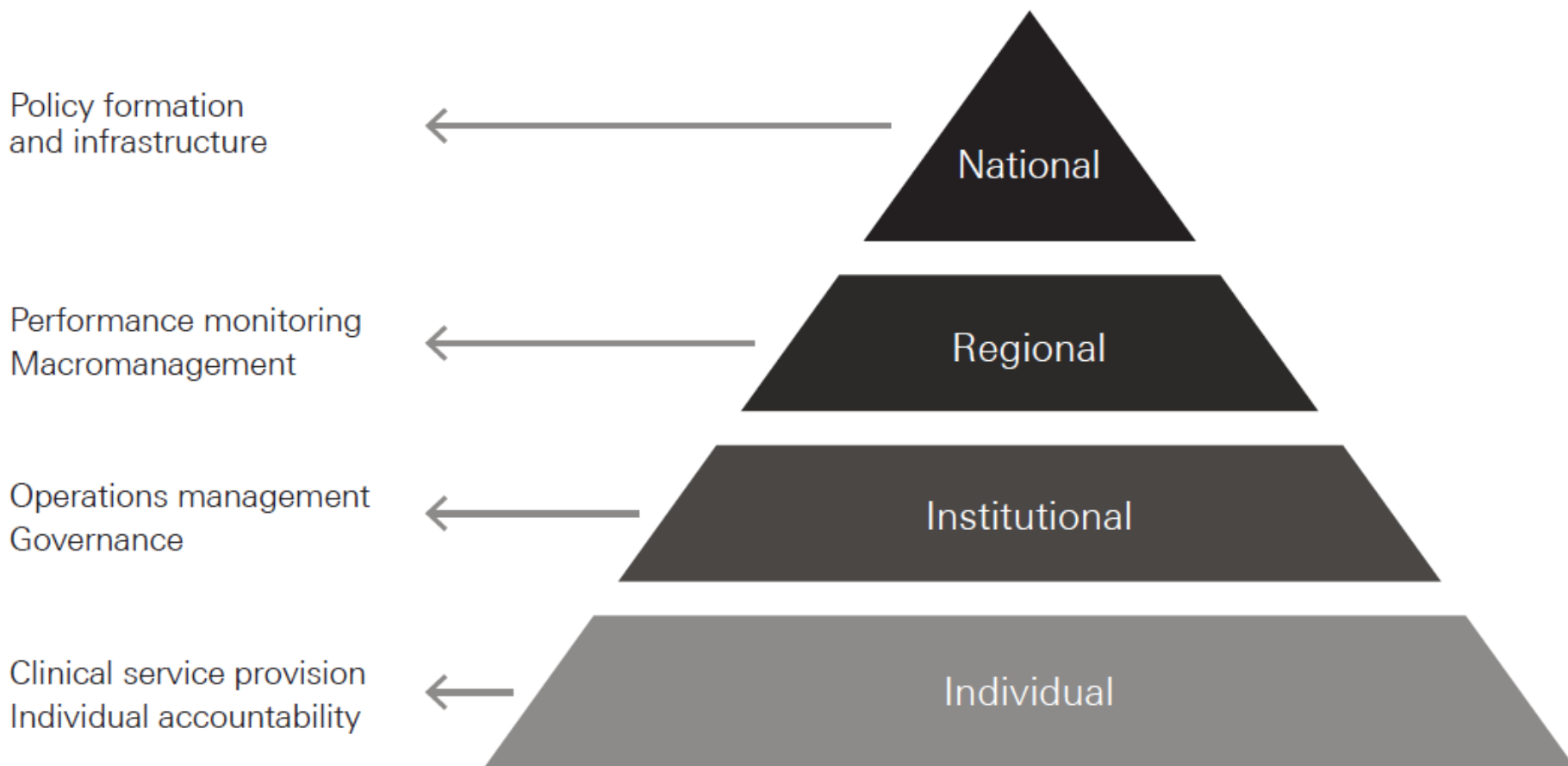
6.

Building capability, by improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement.

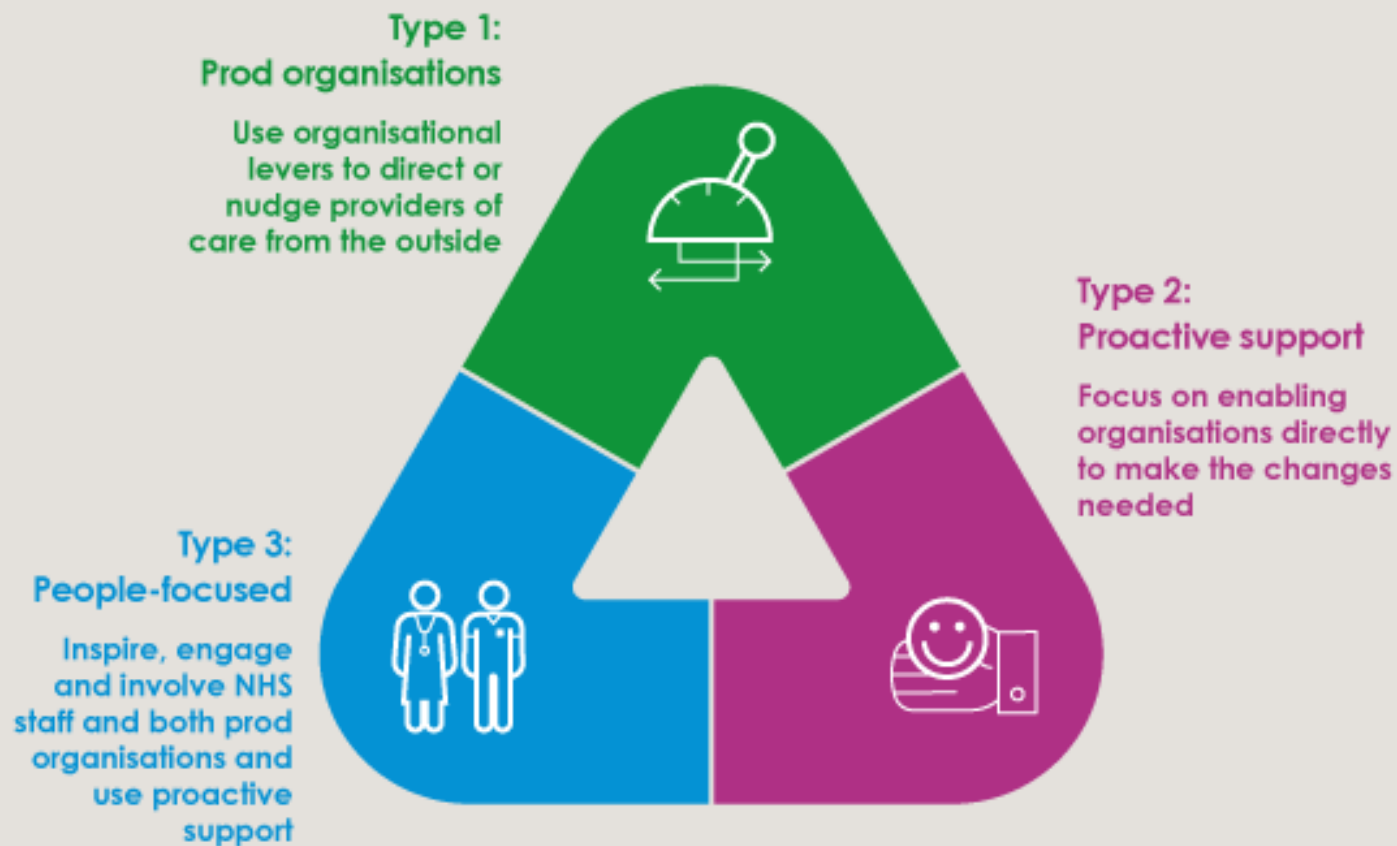
7.

Staying ahead, by developing research, innovation and planning to provide progressive, high-quality care.

Multi-level model of system functions



THREE TYPES OF APPROACH TO BRINGING ABOUT CHANGE



Three types of policy intervention

People-focused:

- Patient and public
- Workforce

System-focused:

- Improvement
- Regulatory
- System management
- Health care delivery

Our findings

Conclusions and recommendations for England

Summary findings for England (1)

- Quality remains a priority, but implementation is weak with core functions unbalanced
- system architecture is complex, with gaps in national leadership
- Large number of competing priorities and policy initiatives
- Unfocused approach to building capability
- Inconsistent arrangements for local accountability
- Asymmetries in measurement and reporting

Summary findings for England (2)

- Simplistic approach to quality/cost issues – assumption that better quality = lower costs
- Failure to learn from evidence and past experience to identify ‘best bets’ for future:
 - Setting evidence-based national standards
 - Creating national service frameworks
 - Focused use of inspection and targets
 - Build the capability of the workforce
 - Well-designed decision support tools

Overall: Potential still to realise

Policymakers in England can still:

- Set national priorities, aligned to resources
- Set national standards
- Collect population-level data
- Measure and report quality performance

But we aren't exploiting this potential to achieve the highest quality care within limited resources

Moving forward

- Coordinated, shared leadership by national bodies, supported by a re-chartered National Quality Board
- A single definition of quality, shared set of priorities and core metrics
- Articulate a shared understanding of links between improvements in quality and cost
- Clarify regional and local accountabilities for quality
- Use existing evidence to refine policy, and better develop the evidence base

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Thank you

