

19 November 2007

By email

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Dear Colleague,

## NHS NEXT STAGE REVIEW - INVITATION TO SUBMIT POLICY IDEAS

I am writing to invite you to submit policy ideas to the NHS Next Stage Review.

As you may be aware, I have been asked by the Prime Minister, Chancellor of the Exchequer and Secretary of State for Health to identify a way forward for a 21<sup>st</sup> century NHS for England, which is clinically driven, patient centred and responsive to local communities. Further background, and a link to my interim report, can be found at the Review website: <a href="www.nhs.uk/ournhs">www.nhs.uk/ournhs</a>. Phase 2 of the Review is now underway, and my final report is due in June 2008.

My interim report begins to articulate a vision of an NHS that provides world class quality care in all its aspects; care that is fair, personalised, effective and safe. But this Review is first and foremost a local process. Within each strategic health authority, groups of local clinicians and others have formed to consider – with the goal of world class quality of care in mind - the evidence for improved models of care across 8 broad areas<sup>1</sup>:

| <ul> <li>Maternity &amp; new born care</li> </ul> | <ul> <li>Staying healthy</li> </ul>      |
|---|--|
| <ul> <li>Children's health</li> </ul>             | <ul> <li>Long-term conditions</li> </ul> |
| <ul> <li>Planned care</li> </ul>                  | Acute care                               |
| <ul> <li>Mental health</li> </ul>                 | End-of-life care                         |

Local events are being held to ensure that the views and experiences of staff, local stakeholders, public and patients inform the thinking of each pathway group. In addition, I am hosting an international clinical summit on 21-22 November so that those involved in the local pathway groups can hear and discuss best practice from abroad.

The local pathway groups will set out their proposed models of care in reports to their SHAs in the new year. They will also say what is preventing them from making, or could enable them to make, the improvements they believe are necessary. It will be possible to deal with much of this at local level, but some of the biggest issues will need to be resolved nationally. From what I heard in the first phase of the Review, I believe that many of the key barriers and enablers will fall under 7 headings:

- Quality improvement measurement; facilitation; systems & incentives to improve quality; the role of the organisations on the quality landscape
- <u>Innovation</u> for pharmaceuticals and devices: discovery, development and adoption; for delivery models and clinical and management practice: learning, creation, evaluation, codification and dissemination, and the role of commissioning in spreading adoption; for increasing the demand for innovation: NHS culture, the management approach, and information

<sup>&</sup>lt;sup>1</sup> Except NHS London, which is concentrating on children's health and mental health, having undertaken the exercise for the other 6 pathways

- Workforce role of clinicians; security of supply; planning; education commissioning; training structure; regulation
- <u>Leadership</u> defining leadership among managers and clinicians at all levels; getting the right people; developing leaders and leadership
- <u>Primary & community care strategy</u> shifting care; models of care; contractual and commissioning arrangements
- <u>Informatics</u> information needs; maximising the benefits for patient care of the National Programme for IT; information system and management structures
- Systems & incentives other systems and incentives to support the kind of changes that the local groups say are needed

My terms of reference also made clear that at the end of the Review, a decision will be taken on whether there is a case for an NHS constitution, as part of a new and enduring settlement for the NHS as it approaches its 60<sup>th</sup> birthday.

National working groups will consider a number of these themes. Membership is being finalised and will be posted on the website in due course. There will also be stakeholder deliberative events in the new year – look out for details on the website.

I should be extremely grateful if you would submit to the Review your policy ideas on one or some or all of the above themes, and indeed on any other topic that you believe can contribute to a 21<sup>st</sup> century NHS providing world class quality care: fair, personalised, effective and safe. On each theme, the broad policy questions I want to answer are:

- What are the enablers?
- What are the barriers?
- What changes could we make that would have the greatest positive impact?

Please keep your policy ideas short and explicit, with simple commentary to explain them. It would be of greatest help if you could focus on solutions rather than detailed diagnosis of problems, and please be as innovative as possible.

The timetable for the Review is tight, with working groups due to report at the end of February. Naturally, I will not ignore later submissions, but if you can, please send your submission **by Friday 11 January 2008**, addressed to me at: <a href="mailto:ournhs@dh.qsi.gov.uk">ournhs@dh.qsi.gov.uk</a>

Finally, the Department may contact you directly for input on specific themes. It is very important to me that each aspect of the Review is informed by expert opinion from the right quarters and I hope you will forgive any duplication that may occur, and respond as best you can.

I look forward with keen anticipation to receiving and considering your policy ideas.

ARA DARZI