



RCN Policy Unit

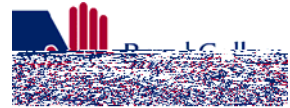
Policy Briefing 16/2007

Our NHS, Our Future – A World Class NHS

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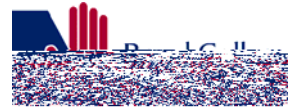


Introduction

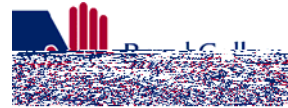
'Our NHS, our future' is the name given to a wide-ranging review to develop what is in effect the next NHS Plan for the next 10 years of the NHS. Whilst there is still an obvious public and patient focus to the consultation there is also a welcome effort to address the views and perspectives of the NHS workforce on what needs to change and what needs to remain.

In particular the terms of reference¹ for the review are

- Ensure that clinical decision-making is at the heart of the future of the NHS and the pattern of service delivery
- Improve patient care, and ensure patients are treated with dignity in safe, clean environments
- Deliver more accessible and more convenient care integrated across primary and secondary providers, reflecting best value for money
- For the 60th anniversary of the NHS, establish a vision for the next decade of the health service with an



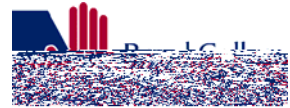
Local groups consisting of a range of practitioners, patients and members



Executive Summary

In summary the RCN considers the following to be key issues arising from the interim report.

- In developing a fair NHS, clarifying what is meant by fair (for e.g. to whom will it be fair and when) will be vitally important
- We welcome the commitment to expand primary care services, but it is disappointing to see a recommendation for these health centres to be GP led. There are a number of primary care practitioners who are just as able to lead these centres – it is about having the right practitioner with the right skills
- The RCN has undertaken much work around dignity in care. We believe that health care professionals come to work with the belief and desire that they will provide dignified and respectful care to their patients and clients. Our recent work has identified the following key areas as influential in the delivery of dignity at work.
 - Appropriate Staffing Levels
 - Leadership, Teamwork and Communication
 - The Physical Environment of Care
- Workforce planning is a key concern for the RCN, particularly given the recent crisis in newly qualified nurses finding posts. What workforce planning challenges (and opportunities) are emerging from the review and how will these be tackled? Particularly around creating a workforce fit for the future – how will MNC be reflected in this review?
- In terms of tackling HCAs in a sustainable and effective way, better staff training; more routine but effective cleaning of equipment and clinical areas; and reductions in the level of overall patient movements are efficacious in reducing HCAs. We would urge the review to consider how professional skill and expertise can be brought to bear on understanding safety issues, particularly around HCAs. As has been shown time and time again, key professionals need to be facilitated to raise concerns and suggest adjustments at the sharp end of care.
- We welcome the reference in the report that guidance from the DH will be issued to ensure resources are made available to open new facilities alongside old ones closing. We look forward to receiving more details about this.



A fair NHS

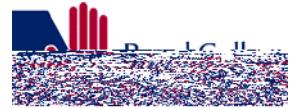
There is no doubt that health inequality remains a significant challenge for the Govt and for the NHS. This section of the interim report highlights widely available statistics on differences between life expectancy rates in different parts of the country.

Clarifying what is meant by fair (for e.g. to whom will it be fair and when) will be vitally important. As with words like 'choice' and 'free', these words can conjure up images of an endless flow of services and resources which are simply not achievable within a cash-limited NHS.

We hope that the consultation events in this review and the final report in June 2008 will be explicit in what is being offered and what is not being offered to a public who continue to expect continuing improvement from the NHS. Set against a particularly challenging CSR allocation, this will be a significant challenge for NHS staff.

In terms of fair access to services, it is clear that under provision of GP services is an issue however it is not clear from the evidence that there is a direct link between health inequality and GP provision alone. Reducing health inequalities and expanding access is a significant challenge for health *and* social care services and the report rightly highlights the necessity of a range of agencies working together to tackle inequalities in health.

Incentivising health services to enter a particular part of the community is as much about encouraging sharing of



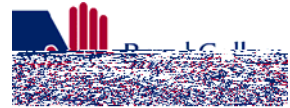
to their needs? Are they all agreed on what the needs are before planning solutions?

A Personalised NHS

The interim report again highlights the need to improve access to services and the fact that many people who took part in the consultation exercises want to be able to make routine contact with their GP at the week end or in the evening.

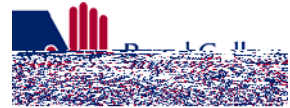
The report suggests investing resources to enable PCTs to develop 150 GP lead health centres in easily accessible locations offering a range of services to all member of the local population (whether or not they chose to be registered with the centres).

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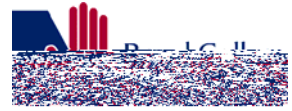


- Generally being rushed and not being listened to
- Beds not being cleaned
- Not being helped to wash
- Mixed sex wards

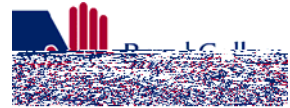
The RCN considers that it is essential to address these and ensure that all patients have a dignified experience of



4. How can other health care practitioners be prepared, supported and encouraged to lead services in areas with the greatest need?
5. What lessons can be learn from PMS schemes and other joint ventures which may provide alternative solutions for the local health economy?

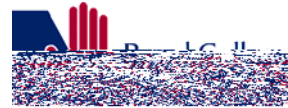


social care organisations may be have



It is important that the review team take careful note of current conceptual thinking on the safety of patients which places the prime responsibility for adverse events on deficiencies in system design, organisation and operation rather than on individual providers or individual products.

For those who work on systems, adverse events are primarily shaped and provoked by “upstream” systemic factors, which include the particular organisation’s strategy; its culture; its approach towards quality management and risk prevention; and its capacity for learning from failures. Counter measures based on changes in the system therefore tend to be more productive than those that target individual practices or



2. How would providers in the new multi provider environment promote responsiveness in the *whole* system where competitive tensions may make adjustments to activity difficult?

A locally accountable NHS

The RCN remains committed to an NHS which is tax funded, universally provided, free at the point of need. Part of the attraction of a tax funded system is the additional accountability it lends to the overall management of the NHS and its resources.

The interim report offers some useful additional measures of accountability in respect of reconfigurations of NHS service and the extent to which the public can expect to be consulted.

We wholly support a more evidence based approach to reconfiguration and an assurance that decision making processes will be subject to greater public and clinical scrutiny. However, it is not just the decision making process that needs to be opened up.

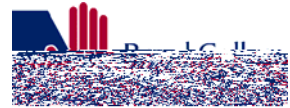
The RCN have expressed concern in the past that some of the consultations have been presented to the public in an almost finished state, seeking only the public's approval rather than exploring what the public might actually want from their local services. We would advocate greater public and clinical involvement in identifying the problems and creating solutions – not just what feels like a distant scrutiny of a process owned by others.

True consultation offers the chance of varying or changing the proposals – but effective consultation begins with the question in hand rather than one particular perspective on what the answer might be. In this respect, all the members of the healthcare team have a valuable role in exploring different solutions to the problems and helping the public to make informed choices over future service configurations.

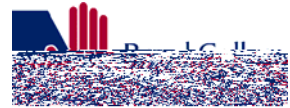
We also welcome the brief mention in the report that guidance from the DH will be issued that resources are made available to open new facilities alongside old ones closing.

Issues for the care pathway group to consider

1. We welcome the stated intention to overhaul the approach to workforce planning and the commissioning of education and training needs of NHS staff. How will that become a reality locally? What investment will be made in ICT to facilitate more effective planning?



2. Future health care will be defined more by care pathways across different settings and so any future education programs must



- Your RCN Regional office will be involved in this process of be connected to various people involved. If you have concerns or questions you can contact them for advice and support on 08457 772 6100
- Go to the 'Our NHS' website (www.ournhs.nhs.uk) and add your own comments via the web questionnaire and feedback forms.
- Let us know what the experience is like of engaging with the review of what you think the big issues are. E-mail us at policycontacts@rcn.org.uk to let us know