

**High Quality Care for All:  
NHS Next Stage Review Final Report**

**A summary for members of the Neurological Alliance of the Darzi report 01.07.08**

**Overall focus**

- Empowering patients: Extending rights and control to patients
- Moving the focus from quantity to quality (clinically effective, safe and personal care)
- Creating an NHS that helps people stay healthy: developing a preventative not just a reactive system
- Strengthening the involvement of clinicians in decision-making and increasing investment in staff development

**Key points for NA members**

**Extending patients rights and control over their own health and care**

- **An NHS Constitution** will set out the values and rights that private and voluntary providers will legally have to take into account. It will be reviewed every 10 years.
- Individuals will have a **right to choose** both treatment and providers of care at every level and a **right to information on quality** to help them make that choice.
- Everyone with a long-term condition will have a **personalised care plan**.
- Individuals will have the right to express a **preference for a particular hospital doctor**, which will be taken into account and honoured when possible.
- **Individual health budgets** will be piloted for patients with long-term conditions, giving greater control, with clear safeguards. **Direct payments** will also be piloted “where this makes most sense for particular patients in certain circumstances”.
- Patients will have a clearer legal **right to access NICE-approved drugs and treatments**.
- **The NICE appraisals processes will be speeded up**. NICE will assess more drugs at the same time as the licensing process takes place, leading to swifter decisions. The NICE budget is expected to triple to close to £100m over the next few years.
- From 2009, **the role of NICE will be transformed** to secure improvements across all areas of care and the spectrum of clinical conditions. It will expand the number and reach of national quality standards, either by selecting the best available standards (including the adoption of the relevant parts of the NSFs) or by filling in the missing gaps. NICE will manage the synthesis and spread of knowledge through **NHS Evidence** – a new, single portal, through which anyone will be able to access clinical and non-clinical evidence and best practice, both what high quality care looks like and how to deliver it.
- The Department of Health will publish a new **Patient’s Prospectus** by the end of

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this year to provide people with long-term conditions with the information they need about the choices that should be available locally and to enable them to self-care in partnership with health and social care professionals.

### Putting quality at the heart of the NHS

- The **Care Quality Commission** will be given more enforcement powers, in order to improve safety and reduce healthcare associated infections. GP practices may ultimately be regulated by the Care Quality Commission.
- **Patients will report on the outcomes of their care** and the information gathered will be published. The results will impact on the way hospitals are funded. All healthcare providers will be obliged to publish regular Quality Accounts.
- **The pay of senior doctors** will become more conditional on clinical activity and quality indicators.
- The **Quality and Outcomes Framework (QOF)** will be developed to reward GPs who help people to maintain good health and offer responsive, accessible and high quality services.
- **New tariffs will focus best practice** not just average cost
- There will be easy access for all staff to information about high quality care through the new **NHS Evidence** service.
- A new **Quality Observatory** will be established in each NHS region to inform local quality improvements.
- The UK will systematically **compare quality of care with that offered in other EU countries**.
- **Innovation will be encouraged**. SHAs will be required to promote innovation and there will be funds and prizes available at local level. There will be stronger processes to identify potentially useful new treatments and for medical technologies, simplified pathways to widespread use.
- To improve quality of care, each region is pushing forward with the development of specialist centres for their populations with access to **24/7 brain imaging**. For example, by 2010 NHS South East Coast intends that all strokes, heart attacks and major injuries will be treated in such specialist centres.

### Working in closer partnership with staff

- **High performing GP practices** will be given greater freedoms and support to develop a wider range of services.
- New **integrated care organizations** will be piloted, bringing together health and social care professionals from a range of organizations, according to local need.
- Nursing and therapy staff in community services will be given the right to set up **social enterprises**, which would sell their services back to the NHS. They will keep their NHS pension if they do so.
- The NHS Constitution commits to **enhanced opportunities for education and training**.

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### Stroke prevention

- The NHS must now **focus on preventing risk factor behaviour** that can lead to stroke (and a set of other conditions), by giving people opportunities and support to improve their health and raising understanding of what these risks to their health are and their own health status.
- The NHS will provide **vascular health checks** for all aged 40-74 and launch a nationwide 'Reduce Your Risk Campaign', which will explain what people can do to reduce risks.

### Delivery

- In October this year, the NHS will publish a **new NHS Operating Framework** to set out the enabling system that will deliver this review.
- By Spring 2009, **each PCT will publish a strategic plan** for delivering the vision set out in this report, based on the 5 principles in the *Leading Local Change* report.