

NHS: IS THE EXTRA MONEY WORKING?

2. Implementing the National Plan

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New Structures and the National Service Frameworks

The National Plan promised record investment in the NHS and set out a number of targets for that investment, including extra hospital beds, nurses, GPs and Specialists. The Plan also sought to cut waiting times and avoid inequalities in access to care. Further details of these targets are included in sections 3 and 4, along with evidence of achievements over the past 3 years.

The task of implementing various elements of the National Plan has been given to a number of new organisations. The NHS Plan also re-emphasised the role of National Service Frameworks (NSFs) as ‘drivers in raising quality and decreasing variations in service’.¹ Introduced by Frank Dobson in *The New NHS – Modern: Dependable*² and *A First Class Service*³, National Service Frameworks:

- “set national standards and define service models for a defined service or care group;
- put in place strategies to support implementation
- establish performance milestones against which progress within an agreed time-scale is measured.”⁴

Dobson vowed ‘that access to high quality NHS care and treatment will be guaranteed whoever you are, wherever you live, and whatever your sex, your income, or the colour of your skin.’⁵ We assess this aspiration in sections 3 and 4. By July 2003 the Department of health had published National Service Frameworks on mental health⁶, coronary heart disease,⁷ diabetes⁸ and the care of older people⁹, as well as the NHS

¹ National Plan, 2000, (Chapter 14). See

² *The New NHS – Modern: Dependable* (1997) White Paper. <http://www.archive.official-documents.co.uk/document/doh/newnhs/newnhs.htm>

³ *A First Class Service – Quality in the New NHS* (<http://www.doh.gov.uk/newnhs/quality.htm>)

⁴ Department of Health Press Release 98/144 Thursday 16th April 1998

⁵ ‘Further Drive Towards National Standards Of High-Quality Healthcare - Frank Dobson Tackles “Unacceptable Variation” In NHS Care And Treatment’, DoH Press Release 98/144 Thursday 16 April 1998.

⁶ <http://www.doh.gov.uk/nsf/mentalhealth.htm>

⁷ <http://www.doh.gov.uk/nsf/coronary.htm>

⁸ <http://www.doh.gov.uk/nsf/diabetes/index.htm>

⁹ <http://www.doh.gov.uk/nsf/olderpeople/index.htm>

Cancer Plan (2000).¹⁰ These have required new means of working and collaboration across the NHS.¹¹

Modernisation Board

The Modernisation Board was charged with agreeing and publishing a detailed implementation programme for the NHS Plan. Currently headed by health secretary John Reid, 'the board has an advisory role and comprises leading figures from healthcare institutions such as the royal colleges, together with clinical staff and managers from within the NHS and patient representatives.'¹²

Modernisation Agency

The Plan also promised that 'a Modernisation Agency will be set up to spread best practice'. The Modernisation Agency was duly set up, and 'plays a crucial role in ensuring the commitments in the plan are translated into reality. The agency helps local NHS staff and NHS organisations such as trusts and primary care trusts to improve services for patients.'¹³

National and local 'collaboratives' are key tools for the Agency. For example, drawing on the work of the National Service Framework (NSF) for Coronary Heart Disease, the CHD Collaborative involves 30 local CHD programmes across England working with local clinical teams to redesign and improve cardiac services.¹⁴ Similarly, the Modernisation Agency's Cancer Services Collaborative 'Improvement Partnership' (CSC'IP') is a national NHS programme designed to improve the way in which cancer services are provided.¹⁵ In June 2002, Health Minister David Lammy, announced that, 'based on the success of other NHS Collaboratives, [including those for cancer, CHD, and primary care], a new Emergency Services Collaborative is being set up to help NHS organisations to meet targets for emergency care'.¹⁶

National Institute for Clinical Excellence¹⁷

The National Institute for Clinical Excellence (NICE) was set up as a Special Health Authority for England and Wales on 1st April 1999.¹⁸ It is an independent organisation

¹⁰ Each NSF is developed with the assistance of an external reference group (ERG) which brings together health professionals, service users and carers, health service managers, partner agencies, and other advocates. ERGs adopt an inclusive process to engage the full range of views. The Department of Health supports the ERGs and manages the overall process. NSF's are also being prepared for children's NHS services, renal care, and long term conditions (Source: <http://www.doh.gov.uk/nsf/nsfhome.htm>)

¹¹ See the various Collaboratives for Cancer, (http://www.modern.nhs.uk/scripts/default.asp?site_id=26&id=5620), CHD, (http://www.modern.nhs.uk/scripts/default.asp?site_id=23), and Primary Care)

¹² <http://www.nhs.uk/thenhsexplained/priorities.asp>

¹³ <http://www.nhs.uk/thenhsexplained/priorities.asp>

¹⁴ http://www.modern.nhs.uk/scripts/default.asp?site_id=23

¹⁵ http://www.modern.nhs.uk/scripts/default.asp?site_id=26&id=5620 'Since April 2001 all 34 cancer networks in England have been taking part in the CSC'IP' programme. The programme encourages local clinical teams to look at their own services and supports them to make significant improvements by redesigning the way that care is delivered.'

¹⁶ Speech by David Lammy MP to the ASA Ambex event
Harrogate 28 June 2002

¹⁷ This information on NICE was collated by Civitas Intern Mark INSERT SURNAME.]

responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. NICE's remit is to develop authoritative guidance on both the clinical and cost effectiveness of treatments. This guidance is intended to provide information on best practice for frontline NHS staff.

NICE produces guidance based on relevant evidence of clinical and cost effectiveness in three areas:

- **Technology Appraisals** – the use of new and existing technologies.¹⁹
- **Clinical Guidelines** – the appropriate treatment and care of patients with specific diseases and conditions.
- **Interventional Procedures** – assessing whether procedures are safe enough and work well enough for routine use.²⁰

NICE was set up in order to promote the following key healthcare objectives:

- faster uptake of new technologies
- the effective use of NHS resources
- equitable access to treatments of proven clinical and cost effectiveness²¹

Faster uptake – Health professionals are constantly bombarded by information on treatments; it is estimated two million articles are published annually in the literature that are relevant to the practice of medicine.²² Given this volume of information it is often difficult for health professionals to know which new treatments might help their patients. By providing authoritative guidance it is hoped NICE will be able to cut through this noise and ensure professionals quickly start using new treatments.

Effective use of resources – NICE weighs up the cost effectiveness as well as the clinical effectiveness of treatments. New treatments may not be recommended for use because the benefit they provide is at too great a cost. Existing treatments may face cuts because NICE views them as being a poor use of finite NHS resources.

Equity of access - Access to healthcare in the UK is unequal. Some patients do not receive the care they need. This fact has been obscured from view because the decisions within the NHS on which treatments to fund are made largely away from the public eye, and because politicians continue to insist that all patients will receive the treatment that they need. In fact neither currently, nor even after Gordon Brown's billions arrive, will we be able to afford to pay for every suitable treatment for every single patient. Ignoring this unpalatable reality does not make the decisions disappear. It simply passes them on to the healthcare professionals within the NHS who are forced to choose which patients will receive the treatment that they need and which

¹⁸ NICE was announced in *A First Class Service – Quality in the New NHS* (1998).

¹⁹ Technologies include medicines, medical devices, diagnostic techniques, surgical procedures and health promotion activities.

²⁰ The assessment of interventional procedures was added to NICE's remit following the Bristol Royal Infirmary Inquiry Report (Kennedy Report). NICE also funds four Confidential Enquiries into patient treatment and quality of care in particular areas (currently these are suicide and homicide by people with mental illness, maternal deaths, sudden infant deaths, and deaths relating to surgery).

²¹ Department of Health website <http://www.doh.gov.uk/nice/consultation2002/overviewdec02.pdf>

²² NICE speech to St Paul Healthcare <http://www.nice.org.uk/article.asp?a=336>

patients will not. All 302 Primary Care Trusts and 274 NHS Trusts must make decisions about which treatments to fund. Different trusts make different decisions. This means that whether or not you receive the treatment that you need is determined *by where you live*. By providing national guidance, NICE aims to eliminate such inequities.

Commission for Health Improvement.

Established in April 2000, the Commission for Health Improvement (CHI) is the independent, inspection body for NHS organisations in England and Wales.²³ CHI is responsible for carrying out clinical governance reviews and monitoring the national standards set by the Department of Health, such as NSFs, as well as the implementation of NICE guidelines. It was designed to highlight areas in which the NHS is working well and those that need improvement.²⁴ CHI's national study report into cancer care in England and Wales was published in December 2001. The next such study, which will look at implementation of the NSF for coronary heart disease, is due to be published in 2004.²⁵ CHI is best known for its controversial performance ratings for NHS trusts in England; the most recent are those covering the year ending March 2003, which were published on 16 July 2003. Primary care trusts and mental health trusts received full star ratings from CHI in a parallel report.²⁶

Commission for Healthcare Audit and Improvement

On 19 April 2002 Alan Milburn announced that a significantly beefed-up inspectorate, the Commission for Healthcare Audit and Improvement (CHAI)²⁷ was to be set up to raise standards in the NHS.²⁸ "CHAI will encompass all of the current and proposed work of the Commission for Health Improvement (CHI) and the Mental Health Act Commission (MHAC), the national NHS value for money work of the Audit Commission, and the independent healthcare work of the National Care Standards Commission (NCSC)".²⁹ By combining the activities of these organisations the government intends "to strengthen the accountability of those responsible for the commissioning and delivery of health and social services, demonstrate to the public how the additional money being invested in these services is being spent and enable [...the public] to judge how performance is improving as a result, and streamline inspection arrangements for health and social care."³⁰

²³ CHI was announced in *A First Class Service – Quality in the New NHS* (1998), and was established under the 1999 Health Act.

²⁴ <http://www.chi.nhs.uk/> Also see <http://www.chi.nhs.uk/eng/about/faq.shtml>

²⁵ Others covering care for older people and mental health will follow in 2004/05 (source: <http://www.chi.nhs.uk/eng/nsf/index.shtml>).

²⁶ <http://www.ratings.chi.nhs.uk/> These ratings and the performance assessment methodology are discussed in sections 3 and 4.

²⁷ CHI and CHAI are pronounced the same. To avoid confusion, many refer to CHAI, as 'New-CHAI', but this is not an official usage.

²⁸ At the same time Alan Milburn announced the creation of a "Commission for Social Care Inspection will bring together the work currently undertaken by the Social Services Inspectorate, the SSI/ Audit Commission joint review team and the social care functions of the National Care Standards Commission" CHAI and CSCI will have a legal duty to co-operate. (source <http://www.carestandards.org.uk/about+us/newcommissions/default.htm>).

²⁹ <http://www.carestandards.org.uk/about+us/newcommissions/default.htm>

³⁰ <http://www.carestandards.org.uk/about+us/newcommissions/default.htm>

CHAI is being established under the Health and Social Care Bill and is due to begin work in April 2004.³¹

³¹ The Health And Social Care Bill G, was introduced into Parliament on 12th March 2003, and is expected to pass into law in November 2003.