

Annual Review 2013–14
A YEAR OF PUTTING
PATIENTS FIRST

Chair’s welcome



We are committed to putting patients at the heart of everything we do, promoting transparency and accountability of our work to citizens, and ensuring the most efficient, fair and inclusive use of finite taxpayer resources.

Central to our role is the commissioning of health services. We commission some services directly – mainly specialised and primary care services, but allocate the majority of the resources we receive to clinical commissioning groups, who commission services at local level.

Around 211 new clinical commissioning groups have now taken on their full responsibilities, and great progress has been made. I have been deeply impressed by the refreshing energy, enthusiasm and expertise of the local clinical leaders I have met and their determination to bring about long overdue improvement in the quality of services across the country, tackling inefficiency and outmoded working practices, all in the interests of ensuring that patients get the highest quality care. And all of this against the backdrop of unremitting increases in demand for NHS services at a time of acute financial stringency.

Malcolm Grant, Chair

Introduction by the Chief Executive Simon Stevens

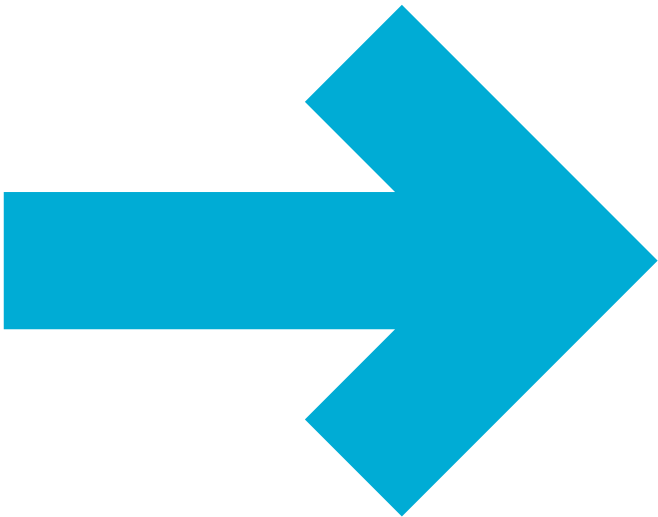


Looking out over the next five years, more of the same simply isn’t sustainable across the NHS. With a growing and ageing population coupled with the increasing prevalence of obesity, dementia and multiple long-term conditions, our patients’ needs and preferences are changing. Legacy models of care are losing their relevance. New technologies are opening up new frontiers in diagnosis and treatment. Greater transparency about quality of care is rightly putting the most intense focus ever on care effectiveness, safety, patient experience and equity.

We want to see an NHS that is more flexible, more adaptable, where national and local thinking converge to create different clinically and financially sustainable paths for particular communities. This will mean developing new commissioning approaches and accelerating the redesign of care delivery – using a combination of evidence from the NHS’s past experiences, new local innovation, and learning from established international successes.

So NHS England and our partners have an ambitious agenda ahead of us. In the autumn we will publish a Five Year Forward View for the NHS, which will set out our shared thinking in more detail and map out possible development paths for the NHS nationally and locally. We look forward to working with you, at a time when the stakes have never been higher for the NHS.

Simon Stevens, Chief Executive



WE PUT PEOPLE AT THE HEART OF EVERYTHING WE DO.

Our highlights of the last year

The first year of NHS England was one in which we put patients first and set ourselves ambitious targets for change and advancement.

Despite many challenges, 2013/14 was a year to be proud of and where NHS England made real progress on making some of those ambitions reality:

- **Call To Action** – We led the biggest national conversation the health service has ever had with patients, the general public, NHS staff and politicians. This was a radical step that outlined our aspirations and ambitions to put patients first and listen to people’s ideas and needs. The information shared is now helping local commissioners understand what things are good about local services, what needs to change and where funding would have more impact.
- **The Urgent and Emergency Care Review** – We issued a blueprint for an overhaul of the emergency care system to help hospital Accident & Emergency (A&E) departments meet demand and tackle waiting time pressures. The blueprint covered better support for people to self-care, helping those with urgent care needs to get the right advice in the right place, first time, providing highly responsive urgent care services outside of hospitals so people no longer have to queue in A&E and ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.



- **Compassion In Practice** – We launched a three-year vision and strategy for nursing, midwifery and care staff called the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment – core values and behaviours essential to providing great care. Since the 6Cs was established there have been 3,000 pledges of support.
- **NHS 111** – We launched NHS 111 – is the free number to call when you have an urgent healthcare need. It directs you to the right local service, first time. Around one million people a month use it with 96 per cent of calls answered in less than 60 seconds. It is available 24 hours a day, 365 days a year.
- **Dementia** – We are tackling the nation’s low dementia diagnosis rate by introducing support for Clinical Commissioning Groups with the local ‘dementia prevalence calculator’. This calculator assesses the number of people in any given area likely to have dementia. People will also be able to see how many individuals have been given a formal diagnosis and are then able to access the right care.
- **Patient Safety** – Our ambition to make the NHS the safest healthcare system in the world has been boosted with a huge drive to improve systems for reporting incidents and near-misses. NHS England is putting in place systems that will amplify local and national patient safety improvements, to reduce the risk of avoidable harm for every patient, whenever they come into contact with the NHS. The NHS is becoming much better at recognising and reporting patient safety incidents, with incident reporting up 6.4 per cent over the last year in general and the number of serious incidents reported up 3 per cent. This shows how the patient safety culture we all want to see is developing. Venous Thromboembolism (VTE) risk assessment rates now stand at 96 per cent compared with less than 50 per cent when the national VTE prevention programme implementation began in 2010.
- **Friends and Family Test (FFT)** – The biggest assessment of patient opinion ever conducted by the NHS or any health service in the world has seen more than three million individual pieces of patient feedback collated in our first year, allowing frontline staff to make immediate, clear, dynamic and demonstrable improvements to services. Guidance has just been published aimed at paving the way to roll out the FFT to all NHS services.



- **Parity of Esteem** – This far-reaching programme has shone a spotlight on mental health, spreading the key messages about our approach to commissioning so that physical and mental health are treated equally. NHS England showed its commitment to improving mental health awareness and reducing stigma within the workplace by supporting Time To Talk day.
- **Better data** – The publication of surgical data in particular mortality rates for individual hospital consultants marks out the NHS as a world leader – the first health service to publish such data – and represents greater transparency and a commitment to providing patients with more information about their treatment to help the NHS drive up quality of care. In the same year, the NHS also launched the care.data programme – a programme that will use information from different NHS providers to improve the safety and care for patients.
- **NHS Choices** – Commissioned by NHS England, NHS Choices has become the largest European health and care website aimed at patients and the public with around 27 million visitors per month.
- **Personal health budgets** – People with complex health care needs now have the right to ask for a personal health budget – providing them with more independence over how their healthcare money is spent.

- **7-Day Services** – In an unprecedented move that makes England a world leader and places the NHS at the cutting edge of health provision, we took a massive step towards rolling out 7-Day Services in all hospitals over the next three years. Evidence shows that the limited availability of some hospital services at weekends can have a detrimental impact on outcomes for patients, including raising the risk of mortality. NHS England is committed to offering a much more patient-focussed service.
- **Open and Honest Care: Driving Improvement** – NHS England is committed to making more information available about the quality of care in the NHS. This initiative is a central part of NHS England’s ambition to ensure every patient gets high-quality care, and to build improved services for the future. Open and Honest Care: Driving Improvement was piloted in the North West in 2010 with eight trusts publishing information on their websites on falls and pressure ulcers reported in their trusts, alongside commentary describing the improvements being made to care delivery. It is part of the key actions of our Nursing Strategy: Compassion in Practice that sets out to support organisations to become more transparent and consistent in publishing safety, effectiveness and experience data, with the overall aim of driving improvements in practice and culture. In the North of England, 16 Acute Trust Boards have published data on falls and pressure ulcers reported in their trusts, alongside commentary describing the improvements being made to care delivery.

“One of the things I like most about working for NHS England is working in partnership with clinicians, CCG colleagues and National Clinical Directors. They have such a ‘can do’ approach which is inspiring and will ensure transformational change happens.”

Caroline Humphreys, Service Transformation Lead

- **Integrated care** – NHS England in partnership with the Department of Health, Monitor and the Local Government Association supported 14 integrated care and support pioneers. The pioneering initiatives are transforming the way health and care is being delivered to patients by bringing services closer together than ever before. The aim is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes.
- **Publication of the Berwick report** – On 6 August NHS England pledged further action to protect patient safety following the publication of the Berwick Report publication. This report makes recommendations for the NHS, its regulators and the government in building a robust nationwide system for patient safety rooted in a culture of transparency, openness and continual learning with patients firmly at its heart.

“I have worked on the NHS frontline for 25 years. In my new role as a clinical director for NHS England (Wessex), I have been incredibly impressed at the talented and dedicated people who work behind the scenes to drive improvements in care for our patients.”

Dr Richard Jones, Clinical Director, Wessex Area Team

- **Response to Francis Report** – As part of the government’s official response on 19 November to the Francis Report, NHS England announced a number of ambitious new patient safety initiatives that will position the NHS amongst the safest healthcare systems in the world. These marked a major step for the NHS to undertake some key programmes to fundamentally improve patient safety in every single NHS organisation.

- **Leadership Alliance for the Care of Dying People** – NHS England is the chair of this group which was set up in response to the publication in July 2013 of More Care, Less Pathway on the Liverpool Care Pathway which is a generic approach to care for the dying, intended to ensure that uniformly good care is given to everyone thought to be dying within hours or within two or three days, whether they are in hospitals, nursing homes, or in their own homes.
- **Commissioning of Surgical Never Events taskforce to reduce number of surgical never events** – The serious errors in care that put patients at risk of harm and that should not happen if full preventative procedures are in place. The taskforce found that the 255 incidences of wrong-site surgery, wrong implant or prosthesis used, or objects being mistakenly left inside patients that were reported in 2012/13, were caused by a combination of factors. In the context of the 4.6 million hospital admissions that lead to surgical care each year in England, these incidents are rare. However, each and every never event is one too many. Key to the taskforce’s recommendations will be the development and implementation of national standards on the prevention of surgical never events.
- **Patient Online** – NHS England launched its Patient Online programme to support GP practices to offer and promote online services to patients, including access to records, online appointment booking and online repeat prescriptions. Today, the majority of GP practices already offer appointment booking and ordering of repeat prescriptions online. During the coming year, practices will increasingly expand online services to include access to information in practices’ GP records and by April 2015, all practices will offer these services. Online services will be offered in addition to the traditional telephone and face to face means of interacting with a GP practice.
- **The earlier, the better** – Our ‘the earlier, the better’ campaign was developed to encourage people to seek help early from their local pharmacist and ran for ten weeks starting in January 2014. The campaign hopes to reduce pressure on the NHS urgent and emergency care system and influence changes in public behaviour to help reduce the number of people requiring emergency admissions through urgent and emergency care services, particularly A&E departments, with illnesses that could have been effectively treated earlier by self-care or community pharmacy services.

- **Building strong relationships with clinical commissioning groups (CCGs)** – Area teams have worked to establish strong supportive and assurance roles with CCGs, helping them deliver all aspects of the NHS Constitution such as A&E waits, cancer waiting times and diagnostics.
- **Supporting technology-enabled projects** – NHS England have awarded significant amounts of funding to NHS Trusts and Foundation Trusts for technology-enabled projects. The Safer Hospitals Safer Wards Technology Fund was announced by the Secretary of State for Health in May 2013, and was intended as a catalyst for organisations to move from paper-based to paperless integrated digital care records. Over £190 million has been awarded to 219 projects. Funded projects have focussed largely on the introduction of digital records and e-prescribing.
- **NHS Sustainability Day** – Participation of NHS England in NHS Sustainability Day provided an opportunity to engage and enthuse staff in sustainability issues, and to begin to develop work to reduce the impact of business travel which in turn reduces costs for the NHS.

- **Health and Care Innovation Expo** – Hosted by NHS England, this two day conference and exhibition brought together around 10,000 people from across health and care, the voluntary sector, commissioners, clinicians, patients, thought leaders and innovators to discuss how to deliver high quality care for everyone and sustain the NHS for the next generation.

“The NHS should be engaging, empowering and hearing patients and their carers throughout the whole system all the time.”

Tim Kelsey, National Director for Patients and Information



NHS services
7 days a week



MORE
CHOICE



MORE TRANSPARENCY



More patient
participation and
better customer
service



BETTER
DATA
INFORMED COMMISSIONING



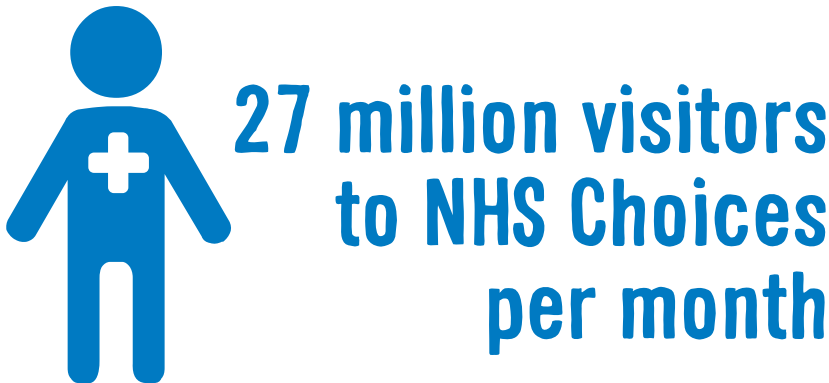
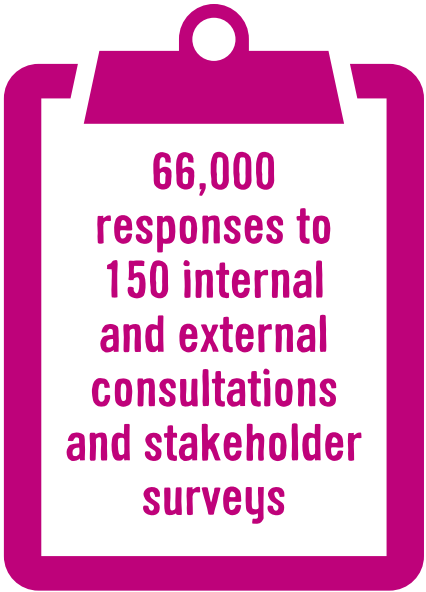
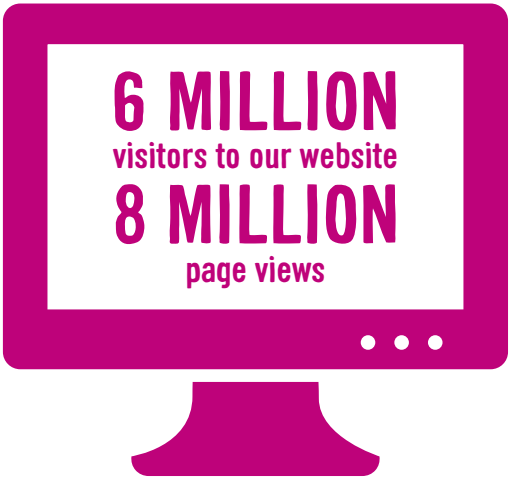
HIGHER
STANDARDS.
SAFER CARE



IMPROVED
OUTCOMES



How we've listened and responded



**Approx figures from 31 March 2013 – 01 April 2014 unless otherwise stated*

About NHS England

Fully established on 1 April 2013, NHS England is an Executive Non-Departmental Public Body responsible for overseeing the running of the NHS. It aims to improve the health of people in England by working in an open, evidence-based and inclusive way, keeping patients at the heart of everything it does.

The organisation encourages patient and public participation in the NHS, treats everyone respectfully and puts patients’ interests first. It empowers and supports clinical leaders at every level of the NHS through clinical commissioning groups, networks and senates, within NHS England itself and in providers of NHS services. NHS England helps everyone to make genuinely informed decisions, spend the taxpayers’ money wisely and provide **high quality services for all, now and for future generations.**

NHS England works in partnership with a number of other NHS bodies including the Care Quality Commission, Monitor, NHS Trust Development Authority, Public Health England, NICE, Health Education England and the Health and Social Care Information Centre, each of which has distinctive responsibilities within the NHS.

The purpose of NHS England is to deliver improved health outcomes for England by:

- Allocating resources to Clinical Commissioning Groups and supporting them to commission services on behalf of their patients according to evidence-based quality standards.
- Directly commissioning specialised care services, primary care services, healthcare for the armed forces and their families, healthcare for those in the justice system and a range of public health services.
- Achieving equal access to health services designed around the needs of the patient.

Our vision

Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

Our values

- Respect and dignity
- Commitment to the quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

Becoming an Excellent Organisation

The creation of NHS England in April 2013 brought together staff from 162 legacy organisations. By March 2014, 15,291 people were employed by NHS England including commissioning support units in offices based around the country.

A staff barometer reflects the organisation’s commitment to listen to all staff and to address the issues they raise. As a result, the Excellent Organisational Programme was developed with the aim of ensuring that NHS England is an organisation where people want to work and are inspired to give their best. The programme focusses on areas that staff feel most strongly about and helps support us to achieve our objectives. As NHS England evolves, we will continue to obtain the views and opinions of colleagues across the organisation.

Good joint working practices and interaction with NHS England’s statutory partners, public and patient organisations and charities is vital to the successful implementation of policy across the NHS. To ensure the organisation’s practices are as good as they can be, NHS England sought comprehensive 360° feedback from statutory partners, clinical commissioning groups, public and patient organisations and charities to understand their views, concerns and expectations. This showed that stakeholders were broadly satisfied with NHS England’s performance in its first year of operation but highlighted the importance of collaboration in relationships, the need for more clarity and focus in certain areas, and the need to demonstrate action is being taken.

Business plan

Objectives for 2014 – 15

NHS England has three clear overarching objectives:

- Delivering high quality care for all now.
- Delivering high quality care for all, for the future.
- Developing the organisation.

Each of these objectives builds on the achievements of the first year as a fully operational organisation:

- They reflect NHS England’s role as direct commissioners, as assurers of clinical commissioning group commissioning, and as a key player within the wider health and social care system.
- They contribute to the delivery of the mandate and the range of legal duties set out in the Health and Social Care Act (2012) and encompass the plans to embed quality and equality at the heart of everything that NHS England does.
- They will be taken forward in collaboration with partners, working across traditional boundaries to put the patient at the centre of the future NHS.

To deliver on these overarching objectives NHS England has identified 31 business areas that together encompass the planned activity for the coming year. The full business plan, which can be downloaded from the NHS England website, describes these 31 business areas in more detail, sets out the things NHS England is committed to deliver and identifies the resource allocated to each area.

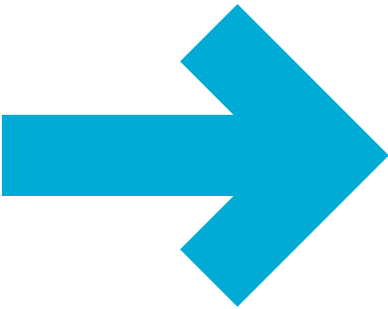
Taken together, these 31 business areas describe the organisational focus and outline how NHS England will help deliver the vision of high quality care for all, now and for future generations.

For more information and to view the full Annual Report and Accounts for 2013/14, please visit www.england.nhs.uk.

“The NHS is a precious legacy that we should celebrate and protect.”

Patient representative

Case studies
HOW WE’VE PUT
PATIENTS FIRST



Giving patients more say on their care

Since launching on 1 April 2013, the NHS Friends and Family Test (FFT) has gathered more than 3 million individual pieces of feedback from patients about their care.

The FFT question, which asks whether patients would recommend their care or treatment to friends or family, was initially introduced to A&E and inpatient services across the country and in October rolled out to maternity services, capturing feedback from women at four key stages of their pregnancy.

Following a major review carried out in the first six months of the FFT being delivered, new guidance has been published which supports the rollout of the feedback tool to almost all areas of care by April 2015, including GP and dental practices, mental health services, outpatients, ambulance, secure settings and community healthcare, making it possible for all patients to comment on their care.

The FFT allows staff to react in real time to the feedback they receive on services, leading to improvements in services that they feel empowered to deliver. The key aim in setting up the FFT was for the results to be transparently published and available to inform patient decisions and choice.

NHS England publishes FFT data each month on the NHS Choices website and NHS England website.

Improvements made to services as a result of NHS staff acting on FFT feedback are wide and varied, from hospitals ensuring patients do not feel isolated, to improving the food they receive.

The University Hospitals Coventry and Warwickshire Trust received FFT maternity feedback raising issues over the new birth centre’s discharge process and visiting times for partners. As a result staff worked to speed up the discharge process for mothers and changed visiting times so partners can now stay on the ward at night.

The Mid Staffordshire NHS Foundation Trust bought in soft-closing bins in response to patients saying noisy bins were keeping them awake at night.

A wheelchair bound patient told Hull and East Yorkshire Hospitals NHS Trust the mirrors in the bathroom were too high. As a result full length mirrors were installed.

From 1 December 2014, the FFT will be rolled out to GP practices and from 1 January 2015 to mental health and community services.

“We are already seeing many examples of the ways in which the valuable free text comments are being used to make improvements to the experiences of patients in our hospitals and communities.”

“The key aim in setting up the Friends and Family Test was for the results to be transparently published and available to inform patient decisions and choice.

The FFT has already gathered more responses than any other feedback exercise ever undertaken. The huge numbers of responses that have already been received, many of which reflect the positive experience of patients, provide a key source of information to inform the decisions and choices patients make about their care.

We are already seeing many examples of the ways in which the valuable free text comments are being used to make improvements to the experiences of patients in our hospitals and communities. As we roll out FFT to the whole of the NHS its value will be further strengthened. I hope that this will create a culture where patients expect to be given the opportunity to give feedback, and NHS staff value and act upon patients’ needs and wishes.

By April 2015, we will have introduced the FFT to millions of patients across thousands of providers of NHS funded services including GP and dental practices, ambulance, mental health and community services, as well as outpatients.”

Tim Kelsey, National Director for Patients and Information, NHS England

Putting people at the heart of NHS decision making

NHS England recognises the importance of public and patient voice in improving the NHS now and for future generations and in bringing the NHS England board to account.

Co-designing and creating an independent NHS Citizen programme is allowing NHS England to directly engage with citizens in a publicly accountable and transparent forum.

The NHS Citizen programme is being openly designed and facilitated by NHS England and democracy experts from The Tavistock Institute, Involve, Public-i and the Democratic Society.

The NHS Citizen programme provides a framework for citizens to reach out to commissioners and providers of services to offer their views, insights and solutions, and hold those that work for them to account.

Since the NHS Citizen programme began, NHS England has facilitated many quality conversations. We have held workshops, regional events, attended several conferences and enabled people at our workshops to speak on behalf of the project as ambassadors and will continue to do more.

The patient focussed workshops allow people to participate face to face and also digitally, extending the reach for participation. So far, there have been 8,000 tweets using the #NHS Citizen hashtag.

The NHS Citizen model has the potential to help provide early alert to system weaknesses and failures and support more robust systems for patient safety.

NHS Citizen will strengthen strategic decision making within the NHS. For example, by providing an effective route for citizen insights and solutions into the heart of decision making at NHS England, it will help the NHS to navigate the very difficult decisions that need to be made over the medium term given the context of tight finances and the challenge of reconfiguring services.

The open, responsive and interactive model that sits at the heart of NHS Citizen also has the potential to engender deeper trust and ownership of the NHS by citizens, which in turn strengthens the NHS in public esteem.

“The NHS Citizen programme brings local dialogue alive at the highest level of decision making in the NHS so that the NHS will reflect the voice of the people.”

Sasha Bhat, Community Engagement Manager, NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit

“...I cannot stress enough how much people with learning disabilities from CHANGE felt valued and listened to largely because of the inclusive environment that you created. People felt that the group work was really good and very well facilitated, people felt understood, respected and included, everyone was given a chance to speak and to participate. People thought that the jargon busting worked really well and they felt very supported throughout the two days...”

Philipa Bragman, Director, CHANGE



Making health and social care information more accessible

From mid-November 2013 until 21 February 2014, views were invited on how we could make health and social care information more accessible to everyone. Over 1,200 individuals, groups and organisations shared their experiences and suggestions for ways in which this could be done.

A dedicated section of the NHS England website acted as an online hub for activity and feedback. Information was made available in a range of accessible formats including audio, British Sign Language (BSL), braille and easy read, ensuring that everyone could participate.

Three surveys were developed to seek views from different target groups and a series of workshops were also held, in partnership with key national voluntary organisations. This ensured that those most likely to face barriers to health and social care information, including people who are deaf, blind or who have learning difficulties could be involved and have their say.

Responses from patients, service users, and carers as part of the engagement phase showed that they often did not receive information in an accessible format or communication support, and that this had a significant negative impact on their independence and privacy, ability to access services, care outcomes and experience. Suggested solutions included improving staff awareness and training, planning and preparation, and recording and sharing information.

This work has enabled NHS England to develop an accessible information standard. This will be released in spring 2015.

“I think what was great about today was we were trying to come up with positive ways to help resolve some of the issues that we face when we use GP surgeries, hospitals or anything to do with the NHS. I think it was an excellent day, I’ve met some lovely people and I want to thank Sense and NHS England for enabling us to participate.”

Annette Bodsworth, Sense

“The best thing, I think people with learning disabilities have got a real voice, they’re really listening to what we’re saying, they want to work out guidance, they can’t do that without us, that’s why they are really taking us seriously. I feel that we are equal now and that’s what’s good about it.”

Shaun Webster, CHANGE



Improving access to GP services

“In Yorkshire, 63,000 patients across six GP surgeries in Wakefield are now benefiting from longer opening hours, from 8am to 8pm seven days a week, with longer appointments for people with more complex needs.”

More than seven million patients across England are starting to benefit from innovative pilot schemes to improve access to GP services, funded by the Prime Minister’s Challenge Fund.

The twenty pilots, covering over a 1,000 GP practices across England, have each been awarded additional investment from a £50 million start-up fund to test new ways of delivering services that benefit their local community.

A wide range of ideas are now being trialled, including 8am–8pm opening, better use of telecare and health apps to make it easier for patients to access care, and new ways to have consultations including by email and video.

NHS England managed the initial process of inviting GP practices to get involved and is now overseeing the schemes, working with practices to get the pilots up and running.

The innovations are being rolled out over twelve months – to summer 2015 – and communities are already starting to see the benefits and positive changes to their local GP services.

In West Hertfordshire, 97,000 patients across 14 GP practices are benefiting from an enhanced integrated health and social care team, bringing a specialist palliative care nurse and lead GP to work alongside a social worker, community nurse, physiotherapist, occupational therapist, to provide a seamless service for the local community. New innovative ‘telemedicine triage hubs’ will provide a fast response primary care service for local care homes, using technology such as video calls to do virtual home rounds to improve patient care. The practices’ patients can also access appointments up to 8pm, seven days a week, giving an additional 16,000 GP appointments a year, with some being directly bookable through the NHS 111 service.

In Yorkshire, 63,000 patients across six GP surgeries in Wakefield are now benefiting from longer opening hours, from 8am to 8pm seven days a week, with longer appointments for people with more complex needs. A new online signposting service gives patients more ways to get GP and other community based services, including consultations by email, real time web chats or by phone. Patients can also book appointments directly with a practice-based pharmacist or physiotherapist online. A new facility that enables GPs to talk to hospital consultants while patients are in the practice has reduced the need for additional hospital appointments.

“Patients have been telling us that they want to be able to see a GP more easily, they want care that wraps around their needs and they want to have a choice of how they interact with their doctor and other health professionals.”

We want patients to work with us on the changes so that services develop in a way that works best for them.”

Dr Chris Jones, GP at Church Street Surgery in Ossett, Wakefield



Harnessing technology to deliver better care

NHS England has awarded significant amounts of funding to NHS Trusts and Foundation Trusts for technology-enabled projects. The awards have been made following rigorous application and evaluation processes.

Funded projects have focussed on the introduction of digital records, e-prescribing and some on delivering closer integration of health and social care services. Together, the funded projects will deliver substantial benefits to patients and staff across the country by enabling safer, more effective care and streamlining clinical processes with digital technology.

A successful application to the first tranche of Integrated Digital Care funding is helping Dorset County NHS Hospital deploy e-Prescribing to all inpatient and outpatient locations, closing the loop between medicines management, inpatient prescribing and discharge. To further improve patient safety, the application includes positive patient identification using the bedside iPod devices that all wards currently use for vital signs monitoring and single sign-on for clinicians. They are moving to pod lockers throughout the hospital with small, agile workstations on wheels (WOWs) for prescribers and medicines administration.

In another example, Bradford Royal Infirmary successfully bid to the Safer Hospitals, Safer Wards Technology Fund for an investment of £346,000 in new technology to help improve maternity services. The money is being spent on mobile technology such as tablets, moveable computer work stations and live data screens which will support the organisation to move to paperless record keeping. Bradford Teaching Hospitals NHS Foundation Trust is one of the first in the country to introduce a paperless maternity service. Its 'paperless midwife' project will enable women to securely view their own pregnancy notes online at home and support staff to move away from the inconvenience and inefficiency of handwritten notes which have to be stored at the office or input into patients' records at a later point.

"The funded projects will deliver substantial benefits to patients and staff across the country by enabling safer, more effective care and streamlining clinical processes with digital technology."

A £100 million Nursing Technology Fund announced by the Prime Minister in Autumn 2012 has enabled 74 Trusts to deliver safer, more effective and more efficient nursing care across all care settings.

Funded projects range from software to record patients' vital signs on the ward and automatically generate alerts for deteriorating patients, to the provision of tablets for community nurses, midwives and health visitors, allowing them to record and access patient information at the point of care.

In one example, Devon Partnership NHS Trust received £400,000 from the Nursing Technology Fund to deploy 136 iPads among its learning disability teams. They are complete with specialist apps that are tailored to the needs of people with a learning disability, providing easy-read information and pictorial guides about care that can greatly reduce anxiety and distress. The bid was submitted as part of the Trust's Listening into Action programme, following feedback from nursing staff about the potential benefits of using new technology.

"Being able to communicate clearly is fundamental to the relationships that we have with the people we support. Having already used it, and been very impressed, I know that this technology will radically improve the care and support that we are able to provide to people with learning disability needs."

Vanessa Moir, Clinical Nurse Specialist in Learning Disability Services, Devon Partnership NHS Trust

Transforming the healthcare system

Led by National Medical Director Professor Sir Bruce Keogh, the Urgent and Emergency Care Review aims to radically transform the system, shifting the emphasis of care so more patients are treated outside of the hospital setting, except where doing so is clinically appropriate.

Since January 2013, NHS England has been working hard with NHS staff, academics and the public to collaboratively develop a vision for a new and improved system to establish what better patient care across the system should look like and set out how it will be delivered in practice.

NHS England is working with partners from across the system to bring about transformational change to the urgent and emergency care system. Given that whole-system improvement is needed, we expect it to take between 3-5 years for this change to be fully implemented.

Over the last year we held a series of regional roadshows across England with commissioners, providers, patients, and wider stakeholders to encourage joined up work, share examples of innovation and establish urgent and emergency care networks.

We have also been developing new payment mechanisms for urgent and emergency care services and identified sites to trial new models of delivery for urgent and emergency care and 7 day services, in partnership with the independent regulatory body Monitor.

The new NHS 111 service specification which will go live during 2015/16 will ensure that it can meet the aspirations of the Urgent and Emergency review.

"These changes will mean a safer, more sustainable system that provides consistent high quality care for patients."



We have been working through the NHS Commissioning Assembly to develop and co-produce with clinical commissioning groups the necessary commissioning guidance and specifications for new ways of delivering urgent and emergency care, with this process continuing over the remainder of 2014/15.

Together, these changes will mean a safer, more sustainable system that provides consistent high quality care for patients by providing better support for people to self-care, helping people with urgent care needs to get the right advice in the right place, first time, providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E and ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.

"Our members welcome the review's direction of travel, including the role set out for urgent care networks, increased collaboration across organisational and professional boundaries, and developing new ways for patients to access urgent and emergency care, such as the role paramedics can play in shifting care out of hospital."

Dr Johnny Marshall, Director of Policy, NHS Confederation

Connecting commissioning leaders to improve patient care

The NHS Commissioning Assembly is a community of commissioning leaders – the ‘one team’ working together to improve outcomes for patients.

Since its creation in November 2012, the Assembly has helped to create shared leadership nationally and locally to ensure that commissioning leaders work together on the development of a national strategy. The Assembly aims to create a common voice for commissioners and principles for working together to connect leaders, both within the NHS commissioning system and beyond to influence the development of policy.

“The Assembly allows commissioning leaders to address those issues where they will have a greater impact on improving patient outcomes by working together rather than apart.”

The Assembly brings together clinical and managerial leads from clinical commissioning groups, national clinical directors and national, regional and area team directors from NHS England plus a wider range of clinical and managerial commissioning leaders including nursing leaders and chief finance officers.

The Assembly works predominantly as a virtual network with activity focused around a series of working groups tackling the key issues that are important to the commissioning system, such as quality and outcomes, partnerships and participation, commissioning system development and finance and delivery. The membership of the Commissioning Assembly comes together each year at an annual event where discussions focus on developing collective solutions to the challenges of the day.

The Assembly allows commissioning leaders to address those issues where they will have a greater impact on improving patient outcomes by working together rather than apart. Through the

Assembly, commissioning leaders can pool their collective expertise and address local issues on a national scale. Members can influence and improve commissioning outcomes for patients nationwide.

The Assembly has supported the development of national guidance on patient and public participation and helped to co-produce a guide to *Transforming Participation in Health and Care Guidance for Commissioners*. This has influenced the development of a range of national policies, including reducing premature mortality, cancer diagnosis, adult critical care and clinical pathways for morbid obesity.

We have also helped to develop a web-based resource focused on commissioning for quality, providing a range of practical ideas and tools for commissioners to use locally to commission high quality services that will deliver improved outcomes for patients.

“As a clinician, it has been very valuable to listen to colleagues openly discuss the challenges each of us face, as we work to deliver a shared agenda, of delivering high quality sustainable healthcare.”

Dr David Levy, Regional Medical Director for NHS England, representing NHS Midlands and East

“The Commissioning Assembly provides an excellent environment to have a developmental conversation with CCGs away from the routine assurance type relationship that we normally have with CCGs. Furthermore it’s an excellent cross-fertilisation opportunity to look at the development of CCGs more broadly across the country and the relationship they have with their area team.”

Dr Mike Burrows, Area Director for NHS England, representing Greater Manchester

Compassion in Practice

5 Boroughs Partnership NHS Foundation Trust in the North West is committed to employing staff who embrace NHS England’s Compassion in Practice strategy which focusses on the values and beliefs that underpin high quality care called the 6Cs – Care, Compassion, Commitment and Courage, Communication and Competence.

Over the last year the trust has been working hard to develop a Culture of Care strategy very much based around NHS England’s 6Cs.

Following a successful Culture of Care launch event in June this year which was attended by Hilary Garratt, NHS England’s Director of Nurse Commissioning and Health Improvement, the Trust have managed to recruit over 30 Care Makers to embed this culture within their organisation.

The team of staff, who are proud ambassadors for the Culture of Care across the organisation, is made up of both clinical and non-clinical staff - evidencing that the 6Cs really can be for everyone. As well as encouraging staff to become Care Makers, there are a number of exciting projects taking shape across the Trust under

the 6Cs. The Trust is rolling out values-based recruitment, which involves recruiting staff based on their personal values, not just their professional skills and qualifications. The Trust are also working hard to implement shared decision making across our clinical services, meaning service users are much more involved in making decisions about their care.

“It’s fantastic that our Culture of Care appeals to all of our staff and I think the exciting buzz surrounding the 6Cs and the Care Maker initiative is really going to help make the Culture of Care come alive for everyone across the Trust.”

I’m proud to say that I myself have been accepted as one of the first Care Makers at the Trust and I am committed to putting our service users and carers at the heart of every decision I make as Chief Executive.”

Simon Barber, Chief Executive of the Trust, 5 Boroughs Partnership NHS Foundation Trust



Maximising data to transform healthcare

Care.data is an initiative to ensure more joined-up data is made available to clinicians, commissioners, researchers, charities and patients to improve the quality, safety and effectiveness of local care services.

NHS England announced an extension to the programme at the end of February 2014, to allow more time to listen and act on the views of patients, the public, GPs and stakeholders, and to explain the benefits and risks involved.

By August 2014, over 150 local and regional events were attended reaching more than 3,000 individuals hosted by organisations such as clinical commissioning groups, local Healthwatch organisations and public and patient groups.

From Bristol to Barnet, Gateshead to Gravesend and Widnes to Wokingham, we have listened to the views of supporters and critics alike including Big Brother Watch, 38Degrees and medConfidential.

Nationally we met regularly with representatives of Healthwatch England, Royal College of Nursing, British Medical Association, Royal College of GPs and the research community, as well as the National Institute for Health and Care Excellence Patient Network, Pharmaceutical Industry Patient Group and others.

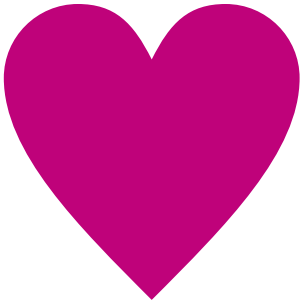
Access to joined-up data can identify where there are problems in the care that some patients are receiving so that services can be improved, ensuring better care for all. It can also encourage patient participation and empowerment through understanding their condition and treatment better.

By hearing a range of perspectives and suggestions, we have been able to take action to improve and build confidence in the care.data programme.

“It could turn the UK into the best clinical laboratory in the world and the benefit would be felt first in the UK. This could change the game in health research and healthcare. The act of studying de-identified data in a safe haven without specific consent does not to my mind threaten confidentiality. Most people, once guarantees of doing our best to protect confidentially are explained, would say this is a no-brainer.”

Professor Sir John Savill, Head of Medical Research Council, The Times, March 21 2014

“Access to joined-up data can identify where there are problems in the care that some patients are receiving so that services can be improved, ensuring better care for all.”



Tackling variation in health outcomes

Cancer causes 36 per cent of under-75 avoidable deaths. When cancer is diagnosed at an early stage, chances of a full recovery are greater – 93 per cent of people survive early bowel cancer for five years, only 7 per cent if it is found at a late stage.

Wessex Networks are in a unique position to tackle variation in health outcomes across the whole of the region.

A project was set up by the Wessex Networks to encourage greater uptake of screening programmes and prompt, appropriate referral from primary care. Focused on reducing health inequalities, the project has targeted local areas of poor outcomes or low uptake of health services. Specific work to improve uptake of screening of homeless population is underway. A new team will spread benefits of Local Awareness and Early Detection and Intervention (LAEDI) work to improve early detection of acute kidney disease and chronic kidney disease in primary care. This work has pioneered partnership working across CCGs, charities, primary care and NHS organisations such as national clinical teams and screening hubs.

It is known there are specific patient groups who consistently do not access health screening and health promotion programmes. Through the Local Awareness and Early Detection and Intervention (LAEDI) work it has been shown that by supporting the GP practices with tools, techniques and information, practice teams can better support patients to engage in health programmes, directly improving the patient's health and, it is hoped, the longer term health of the communities as a whole.

“When cancer is diagnosed at an early stage, chances of a full recovery are greater – 93 per cent of people survive early bowel cancer for five years, only 7 per cent if it is found at a late stage.”

“The importance of early detection in bowel cancer cannot be overstated, as it is such a curable condition if caught in time. We strongly believe that many of the improvements made in cancer outcomes are achievable in other conditions such as kidney disease – what better use of our effort and resources could there be?”

Mr Matthew Hayes, Clinical Director, Wessex Cancer Strategic Clinical Network

“We have been using a methodology within bowel screening that we believe is replicable across the country. We also importantly, given our focus across conditions on improving outcomes, see the potential for the use of this methodology in a range of other conditions, in the first instance kidney disease. The work we are leading with the screening hub is very exciting and has great potential to improve outcomes.”

Lucy Sutton, Associate Director, Wessex Strategic Clinical Networks and Senate

“The Network team have a very proactive approach and a proven history of working collaboratively and being engaged and, indeed led, on many national initiatives. This collaborative approach has been further strengthened by one of the Macmillan GPs now being the primary care lead for Cancer Research UK.”

Fran Williams, Development Manager, Macmillan

“This project demonstrates that by working together we are continuously striving to improve the service and we are doing this through an innovative approach to contacting and trying to engage the subjects, in this case, focusing on those less engaged populations to try to reduce health inequalities.”

Sally Benton, Associate Hub Director, Fellowship Examination of the Royal College of Pathologists



Supporting care at home



Cambridgeshire Community Services NHS Trust is running a one-year community Rapid Response pilot service for patients registered with GP practices in the Ely area and Wisbech. The aim is to ensure that unwell older people get the urgent support they need to be cared for at home, when they need it.

The multi-disciplinary service includes nurses, occupational therapists, physiotherapists, social care managers, a consultant geriatrician, pharmacists, multi-skilled healthcare assistants and others. The service provides same day assessment for people in crisis and works as part of the wider Community Service.

Joint working with other health care professionals is integral, including physiotherapy, occupational therapy, intermediate carers, pharmacists and GPs.

A couple who have been married for more than seventy years, and are both 95 years old, have been able to stay together at home, following support from the Rapid Response service.

The lady of the couple was referred to the service by her GP after an infected, swollen leg had left her unable to walk and feeling very unwell with a high temperature. Following the referral to the Rapid Response service Lucy Stewart, Community Matron, assessed the couple at home to consider what help and care they needed and agreed a plan for them to be able to cope and recover at home together.

Data from November 2013 to March 2014 shows 152 acute hospital admissions were avoided out of a total of 347 referrals. Of the referrals, 45 per cent were able to stay at home by the Rapid Response service where otherwise they would have been admitted to acute care.

“One of the most important tasks during an assessment is to ask what the patient is most worried about. In this case, the patient didn’t want to go to hospital because she feared dying there and leaving her husband alone. Once I understood this I could plan her care according to her wishes. After 73 years of marriage the couple had become completely reliant on each other. It was vital to involve and communicate with both the patient and her husband inclusively.”

Lucy Stewart, Community Matron, Cambridgeshire Community Services NHS Trust

“Although the 6Cs started as a Nursing and Midwifery model, the Rapid Response team including our physiotherapy, occupational therapy and pharmacist members have actively adopted the model and are committed to improve the quality and the experience of the patients, showing that the 6Cs values and behaviours can be practised by all clinicians to ensure safe care is delivered to patients.”

Mike Passfield, Head of Nursing (Unplanned Care), Cambridgeshire Community Services NHS Trust

Rapid triaging of high-risk arrhythmia patients for better outcomes in London

A new pathway in London uses the London Ambulance Service (LAS) to triage high-risk arrhythmia patients in the ambulance and take them directly to central units where they can receive quicker care.

When originally piloted from February to August 2013, the London arrhythmia emergency pilot study aimed to determine whether outcomes would be better for patients with either suspected ventricular tachycardia (VT) or complete heart block (CHB) if triaged by LAS staff and then taken to an accredited arrhythmia centre providing 24/7 services, rather than the closest hospital with an emergency department.

Data was collected on 330 patients in London. Nearly all (96 per cent) of patients triaged for CHB required pacing devices. These patients received devices on the day of arrival, and were discharged quickly (within three days). The pilot results were presented to the Clinical Senate Council, which endorsed the rollout of the pathway across London.

Looking ahead, the London Strategic Clinical Networks will use the roll out of the pathway as an opportunity to provide GPs with information about heart block patients, and will, working with neighbouring networks, explore extension of the pathway to, and potential impact on, hospitals outside of the capital.

Patients with suspected ventricular tachycardia or complete heart block are now triaged to accredited arrhythmia centres, where they receive specialist care 24/7, resulting in quicker treatment and earlier discharge from hospital.

Also, with the elimination of transport by LAS to non-specialist centres and thereafter inter-hospital transfer to specialist centres, patients receive the added benefit of freed up ambulance staff who can assist in a greater number of emergencies in the capital.

“Although the number of patients involved in the pathway is relatively small, they all now receive quicker, more appropriate treatment than before.”

Although the number of patients involved in the pathway is relatively small (approximately 650 per year), they all now receive quicker, more appropriate treatment than before. Ongoing education for LAS staff, continuous review and refinement of triage criteria, and rigorous assessment of arrhythmia specialist centres will result in improved diagnosis rates, intervention times, and discharge from hospital for these Londoners.

“The new high risk arrhythmia pathway in London is the first of its kind in the country. Patients are now diagnosed by ambulance services and immediately taken to a specialist centre, where they receive quicker treatment for arrhythmia emergencies and faster discharge from hospital – safely and efficiently. This will lead to improved outcomes for patients and lower costs from reduced length of stay and fewer LAS journeys for the health system.”

Professor Huon Gray, Clinical Director for Cardiac and Vascular for NHS England, National and London



Development of outreach service for adults with cystic fibrosis

More than 200 adults in Bristol, Bath, Cheltenham and Gloucester with cystic fibrosis are to benefit from a new specialist centre system of care, believed to increase life expectancy.

The new combined service – considered the gold standard for treatment of the life limiting condition – is commissioned by NHS England and provided by University Hospitals Bristol NHS Foundation Trust.

It offers access to a range of specialist cystic fibrosis (CF) services at Bristol Adult CF Centre, led by experienced medical consultants. Services include physiotherapists, dietitians, nurse specialists, pharmacists, psychologists and social workers with specific expertise in all aspects of CF care, such as diabetes, liver medicine and gastroenterology. A range of special clinics, like antenatal, is also available.

Other services include regular outreach clinics available at the Royal United Hospital Bath NHS Trust (RUH), Bath and Cheltenham General Hospital to ensure that outpatient support is provided in the community, with patient access to the homecare delivery programme of CF antibiotics and inhaled medication to the home or workplace and the ability to address urgent care needs 24 hours a day, 7 days a week.

Medical evidence suggests that this type of CF care in adulthood can increase life expectancy as a result of access to specialist care and expertise from a multidisciplinary team and new medications.

"More than 200 adults in Bristol, Bath, Cheltenham and Gloucester with cystic fibrosis are to benefit from a new specialist centre system of care, believed to increase life expectancy."



“Specialist care for adult patients is considered the gold standard of treatment by the Cystic Fibrosis Trust. The NHS has listened to people to understand how the new service could work best and we’ve responded to their feedback. For example, more outreach clinics means fewer visits to the CF centre and less travel. This high standard of service helps us keep pace with the rapid developments in treatment and medicine for cystic fibrosis, whilst providing high quality care for patients.”

**Steve Sylvester, Head of Specialised Commissioning for
NHS England, Bristol, North Somerset, Somerset and South
Gloucestershire Area Team**

“Bristol adult CF centre is delighted to combine the expertise of a specialist centre care with the advantages to patient care also locally. Care is best delivered in a specialist centre because CF in adulthood is complex. However, we want to minimise unnecessary travel for people who have a lot of hospital visits. The outreach service will help people fit their CF treatment around their lives whilst keeping the benefits of specialist care and a full multidisciplinary team.”

**Dr Kathryn Bateman, Clinical Lead for Adult Cystic Fibrosis,
Bristol Adult Cystic Fibrosis Centre**

Notes

Notes

Our values

Enshrined in the NHS Constitution and uniting patients and staff in a shared ambition for high quality care, our values inspire us and are at the very heart of what we do:

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

“It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.”

NHS Constitution

Get in touch

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