

The Health Foundation: Quality Strategy for the NHS in England

Context

In 1997, the White Paper *The new NHS: modern, dependable* set out the newly-elected Labour government's ambition to equip the NHS in England to deliver 'dependable, high-quality care – based on need, not ability to pay'¹.

In the decade that followed, substantial increases in health spending were accompanied by an ambitious, comprehensive and prolific programme of health reforms. Considerable progress was made, with a number of significant improvements in quality, but the sheer scale, pace and frequency of change worked against the development of a clear national approach to improving quality. For this reason, *The Quest for Quality: Refining the NHS Reforms*², published in May 2008, made the case for a national quality programme to provide the NHS in England with a coherent strategy to improving quality and aligning policy reforms behind the quality agenda.

Much has happened in the intervening seven years:

- Elements of the proposal national quality programme were incorporated into the national quality framework set out in *High Quality Care for All* in June 2008³. Overseen by the new National Quality Board, some progress was made in a number of areas prior to the 2010 general election;
- Following the election, the incoming coalition government moved quickly to set out a far-reaching NHS reform programme billed, at least in part, as an extension of the previous government's quality agenda⁴. Although the reforms proved highly controversial, the Health and Social Care Act 2012 – which provided much of the new architecture for the reforms – ultimately achieved royal assent with few substantive amendments⁵;
- However, the report of the second Francis Inquiry into Stafford Hospital⁶ – and the subsequent reviews commissioned to examine the key issues raised by the Inquiry^{7,8,9,10,11,12,13}, the whistleblowing review¹⁴ and the Morecambe Bay inquiry¹⁵ – led to several further notable changes in policy in response^{16,17,18}. Quality has remained high on the agenda, but it is hard to avoid the impression that much of the momentum and coherence generated by the national quality framework has dissipated amidst extensive organisational restructuring, the sheer volume of recommendations from various reports, the number of new initiatives and the distributed national NHS leadership following the reforms¹⁹;

- And this has occurred at the very time when vigilance and progress on improving quality of care should be at its highest because of increasing signs of financial distress within the NHS. There has been relative protection of health spending over the 2010-2015 parliament and the new Conservative government has committed to increasing annual funding to at least £8bn per year in real terms by 2020/21. But this will require the NHS to find £22bn in efficiency gains just to stand still²⁰.
- The Government has confirmed its support for the *NHS Five Year Forward View*, the document that sets out the national NHS bodies' shared vision for the future of the NHS but does not offer a roadmap for how these changes are to be put into effect²¹. In parallel, key elements of the system architecture for quality improvement and leadership development remains uncertain in light of the Smith and Rose reviews and the creation of NHS Improvement²².

There is much to welcome about government policy in the wake of the Francis Inquiry and publication of the NHS Five Year Forward View, which has ensured that maintaining and improving quality of care has remained firmly in the spotlight. Since the 2010 general election, however, there has been a proliferation of quality initiatives against a backdrop of major policy reform, large-scale organisational change, financial constraints and the drive to find unprecedented efficiencies by 2020/21. The extent of these policy and structural changes, the scale of the challenges facing the NHS over the next 5-10 years, and recent deterioration in health service performance²³ reiterates the need for a coherent and well understood strategy for maintaining and improving quality of care²⁴.

Terms of reference

The purpose of this project is to review the policy framework in England for improving quality to set out key action required to re-establish a coherent framework in the context of the reforms.

The terms of reference are to:

- Review the progress made with implementing the national quality framework announced in *High Quality Care for All* in June 2008.
- Summarise the evidence on the impact and effectiveness of different policy levers to clarify 'what works' in improving quality of care. This should include a review of available academic and grey literature on the various policy levers used at different stages since 1997, and should draw on previous research commissioned or undertaken by the Health Foundation.

- Take stock of the system architecture established to implement the NHS reforms enacted by the coalition government following the 2010 general election via the Health and Social Care Act 2012 and Care Act 2014. This should include, but is not limited to, the roles and responsibilities of system stewards, regulators, commissioners, providers and other bodies involved in overseeing and delivering health services at macro, meso and micro level.
- Carry out an inventory of the current policy framework for improving quality, in particular the measures announced in the government responses to the Francis and Kirkup inquiries. This should include, but is not limited to:
 - The measurement and reporting of quality
 - The accountability arrangements for improving quality
 - The mechanisms for involving patients and the public
 - The various financial incentives and penalties linked to quality
 - The arrangements for supporting quality improvement
- Consider the above in the light of approaches in selected other countries.
- Identify any apparent imbalances or inconsistencies in the current portfolio of policy levers used to improve quality; identify any duplication, inconsistency or gaps in the current framework and make recommendations for how these may be resolved. This should take into account the three categories of approach to bringing about change in the NHS as identified in the Health Foundation's recent report *Constructive comfort: accelerating change in the NHS*²⁵.
- Set out the key elements of what might be a clearer national strategy to improve quality of care including recommendations for any priority actions required to revitalise the framework put in place by Lord Darzi. This should take account of any aspects of NHS performance that have been identified as requiring action (including, for example, through the work of the Care Quality Commission and the QualityWatch programme), as well as the current system architecture and policy framework.
- Produce a report addressing the issues covered by these terms of reference for publication in April 2016.

References

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- ¹² Dalton D, Williams N. *Building a culture of candour: A review of the threshold for the duty of candour and of the incentives for care organisations to be candid*. Royal College of Surgeons of England, 2014. www.rcseng.ac.uk/policy/duty-of-candour-review
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- ¹⁵ Kirkup B. *The Report of the Morecambe Bay Investigation: An independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust from January 2004 to June 2013*. Department of Health, 2015. www.gov.uk/government/publications/morecambe-bay-investigation-report

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