



POLICY BRIEFING

High quality care for all: NHS Next Stage Review final report Lord Darzi's Review of the NHS August 2008

In July 2007 Secretary of State, Alan Johnson, announced a review of the NHS, to be led by Lord Darzi. The intention was to build on the progress of the NHS Plan (2000) and to set out a new vision for the NHS. In June 2008, after a series of consultations and the publication of an interim report, Lord Darzi launched *High quality care for all: NHS Next Stage Review final report*, outlining his vision and recommendations for next steps for the NHS. A draft constitution for the NHS has also been published for consultation alongside this report. The report can be downloaded from <http://www.ournhs.nhs.uk/>.

This briefing summarises the report and looks at the implications for carers. In particular the proposed NHS constitution would be an important step forward in ensuring that carers are recognised as equal partners in care with rights to be involved and consulted on decisions that affect them.

What is the Darzi Review?

The aim of the Review was to engage patients, NHS staff and the public on four critical challenges. Firstly, to work with NHS staff to ensure that clinical decision making is at the heart of the future of the NHS and service delivery. Secondly, to improve patient care, including providing high-quality, joined-up services for those with long-term or life-threatening conditions, so that people are treated with dignity in safe, clean environments. Thirdly, to ensure that more accessible and convenient care is integrated across primary and secondary providers, reflecting best value for money and offering services in the most appropriate settings for patients. Fourthly, to establish a vision for the next decade of the health service that is based less on central direction and more on patient control, choice and local accountability, and that ensures that services are responsive to patients and local communities.

Lord Darzi's vision for the NHS is based on five key principles:

1. Fairness – an NHS equally available to all, taking full account of personal circumstances and diversity.
2. Personalised – tailored to the needs and wants of each individual, especially the most vulnerable and those in greatest need, providing access to services at the time and place of their choice.
3. Effective – focused on delivering outcomes for patients that are among the best in the world.
4. Safe – as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive.
5. Local Accountability – change only when clinically necessary, early and effective engagement with the public and resources to open new facilities.

These five principles have been applied to eight areas of healthcare, with recommendations in each clinical area as to how these can be best achieved. These areas cover: maternity and newborn care; children's health; planned care; mental health; staying healthy; long-term conditions; acute care; and end-of-life care.

How does the Darzi Review link into the National Strategy for Carers?

The Darzi Review does not explicitly link into the National Strategy for Carers which is a shame. Throughout the consultation stages of both these initiatives, Carers UK called for carers to be included in mainstream NHS policies and to be recognised as partners in care.

The National Strategy for Carers, published on 10th June 2008, pledged a range of initiatives and measures designed to support carers' mental and physical well being. These included: pilots of annual health checks for carers in a number of PCTs, pilots to provide a training programme for GPs to help them better understand carers' needs, possible projects offering emotional support to carers and pilots looking at how the NHS can better support carers including involving carers in diagnosis, care and discharge planning. Additional funding for breaks will be channelled through PCTs, working alongside local authorities to develop joint plans.

Carers UK also followed the process of the Darzi Review closely to lobby for carers' concerns and perspectives to be linked into mainstream NHS policy and activities. We raised these issues at relevant consultation events and also in our written response to the Interim Review which was submitted in January this year.

What did Carers UK call for in the Darzi Review?

Carers UK has long argued that carers are a crucial part of NHS reform for several reasons. Firstly, there is the issue of their own health where the statistics are striking. The 2001 Census showed that carers who provide high levels of care for sick or disabled relatives and friends, unpaid, are more than *twice as likely* to suffer from poor health compared to people without caring responsibilities. Carers in these circumstances who did not get a break were also twice as likely to report mental health problems.

Secondly, there are several costs associated with the health inequalities experienced by carers. The first is direct costs in treating the carer's own ill-health. The second is the potential costs that would result if the carer was less able to care because of their ill-health. A recent report by Carers UK, published in September 2007, revealed that the value of the unpaid care provided by carers is equivalent to a staggering £87 billion a year. There are also other costs associated with carers' ill-health – if they are unable to work there are costs to the Exchequer and business in terms of lost skills, lost tax revenue, etc.

Finally, there is another reason why carers are important to the NHS, because of their numbers, both from the point of view of employees within the NHS and as patients (or potential patients) themselves. 1 in 7 of the UK's workforce are carers and, given the size of the NHS workforce at 1 million, the number of carer employees here is likely to

be substantial. At 6 million, carers are also a significant – and likely to be a growing - part of the UK's overall population.

In summary, we called on the Review to:

1. Recognise carers as an at risk group in terms of health inequalities.
2. Identify carers in order to tackle their health needs.
3. Provide clear, accessible information about local health and support services at flexible times.
4. Recognise carers as partners in care.
5. Ensure that carers are involved and given particular support at key times of change such as hospital admission and discharge planning.
6. Include carers, as well as patients, explicitly in quality improvement policies and systems.
7. Ensure that health provision is flexible and accessible for carers.
8. Address the needs of carers within the NHS workforce.
9. Ensure that PCT Carers Leads play an active role on behalf of the NHS in multi agency carer strategy groups which are involved in commissioning and providing care.
10. Provide clear, accessible information about local health services at flexible times.

What does the Darzi Review say?

The Review highlights the achievements of the NHS over the last 10 years and sets the vision for the future. The final report outlines a detailed set of proposals to improve patient care, empower staff and raise standards. These include:

1. A greater emphasis on quality care for patients and the public through personalising services.
2. Measuring quality right across the service and publicising information on the quality outcomes of care.
3. A focus on long term conditions: 5,000 patients with complex long-term conditions will pilot new personal budgets.
4. Personal care plans for all 15 million patients with a long-term condition.
5. Supporting people to stay healthy.
6. Launching a nationwide 'Reduce Your Risk' campaign to raise awareness of free vascular checks for 40 – 74 year olds and help people to know when they need to get help.
7. A patient's legal right to choice of any provider, including choice of GP services.
8. More effective drugs for patients with new rights to all NICE-approved drugs, faster approvals process and transparent decision making.
9. Improvements in safety, standards of hygiene and reductions in infections.
10. A Clinical Excellence Awards Scheme to reinforce quality improvement.
11. Supporting innovation in the development of Community Services.
12. Supporting family doctors to help patients stay healthy and investing record amounts in new or improved wellbeing and prevention services that are easy to access.
13. Piloting new approaches to help family doctors, community nurses, hospitals, local authorities and others work across traditional boundaries to provide more joined-up services and better health outcomes for people with conditions such as diabetes.

Within the report there are also proposals with regard to supporting NHS staff to deliver high quality care. This section describes a system for workforce planning, education and training with proposals on: the changing roles of healthcare professionals and the implications for career frameworks; improvements to workforce planning to secure the workforce of the future; and improvements to education and training.

A proposed constitution has been developed to set out the principles and values that underpin the NHS. The constitution is being presented for consultation with a closing date of 17th October 2008.

It is anticipated that the constitution will become a declaratory document bringing together a statement of legal rights into one place. The constitution will be supported by a handbook setting out the detail of these rights, their effect and means of redress. The handbook will be updated every 3 years. NHS bodies will have a duty to take account of the constitution.

It also describes the expectation the NHS has on people using its services. A section for staff sets out 4 pledges that the NHS makes as an employer and outlines duties on staff as an explanation of their responsibilities.

What does the Darzi Review say about carers?

Carers UK broadly supports the vision of the Review, though we would like to have seen more specific and tailored strategies for carers. The Review also has notable omissions in that it does not make much mention of the important areas of health inequalities and social care (which are being looked at as parallel exercises). The Review is important, however, in setting out a new vision for the NHS and in recognising that patients and carers need to be included within the mainstream of NHS policy and activities.

Recognition of carers: The final report recognises the importance of carers as key partners in the delivery of care. At a local level the need to forge new partnerships between professionals, patients and their carers is acknowledged, specifically the need to integrate care around the need of patients including community services and greater use of assistive technology.

Chapter 1 looks at key messages from the consultation events, these include: the need for care to be provided closer to people's homes with greater use of technology, the demand for closer partnerships between professionals, volunteers and their families was also raised as a key concern, specifically for individuals with long-term conditions. The need for greater collaboration between all care providers was also highlighted and needs to reinforced by care plans and better patient information. With regard to personal care the same message came across from the consultation with patient care being considered within the context of their support network, including carers, family and employers.

Some recognition of care as well as health: Chapter 2 examines the challenges facing the NHS in the 21st century, and identifies many of the drivers linked to the caring agenda. The demand driven by demographics, advances in treatments and the changing nature of disease are one of the six challenges identified. Their impact is recognised not

only in relation to healthcare but, also social care. However, the Review's focus is mainly on the NHS rather than on social care.

Carers and personalised services: Chapter 3 considers initiatives and measures to improve care for patients and the public. There is an increasing drive towards the personalisation agenda which aims to give patients more rights and control over their own health and care. This drive is considered to be of particular importance for those with long-term health conditions and their carers (pg38). *Carers UK welcomes the introduction of care plans for all of the 15 million people with one or more long-term conditions. Increased control will not be limited to those being cared for, but will also extend to carers, (pg 41), though there are no further details on this.*

The launch of a national pilot programme of personal health budgets for some patients with fairly stable and predictable conditions is another positive suggestion, *although the need for carers to be actively involved and supported in this process is paramount and Carers UK would welcome further details on how this programme will be designed and introduced.*

NHS organisations will be working in partnership with the local authority, the third sector and private sector organisations, patients and carers to implement the Putting People First transformation programme for social care. This programme sets out the Government's vision for the personalisation of social care, aiming to improve people's health and wellbeing through new mechanisms such as personal budgets. There is also a greater drive to preventing ill health through General Practice rather than focusing largely on long-term conditions. *While certain groups are identified as at risk, Carers UK is disappointed that carers are not recognised as a distinct group who face significant health inequalities.*

Quality issues: Chapter 4 explores 'High Quality Care throughout the NHS', looking at patient safety, patient experience and the effectiveness of care.

Chapter 5 examines the quality agenda with regard to frontline staff. There will be greater freedom given to those working in frontline services and a drive towards more flexible and responsive community services.

Chapter 6 considers how to support NHS staff to deliver high quality care through high quality workplaces and high quality education and training. *Carers UK is disappointed that carers within the NHS workforce are overlooked and there are no specific references to how carers within the NHS will be supported to combine work and caring responsibilities.*

Recognition of carers within the NHS Constitution: Chapter 7 outlines seven guiding principles identified within the proposed NHS constitution. Principle four enshrines the important role that carers play with regard to the delivery of NHS services:

“NHS Services must reflect the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate will be involved in and consulted on all decisions about their care and treatment”

Carers UK welcomes the recognition of carers as key partners in care as this is critical if they are to be involved in all stages of care provision in primary and community care settings. Carers UK has long argued that carers are the people who know the patient best and upon whom most of the day to day responsibility of caring will fall.

Alongside the seven principles, the proposed constitution sets out a number of pledges, which are those things the NHS strives to do above and beyond its legal requirements. In the section entitled 'Involvement in your healthcare and in the NHS' there is a pledge to "work in partnership with you, your family and carers". This commitment is reinforced in the section outlining NHS staff responsibilities stating that: "You should strive to involve patients, their families and carers in the services you provide" and in the section entitled 'Staff - your rights and NHS pledges to you', the NHS pledges to: "provide all staff with well-designed and rewarding jobs that make a difference to patients, their families and carers, and communities".

The importance of carers is also enshrined in one of the proposed six values which underpin the constitution; the fifth value states:

"Working together for patients: We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries."

While the recognition of the critical role of carers as partners in care is a significant step forward, Carers UK will be responding to the consultation process on the Constitution and will await with interest how the principles and pledges in the proposed Constitution will be translated into coherent and effective policies for carers.

What happens next?

The Darzi Review sets out ambitious plans for the future of the NHS. The emphasis now in terms of policy implementation will be how each strategic health authority (SHA) and primary care trust (PCT) will take forward its recommendations. By spring 2009, each PCT will publish a strategic plan, setting out a five year plan for improving the health of people locally. Centrally, local improvements will also be enabled through financial allocations to every PCT, an NHS Operating Framework will be published in October 2008 to set out the system that will deliver the Review, and the Department of Health will develop the policy proposals as set out in the Review.

The proposed constitution has been developed to set out the principles and values that underpin the NHS and is being presented for consultation with a closing date of 17th October 2008. Carers UK will be responding to this consultation.

Both the Review and that Strategy provide an unprecedented opportunity for the NHS to enhance its crucial role in identifying hidden carers and providing practical and accessible information and support to them. These are the key areas where there is still much work to be done and on which Carers UK will be focusing during the coming months.

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