



Partnership is key to delivering Lord Darzi's NHS Vision

Lord Darzi's Final Report: "High Quality Care for All" puts quality at the heart of the NHS. His vision can only be achieved on the required scale through new forms of partnership between public, private and third sectors.

For healthcare providers, there are some exciting incentives to encourage new service models:

- As the system shifts its focus to disease prevention, Primary Care Trusts will be required to commission well-being and prevention services 'on an industrial scale' - fertile territory for new partnerships with the private and voluntary sectors.
- An increasing role is outlined for GPs, pharmacies and other local providers in tackling the key challenges of obesity, alcohol, smoking, drugs, sexual and mental health through convenient community-based services.
- There is a pledge to reinvigorate practice-based commissioning and give greater freedoms and support to high-performing GP practices to develop new services for patients, working with primary and community clinicians. Competition based on quality will, however, lead to the phasing out of the minimum income guarantee.
- Integrated Care Organisations will be piloted, bringing together health and social care professionals from community services, hospitals, local authorities and third sector. Proposals are to be invited from the market shortly.
- More support is promised for clinicians who wish to "spin out" of the NHS to set up independent organisations. Front-line staff will have a new "right to request" to set up a social enterprise to deliver services. A key stumbling block historically has been the ability of the new employer to provide continuing access to NHS pension rights. Now there is a pledge to allow staff to continue to participate as long as they are providing NHS-funded care.
- There is new emphasis on innovation and fostering an enterprise culture. Strategic Health Authorities will be under a statutory duty to promote innovation and new regional innovation investment funds will be launched to invest on a commercial basis in good ideas. There will be a pilot programme of "health innovation and education clusters" to stimulate partnership working between clinicians, universities and business.
- Financially, funding formulas and contract payments will increasingly be linked to quality outcomes. All providers, NHS, private and third sector will be required from April 2010 to publish quality accounts explaining how they have made a difference. The Department commits itself to signpost tariff reviews in advance to enable providers to plan for the long term.

A system focused on a relentless drive to quality will impose new burdens, however. For example there will be new emphasis on data capture for publication to inform patient choice. The new NHS constitution will enshrine patients' rights and expectations and these constitutional rights will feature in all contracts and dealings with patients, whoever the provider. Rights such as the continuing access to medical records, the

right to demand drugs and treatments approved by NICE, and to receive treatments within agreed waiting times are likely to involve providers in additional compliance costs.

The challenges presented by Lord Darzi are significant but far greater is the sense of real opportunity for innovation and initiative to triumph.

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