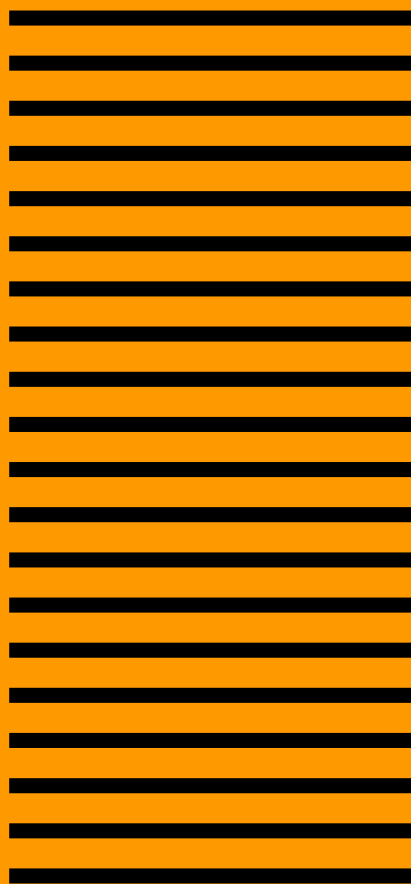


Thinking About the Standards Strategically

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The Purpose of the Standards

The Standards for Better Health embody the complexity of health care in the 21st Century. Health and that quality of health care is based upon an intricate mixture of personal and societal values, technological development and a vision of operational effectiveness. The Standards for Better Health attempt to draw on these complex dimensions and describe the key values and societal concerns (but not all the issues) underpinning the provision of a total health care system. The standards also recognise the importance of devolving management to individual organisations, leaving many of the concerns of day to day running to the integrity of health care professionals and managers. They recognise the need for lighter touch in central control, whilst recognising the policy imperatives of meeting society's needs about particular aspects of the operation of health care services which reflect current societal values and concerns. The standards are envisaged to be part of an evolving system of health care which will continuously adapt to society's concerns about what is meant by a high quality health care system.

The structure of the Standards

There are seven domains which describe the corner stones of quality in an integrated health care system which forms the NHS

- *Patient safety through processes, working practices and systemic activities that prevent or reduce the risk of harm to patients*
- *Patients achieve benefits that meet individual needs through health care decisions and services based on research evidence*
- *Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure probity, quality assurance, quality improvement and patient safety*
- *Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations)*
- *Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay*
- *Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences through safe and effective design, promote privacy, are well maintained and are clean*
- *Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve health and reduce health inequalities*

Values in Health Care

Alan Milburn in 2002 stated the goals for a new NHS. "What we envisage is a fundamentally different sort of NHS. Not a state run structure, but a values based system, where greater diversity and devolution are underpinned by common standards

and a common public service ethos.” (Rt Hon Alan Milburn MP 2002) The standards are intended to reflect the values of the new NHS to:

- Challenge discrimination
- Promote equality of access and quality of service
- Services appropriate to individual needs and preference and choices
- Respect and protect human rights
- NHS as model employer
- Contribute to economic success and community cohesion

The whole system of health care has to reflect these values and organisations must ensure that they place these as central to their mission and purpose.

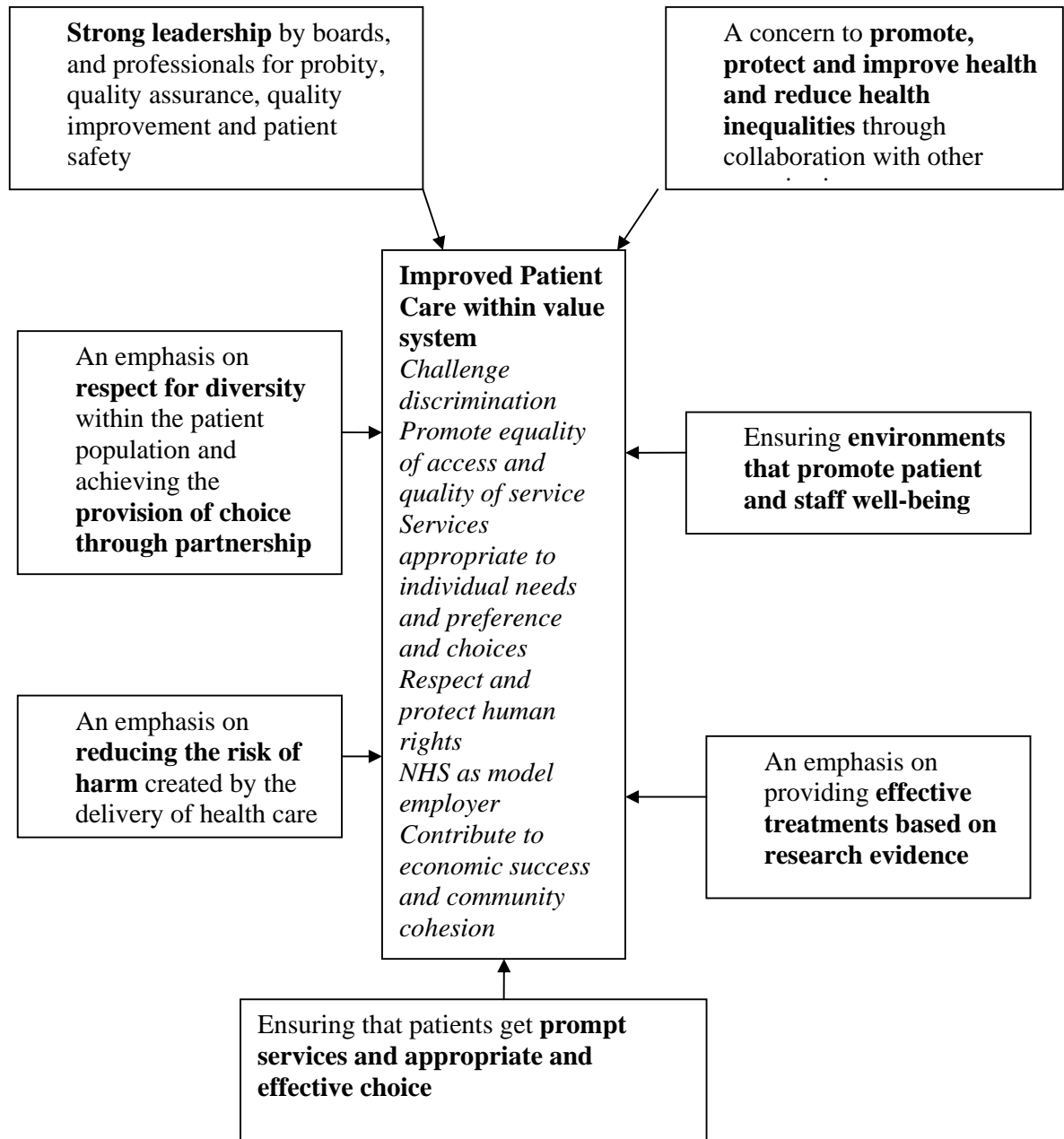
Thinking Strategically

All organisations need to think strategically about the future for health care – what is envisaged as the improved system of care which will provide the health services we all want to see in the future. The domains describe the key features of this new health care system in that they describe the need for strategies which focus on, whilst recognising the values of the modern NHS.

The domains are the key features of the strategic vision of the modern health care system funded by the National Health Service in which technology and information technology is used to ensure patients are cared for in the best way possible. The standards are intended to be agnostic to any existing organisational structures which dominate thinking about health care. They are intended to allow NHS staff and managers to think in ways which do not constrain them to doing things the way they were always done. New thinking and new ideas are needed to transform the NHS, whilst remaining focused on the key features which produce a health care system which delivers effective high quality care.

The domains therefore are the current key objectives of the total health care system, of which any organisation is only a part. Organisational self interest should make way for the need to serve the best interests of all patients wherever they are treated and whatever their personal circumstances and to serve the needs of different communities.

These are very ambitious and challenging objectives and each organisation needs to be aware that it must think more broadly than its own immediate concerns. This requires an understanding of how one organisation contributes to the service ethic of the whole of the NHS. The strategic questions have to focus on are we playing our part in contributing to the health and welfare of the whole population?



Interpreting the Standards Strategically

Thinking strategically requires adopting both a methodological individualistic perspective as well as a methodological holistic perspective to the delivery of health care. That is, strategic thinking about the health services of the future has to focus both on the individual and on the community served, recognising individual values and population values.

Patient safety through processes, working practices and systemic activities that prevent or reduce the risk of harm to patients

Health care processes can harm people. Often mistakes and errors occur because the system has been designed in such a way that harm is caused inadvertently. The core standards describe the common key areas of concern in ensuring patients do not suffer harm caused by health care systems. The core standards therefore focus on the universally recognised need to assess and learn from things that go wrong. Central policy advice is provided by NICE to afford such protections. And there are key areas, such as infection control, waste management and medicines management which must be addressed. Health care organisations need to ensure that they do not allow harm to occur, but these core standards reflect specific, current policy concerns which have been spelt out in central policy requirements. These common areas do not describe all the places where things can go wrong but they are current concerns and they will change as different concerns move into the public agenda. Organisations have to ensure that they can minimise harm caused by all other areas of care. But even more significant in thinking about the whole system of care is the realisation that failures in care occur when patients move from the care of one department to another, from one organisation to another. Organisations need to recognise that they contain systems and are part of a wider system of care which needs continuous review and maintenance.

Patients achieve benefits that meet individual needs through health care decisions and services based on research evidence

Patients need to be involved and in control if they are to experience the benefits of health care but there are some treatments which can cause harm. A sound research base is needed to ensure that the NHS provides services which are proven to be effective and not to cause harm to patients. These areas are dealt with by NICE guidance. Much of the interpretation of what is effective is dependent upon the norms and values promoted by clinical leadership. It is therefore vitally important that the significance of clinical leadership is recognised and supported by the health care system. This is necessary to enable clinicians to update their skills and techniques and to participate in clinical audits and reviews. And again, health care organisations need to focus on the needs of individual patients through working with other organisations.

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure probity, quality assurance, quality improvement and patient safety

Health care is about making decisions on the provision and organisation of services which can directly impact on people's lives and health. Making the right decisions and making them in the right way is crucial to ensuring society receives the health care it desires in an acceptable manner. No longer can society depend solely upon the views of professionals to take decisions on the allocation of resources to health care. Organisations are required to have open and transparent methods for making decisions and apply what are considered to be the best features of good governance. This includes challenging discrimination and promoting equality and also conforming to the government's requirements for performance.

Health care organisations also need to recognise the importance of their staff in the delivery of health care. They need to ensure that staff are appointed properly, trained and are able to develop their skills and to ensure that staff do not suffer from discriminatory practices. Information handling and record keeping is also considered vitally important for the proper care of patients and for broader accountability purposes. The conduct of research has given rise to considerable concerns in the recent past and there are now well developed policy requirements placed upon NHS organisations.

Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations)

Health care organisations cannot deliver all services themselves and need to work closely with all the experts and services on offer to them to ensure patients can get the services they need and want. A key concern of policy has been to ensure that staff treat patients, their relatives and carers with dignity and respect which includes obtaining appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and ensuring patient information is treated confidentially, except where authorised by legislation to the contrary. It is equally important that patients can make complaints and that organisations can act on those complaints to improve service delivery. Ministers have been very concerned about the issue of food in hospitals, which needs to be treated as part of the process of addressing patients' needs and wants and contributing to their overall welfare.

Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay

Waiting for treatments can be dangerous, traumatising and seriously damage the well being of individuals. Waiting also causes the health care system to overheat with demands building up into the future. Ensuring appropriate levels of capacity is important to enabling choice to occur.

Health care organisations are required to make information available to patients and the public about the services they receive, and should inform patients of the steps of their treatment even where consent is not required. Planning services requires taking the views of patients, their carers and others into account. But this must be done in recognition that one group should not be favoured over another and there should be equal access to booking services. And improving choice and access to services requires that emergency care be considered as part of the process. In addition, the

views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences through safe and effective design, promote privacy, are well maintained and are clean

The environments in which care is provided need to be reconsidered as services are changed and redesigned. Small issues can impact upon how patients feel they are treated and the outcomes that they experience. Perhaps, for example, services are better provided in entirely different locations with different types of buildings or locations. But the environments need to recognise patient preferences for privacy and confidentiality.

Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve health and reduce health inequalities

Health care organisations have a duty to be concerned about their contribution to the health of the population and to ensure they play a significant role in the contribution to the health of the population through working with other organisations which provide not only care to individuals, but promote the infrastructure which individuals depend upon to improve the quality of their life. The definition of good health and the factors which contribute to it require discussion at all levels of society as health and well being are societal judgements as well as individual judgements.

The balance of the core standards with the developmental standards

The core standards address issues which are currently central to building this vision of the future of health care. They are necessary, but not the totality of, functions of a high quality health care system. These have to be in place to ensure that the vision of a comprehensive health care system described in the developmental standards can be achieved. They are therefore partial building blocks on the way to achieving a quality health care system. Each organisation must reflect upon how it needs to deliver the messages contained within the domains and review its practices and processes accordingly. In addition there is a need to recognise the significance of the messages contained within the developmental domains which ask organisations to focus in more depth on their part in the whole health care system than their own organisation.

HCSU wants to establish a dialogue with the NHS about the design and selection of the standards and whether these should be improved to reflect current concerns. Where are the gaps and where are things included which are not real concerns for the modern NHS?

SOME QUESTIONS

If government policy adequately reflects societal and NHS values, the standards should highlight today's areas of concern. We therefore need to keep questioning the standards and their assumptions. HCSU is therefore keen to establish whether the standards accurately reflect current concerns.

Question: are these values recognisable to the NHS and are they ones the NHS supports?

Question: are these domains the right ones for the whole health care system to focus on?

Question: do the standards over-emphasise the vision of policy at the expense of operational issues?

Question: should the centre return to control of operational issues?



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