

The NHS Improvement Plan 2004

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This paper, published on June 24th 2004, sets out what the Government hopes to see the NHS in England achieve over the next four years. This briefing note describes its main proposals and identifies in particular those bearing on pharmacy.

The starting point of the Plan is the belief that the English NHS has already begun to respond to the policies the Government has been pursuing since 1997, particularly those set out in the NHS Plan published in 2000. The main evidence for this is provided by the reductions that have been achieved in waiting times for elective treatments, outpatient appointments, seeing a GP and treatment within an A&E department as well as the development of new services such as NHS Direct and Walk-in Centres and new developments such as assertive outreach teams within community-based services.

The Improvement Plan promises further reductions in waiting times and in doing so introduces a new and improved measure of waiting: the total time from referral to treatment. By 2008, all patients are to have their 'patient journey' limited to 18 weeks.

Although this target is some way from being achieved – how far off is not known since current monitoring of waiting times do not link together to form a measure of the overall journey – the Improvement Plan effectively assumes that waiting will not be seen as an issue in 4 years' time. Hence the main emphasis over these next four years will change to two main areas:

- chronic disease;
- the development of a health rather than a sickness service i.e. more emphasis on prevention and other public health measures and on health inequalities.

Chronic Disease

The paper argues that people with chronic conditions can be divided into three groups:

Level 1- most patients, will be supported to self-manage e.g. through extension of the expert patients programme.

Level 2- higher risk patients: these will be offered disease management using disease registers as the basis for regular checks.

Level 3 – those with highly complex conditions - around 250,000 people. They will be offered case management which will be led by a new form of specialist clinician - to be known as community matrons.

The Plan states the general aim of providing much better health and social care services for all three groups, in the hope that their health will improve and that the use of hospital emergency services will be significantly reduced.

Public Health

A white paper on public health is expected this autumn so the Improvement Plan has little new to say. However it indicates that the white paper will embody 'comprehensive proposals to tackle obesity, smoking and sexually transmitted infections' and a range of infectious diseases including Hepatitis C and MRSA.

The Improvement Plan points to the persistence of health inequalities and promises a range of new measures, building on current initiatives such as Sure Start which are aimed at involving local communities in the improvement of their own health.

How it will be Done

The Improvement Plan assumes that the overall NHS budget will continue rising, reaching £90 billion in 2008, allowing further investment in capacity for treatment (essential to the elective care targets) and further staff recruitment. Three main themes are apparent: more reliance on private and voluntary sector providers, more care provided locally and flexible use of staff.

- As already anticipated, there will be a greater contribution from the private sector in elective care and diagnostics. To support the work of PCTs as commissioners, use will be made on managed care organisations from the US, pharmaceutical companies with expertise in disease management and other private sector bodies.
- More care will be provided locally through transfer of minor procedures and diagnostics from hospital to community settings, and the development of GP specialists who can cut out the need for referrals to hospital consultants.
- A more flexible workforce supported by educational incentives, working in new ways of working as required by service redesign in response for example to the EU working time directive.

All the above are to be supported by the National Programme for IT comprising the NHS Care Records Service which is intended to function across all care settings and is due to start later this year in limited form: electronic booking of hospital

appointments, also due to start this year and E-prescribing due to come into effect nationally in 2005.

Managing the Process

As already announced the Government intends to shift the balance of power within the NHS to local bodies such as Foundation Trusts, primary care trusts and individuals by extending their scope for exercising choice, It is to look to these to move the NHS in the directions set out above.

The way both organisations and individual respond to the new environment depends on, among other things, the financial incentives and disincentives which they face. Some of these incentives will continue to be set by the Department of Health, particularly the new system for paying for hospital treatment known as payment by results.

The role of the centre (Treasury and Department of Health) is to be reduced, most visibly through a reduction in centrally imposed targets. The expectation is that targets will continue to be set, but largely at local level. NHS Foundation trusts will be free from Department of Health performance management and be accountable to local people and the monitoring of all trusts is to be reduced.

The Department of Health will focus in future on:

- Agreeing priorities, direction and standards
- Maintaining and developing the values of the NHS
- Securing and allocating resources
- Developing the capability and capacity of the system
- Accounting to Parliament and the public for the performance of the whole system.

These roles may sound quite limited, but given the persistence of national targets for elective care, national standards particularly national service frameworks, and the centrally driven pressure for new initiatives in respect of chronic disease and public health, there can be little doubt that it will remain substantial.

The Role of Pharmacy in the New Vision of the NHS

The Plan touches on pharmacy in four areas, as follows:

Easier access to medicines

The Improvement Plan states that the NHS will 'make it easier and more convenient for patients to get the medicines they need safely' (para 2.14). The measures identified which are already underway comprise:

- reducing the bureaucracy surrounding repeat prescriptions;
- freeing up restrictions on the location of new pharmacies;
- expanding the range of medicines that pharmacies can provide without a prescription;
- promoting minor ailments schemes where pharmacies can help patients manage conditions like coughs, hay fever and stomach upsets without involving their GP;
- increasing the range of healthcare professionals who can prescribe drugs to patients.

(Chapter 2.14, p 29)

Choice

The Plan states that:

From the end of the year we will also have made it easier for new pharmacies to locate in areas such as one-stop primary care centres. The Department of Health will facilitate the establishment of pharmacies intending to open more than 100 hours a week or to operate wholly via mail order or the internet.

(Chapter 5.10, p 53)

It also refers to as yet undefined pharmacy service centres when describing the choices which will be available to patients in 2008, at their first point of contact with the NHS.

Chronic disease

The chapter of the Plan dealing with chronic disease suggests that in future services for diabetes such as blood testing, foot checks and retinal screening will be available in (some) community pharmacies but does not discuss the potential for pharmacy involvement across the full range of chronic conditions. The chapter on public health however refers to the implications of the new GMS and pharmacy contract for improving the quality of care of people with long-term conditions.

It also refers to the potential use of US managed care providers and pharmaceutical companies in the field of chronic disease management, The text is very general and embodies no specific commitment but may represent a significant development.

Information technology

E prescribing is forecast to be universal by 2007 and is expected to 'improve the efficiency and quality of prescribing'.

How the NHS will look in 2008

The Plan sets out how the NHS in 2008 will look in the following terms:

- patients have a choice, they have more control over how they are treated, and they are empowered to take control of their own health;
- providers, whether NHS or independent, providing NHS services are empowered to respond to patients' needs and choices, and are primarily accountable to patients and their local communities;
- primary care commissioners are able to commission what their patients need and want;
- the strategic health authorities develop local strategy, set the local framework for planning services and performance manage PCTs;
- the independent inspectorates and the Office of the Independent Regulator for NHS Foundation Trusts ensure that provider organisations meet national standards and governance duties;
- the Department of Health sets national strategy, develops the system and accounts to Parliament for overall performance.

(The NHS Improvement Plan, Cm 6268, June 2004 - Chapter 9, p 80)

As noted above, the central role will remain stronger than this vision suggests by virtue of the continuing presence of central targets and directives and the likelihood of new initiatives backed by special funding allocations in the 'new directions' of chronic disease management and public health.

This vision also overlooks the fact that the new system of financing hospitals - payment by results – will be managed centrally. This will give the Department of Health massive scope for influencing how the NHS as a whole works and hence what the potential in practice is for the changes it envisages. In particular the potential for shifting activities and resources away from hospitals depends critically on the precise way that the new system is specified. If this is not done correctly hospitals will continue to Hoover up the extra resources becoming available to the NHS, making it hard if not impossible to change the balance of care in the desired direction and at the same time limit the scope for primary care trusts to determine the way that services are provided locally.

As the Plan acknowledges, the existing arrangements 'will need regular review, to ensure the effects are line with the policy aims' (para 8.17). In other words, the Department is not sure they have got it right and will continue to change the system until they think they have.

Overview

Publication of the Improvement Plan is intended to confirm a change of direction both in the way that the NHS is run, the balance of its objectives and in the way that it promotes those objectives. Most of its contents have been anticipated by policies which have already been announced.

The elective care target does represent a new commitment and it is likely to prove a demanding one. The Government has convinced itself it has turned the corner on waiting lists and time and from now on, progress will be rapid. But it may be wrong: there remain a large number of unknowns which only time will clarify. The number of patients who will move to the NHS from the private sector, the numbers who will travel to seek shorter waiting times, the impact of 'payment by results' on the number of operations carried out and the impact of shorter waiting times on the numbers being referred for treatment are all areas of uncertainty.

The scale of the commitment to the 'new directions' – chronic care and public health – will only become apparent in the coming months as more specific proposals are put forward.

As far as pharmacy is concerned, both may become areas of opportunity, as new services are developed for the chronically ill in a wider range of locations and the new roles already envisaged become a reality.

But the first also contains embodies a threat, if the Government actively encourages new providers to come into the field. But the Plan remains vague as to the scale of the changes envisaged and as to the precise role it sees pharmacy services of all kinds playing in the future management of chronic disease.