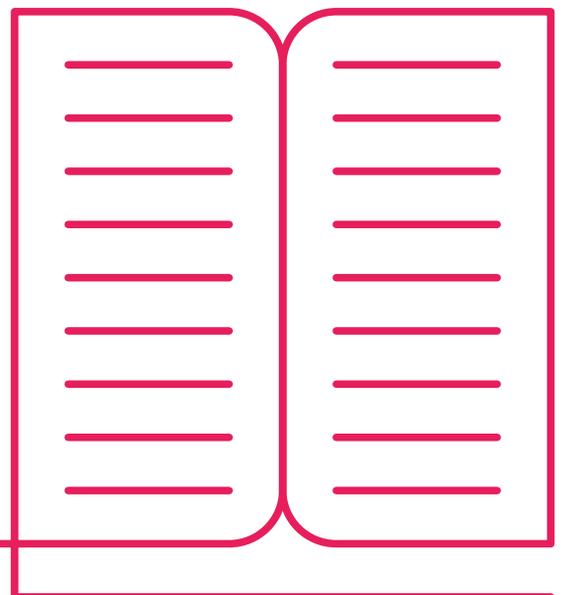


# Resources, value and quality

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## What is the issue? Resources and value

The Academy welcomed the increase of £20 billion for the NHS and engaged closely with NHS England in the development of their long term strategy on how best to allocate these funds. The whole system must now focus on how to ensure long term sustainability. This must include a review of all parts of the system, not simply inpatients in secondary care.

How to make the NHS in England more sustainable is currently a hotly debated topic and is the driver behind the Sustainability and Transformation Plans, New Care Models and the topic of a recent review chaired by Lord Patel. However, Academy members are clear that without similar investment in public health, education and training and social care, the NHS will continue fail to become sustainable and continue to miss key targets.

## What can the Government do?

In 2014, the Five Year Forward View published by NHS England set out a vision for health and social care which received widespread support across the system. It proposed a 'radical upgrade in prevention' but instead we have witnessed continued reductions to Local Authority Public Health budgets. The King's Fund estimates that spending on public health per person will have fallen by a nearly a quarter between 2015/16 and 2019/20.

There is clear consensus across the Academy and indeed the whole of health and social care that the future success of the NHS will be dependent upon prevention and supporting wellbeing. Colleges and Faculties believe that there must be an emphasis on, and investment in, prevention. While investment in the NHS is welcome, doing so at the expense of public health is a false economy.

Colleges and Faculties are seriously concerned about lack of investment in social care and the delay in the publication of the Green Paper. The Social Care system is in crisis and urgent action must be taken. The NHS and social care are inextricably linked and should be equally addressed. Unless such action is taken, the winter crisis and missed key targets within Trusts will continue. It is crucial that the Green Paper includes serious options for funding which initiates a conversation with the public. Much work has been done to explore options over the last decade including Kate Barker's review published in 2014.

Attempts to fundamentally change the way we deliver care from in hospitals into the community to ensure sustainability requires significant changes and greater flexibility to the way we train doctors. The expansion of medical school numbers is going to lead to greater training costs and we would expect HEE to be funded to support the essential training of all healthcare staff. HEEs budget pays for junior doctors and the infrastructure of postgraduate medical training as well as towards education and training across the whole workforce.

The Academy believes that the overall funding for health and social care should be funded through increased taxation – hypothecated or otherwise – and restrictions on products where there is evidence that this will improve people's health, such as minimum alcohol pricing and further levies on sugar and tobacco products should be introduced. In addition, the Government and the NHS can curb wasteful spending, which can be redirected to the care patients need. There are three core areas where saving could be considered: locum staff costs, consultancy fees and unnecessary reorganisation.

## What can colleges and the medical profession do?

The Academy of Medical Royal Colleges will continue to call on the Government to provide adequate overall funding of the NHS but recognises that the NHS must also show that its resources are being used to their best possible effect.

The best use of resources and cutting of waste in organisational and clinical process is a clinical as well as a managerial responsibility.

NHS staff can support a sustainable system by tackling the waste seen in the NHS through changes in clinical practice. It is estimated that around 20% of mainstream clinical practice brings no benefit to the patient, as there is widespread overuse of tests and interventions. In 2014, the Academy published *Protecting resources promoting value: a doctor's guide to cutting waste in clinical care*, which outlined practical advice to support a high value healthcare system.

In addition, *Choosing Wisely*, a global initiative which works with both patients and clinicians to reduce unnecessary tests, treatments and procedures is led by the Academy in the UK. This is an ongoing project which aims to create a cultural shift, and was launched by drawing up a list of 50 treatments and procedures of questionable value. There are now over 150 recommendations which can be found [here](#).

The Academy and Colleges will continue close involvement in NHS England's Evidence Based Interventions Programme and also the Rethink Medicine initiative.

## What is the issue? Quality and safety

Quality and safety underpin everything that the NHS does, although delivering this in the current climate of financial and workforce constraints and shortages is challenging. Pressures from national bodies and regulators can be considerable, with multiple requirements to provide data and assurance in many different ways, leaving little capacity to ensure that quality and safety receive the highest profile they deserve and that trusts want to give them.

## What can the government do?

Quality and safety take time and resources, and the government must ensure that sufficient funding and workforce are available to make the improvements that are required. There must be sufficient time protected within service roles to ensure that all staff can carry out the improvement activities that are identified to make care better, and for training in both quality and safety initiatives.

The government can support the provision of a national patient safety syllabus through the long-term patient safety strategy created by NHS Improvement. Although patient safety would be seen as implicit within all curricula for all clinical professionals, without it being explicitly trained there is a danger it is not given the priority and professionalisation that it requires. It is time to think differently about patient safety and recognise that our attempts to improve it over the last few decades has not brought about the reduction in harm that we wish to see. It is also vital to support efforts to reduce the blame culture within healthcare that prevents adequate learning from what goes wrong, and to ensure that patient safety is approached as being more than just an individual responsibility. It must be recognised that patient safety requires an understanding of the systems clinicians work within, human behaviour and human error.

In order to deliver the ambitions in the Long Term Plan and reduce unwarranted variation the NHS needs 'systematic methods' of quality improvement to be adopted by all areas. According to the document the NHS will work with the Health Foundation to increase the 'improvement capability' of integrated care systems.

## What can colleges and the medical profession do?

### Quality

The Academy Quality Improvement working group has created a new curriculum for quality improvement that can be used by all colleges. The curriculum implements recommendations from the Academy report 'Training for better outcomes' (2016). It will also allow colleges to comply with the demands of the GPC framework, the new GMC requirements for shared curricula content within [Excellence by design](#), and the drive for greater flexibility of postgraduate medical education outlined in [Adapting for the future](#).

Arising out of the Long Term Plan there is also a commitment to review the key clinical standards/targets that underpin performance requirements. The Academy will want to input to this process. It may well be sensible to review the standards but it is essential that clinical quality remains at the heart of any revisions.

### Safety

The Academy has created a syllabus for training in patient safety that includes both reactive methods of dealing with harm, and a new approach to identifying and dealing with risk proactively. The work was funded by Health Education England and is applicable to all healthcare professions. The syllabus has been approved by the Council, has been well received by NHS England and NHS Improvement, and is currently forming part of the consultation process to be included in the infrastructure section of the long-term patient safety strategy.