

The NHS – change for change's sake?



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At the end of March 2013, NHS Diabetes ceased to exist; it became part of NHS Improving Quality (NHS IQ), a new national improvement body hosted by the NHS Commissioning Board (NHSCB). NHS Diabetes should be commended for all the invaluable work it has done to improve care for people with diabetes.

Before the NHSCB became established, it announced that it would change its name to NHS England from 1 April 2013. This was to give the public a better impression of what it does and to make it clear that it is the organisation primarily responsible for the NHS; it does not signal any change in power or status of the NHSCB or shift in government policy. NHS IQ is the driving force

for improvement across the NHS in England; its priorities are aligned to the five domains of the NHS Outcomes Framework (Table 1; NHS England, 2013).

Diabetes naturally falls into domain 2, but will also be included within the cardiovascular clinical network; Dr Martin McShane is the Director for domain 2, and will lead work on improving care of the fast-growing number of people with one or more long-term conditions who are driving the rising demand for the NHS (NHSCB, 2012). Dr Jonathon Valabhji from Imperial College Hospital, London, will be the Clinical Director for obesity and diabetes within the cardiovascular clinical network. Strategic clinical networks are non-statutory bodies, which means they do not have a legal duty to commission health services. In the new commissioning system, only Clinical Commissioning Groups and the NHSCB are accountable for commissioning and delivering contracts.

Although NHS Diabetes has now ceased to exist, it will be circulating the NHS Diabetes Encyclopaedia on its website (www.diabetes.nhs.uk) until June 2013, which contains electronic versions of all reports, publications, “how to” guides, briefings and all other resources that were published over the past 4 years. The safety modules will continue, and further information on this aspect will be circulated by NHS England at a later stage.

I guess we have to wait for these new organisations to settle and produce improved outcomes for people with diabetes. However, the Health Select Committee (HSC) has announced that it will hold an inquiry looking into how the NHS and social care system in England supports people with long-term conditions, and particularly diabetes. The HSC will also review the definition of long-term conditions to examine how to provide more effective management of interventions necessary to bring about service change. ■

Table 1. NHS Improving Quality's priorities aligned to five domains.

Domain 1: Preventing people from dying prematurely

1. NHS Health Check – a risk assessment available to all eligible adults in England in primary care and community settings
2. Improved public awareness and early diagnosis
3. GP engagement in the big killers (cancer, heart disease, stroke, respiratory and liver disease)

Domain 2: Enhancing quality of life for people with long-term conditions

4. Long-term conditions evidence-based tools
5. Day-and-night integrated person-centred care pathways for the frail elderly, mental health, dementia and end-of-life care (7-day services)

Domain 3: Helping people to recover from episodes of ill health or following injury

6. Optimising primary care, assessment and diagnosis, enhanced recovery, reablement and rehabilitation for all scheduled and unscheduled care (7-day services)
7. Rural and remote review to improve access to care and support for those living in rural areas (including Accident and Emergency)
8. Children and young people's transition to adulthood services

Domain 4: Ensuring that people have a positive experience of care

9. Experience of care – to ensure that it is central to commissioning and care delivery

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

10. Safety design and application – developing a new improvement system for safety across the NHS
- Capacity and capability**
11. Transformational capability building within Clinical Commissioning Groups
12. Capability building for primary healthcare providers
13. Transformational capability building within the NHS Commissioning Board
14. Whole-system transformational capability building

From NHS England (2013)

NHSCB (2012) *The Way Forward: Strategic Clinical Networks*. Available at: <http://bit.ly/1179mZl> (accessed 19.04.13)

NHS England (2013) *NHS Improving Quality's Priorities*. Available at: <http://bit.ly/17KVbW> (accessed 19.04.13)