
Seizing the opportunity: building on reform success

The Royal Horseguards Hotel
2 Whitehall Court
London
SW1A 2EJ

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Programme

08.30	Registration and breakfast	
09.00	Welcome	Andrew Haldenby, Director, <i>Reform</i>
09.10	Keynote speech: Building on reform success	Rt Hon Jeremy Hunt, Secretary of State for Health will deliver a keynote speech on how the NHS can build on reform successes so far to deliver the long-lasting, sustainable and truly innovative model of care, as laid out in the <i>Five Year Forward View</i> .
09.40	Panel one: Innovation in healthcare	<p>Innovation will need to become the norm if the NHS is to succeed in delivering the vision of the <i>Five Year Forward View</i>. The NHS already has a rich history in this area, having introduced the world to vaccines, antibiotics, IVF, CT scanning and hip replacements. Moving forward, the role of research will be important in improving health outcomes, particularly the collection and use of health-outcomes data. The opportunity to work with new partners to deliver innovation, both medicines and medtech, into clinical practice more quickly cannot be ignored. This panel will explore how the NHS can promote innovation and ensure lessons learned are being applied in a practical way across the system.</p> <p>Speakers:</p> <p>Noel Gordon, Chair, Health and Social Care Information Centre</p> <p>Sir Sam Everington OBE, Chair, NHS Tower Hamlets Clinical Commissioning Group</p> <p>Nicky Sturt, Director, Market Access UK and Ireland, Baxter</p> <p>George Freeman MP, Parliamentary Under Secretary for Life Sciences, Department of Health and Department for Business, Innovation and Skills</p>
10.30	Coffee break	
10.50	Panel two: Operational productivity in hospitals	<p>Hospitals are under greater pressure today than ever before. In a recent report, Lord Carter of Coles highlighted the importance of greater efficiency and resource-management in enabling trusts to deliver quality care in an increasingly challenging environment. He identified key areas for improvement which included clinical and administrative management, developing a clear and standardised model to monitor and evaluate hospital performance, and to facilitate hospitals working more closely with external partners to deliver supporting services, thereby easing pressures and unlocking efficiency opportunities. This panel will explore the implications of Lord Carter's findings and how hospitals can practically apply them to improve efficiency and deliver quality healthcare.</p> <p>Speakers:</p> <p>Dame Jacqueline Docherty, Chief Executive Officer, London North West Healthcare NHS Trust</p> <p>Mike Fairbourn, Vice President and General Manager, UK and Ireland, BD</p> <p>Chris Hopson, Chief Executive, NHS Providers</p> <p>Lord Warner, member, NHS Sustainability Committee, and former Minister of State, Department of Health</p>
11.40	Panel three: Delivering the <i>Five Year Forward View</i> : public-private partnerships	<p>If the NHS is going to be able to continue delivering quality healthcare in a time of financial pressure, it will need to look outwards. This will involve building meaningful relationships across sectors and organisations. The 2015 Spending Review pledged to support long-term partnerships between the NHS and independent organisations. The NHS has an opportunity to harness the expertise of private companies to pool resources and share supporting services. There are opportunities for digital inclusion and data-sharing and offering greater coordinated care centred on the patient's individual needs. This panel will draw on examples from existing partnerships and explore what this cross-sector relationship could look like in practice.</p> <p>Speakers:</p> <p>Guy Blomfield, Group Chief Executive Officer, Alliance Medical</p> <p>Professor Paul Corrigan CBE, Adjunct Professor of Health Policy, Imperial College London and former Senior Health Policy Adviser to Tony Blair</p> <p>Valerie Bartlett, Deputy Chief Executive and Director of Strategy and Transformation, Ashford and St Peter's Hospitals NHS Foundation Trust</p> <p>Michael Macdonnell, Director of Strategy, NHS England</p>
12.30	Closing remarks	Andrew Haldenby, Director, <i>Reform</i>
12.40	End	

Conference contributors

Keynote speaker

Rt Hon Jeremy Hunt MP, Secretary of State, Department of Health



Jeremy Hunt was appointed Secretary of State for Health in September 2012. He was elected Conservative MP for South West Surrey in May 2005. In May 2010 Jeremy was appointed Secretary of State for Culture, Olympics, Media and Sport. He was formerly Shadow Culture Secretary 2007 to 2010 and Shadow Minister for Disabled People 2005 to 2007.

Before his election as an MP, Jeremy ran his own educational publishing business, Hotcourses. He also set up a charity to help AIDS orphans in Africa in which he continues to play an active role. Jeremy was educated at Oxford University.

Innovation in healthcare

Noel Gordon, Chair, Health and Social Care Information Centre



Noel took over as Chair of the HSCIC on 1 June 2016. Formerly an economist, Noel spent most of his career in consultancy until his retirement in 2012 including, for the last 16 years, with Accenture where he was global managing director of the Banking Industry Practice. He has extensive practical experience of driving fundamental innovations in transforming industries, and of big data, analytics, mobile and digital technologies.

He is a non-executive director of NHS England, Chair of the Specialised Commissioning Committee of NHSE, a member of the Advisory Committee of the

Department of Health's Accelerated Access Review, a non-executive director of the Payments Systems Regulator, a member of the Audit and Risk Committee of the University of Warwick, a member of the Development Board of Age UK and Chairman of the Board of Trustees of UserVoice.org.

Sir Sam Everington OBE, Chair, Tower Hamlets Clinical Commissioning Group



Sir Sam Everington MBBS, MRCP, Barrister, OBE has been a GP in Tower Hamlets since 1989, is chair of Tower Hamlet's CCG, NHSE national lead for new models of care, and a Board member of NHS Clinical Commissioners. He is part of the Bromley By Bow GP partnership, with over 100 projects under its roof supporting the wider determinants of health. He is governor of a local primary school and was one of the founders of THEDOC – Tower Hamlets GP Out of Hours Service.

Sam is a qualified Barrister and a member of BMA Council. In 1999 he received an OBE for services to inner-city primary care, The International Award of Excellence in Health Care in 2006 and a knighthood for services to primary care in 2015. He is a director of Community Health Partnerships (NHS Lift), has published a number of papers with Professor Aneez Esmail on discrimination in the NHS and is a Trustee of the Kings Fund.

Nicky Sturt, Director, Market Access UK and Ireland, Baxter



Prior to her current role, Nicky was the Marketing and Communications Manager within the Market Access team. She has a BSc in Economics from University of

London and began her career at Bayer working in both sales and marketing roles. She first joined Baxter in 1993 and over the last 20 years she has worked across many businesses within Baxter.

Nicky has also worked as Account and Communications Director in several pharmaceutical advertising, medical education and clinical trials agencies where her clients were many of the leading UK pharmaceutical companies.

George Freeman MP, Minister for Life Sciences, Department of Health and Department for Business, Innovation and Skills



George Freeman was elected to Parliament in 2010 after a 15 year career across the life sciences sector, in particular working with hospitals, clinical researchers, patient groups, and biomedical research companies to pioneer novel healthcare innovations.

Following his election, George served as Parliamentary Private Secretary to the Minister of State for Climate Change. He was appointed Government Adviser on Life Sciences in July 2011, working closely with the Department of Health and coordinating the Government's Life Science and Innovation, Health and Wealth Strategies (2011), and the Agri-Tech Industrial Strategy (2013). Following that, he was appointed to the post of Prime Minister's UK Trade Envoy.

In July 2014, George was appointed as Minister for Life Sciences, a Parliamentary Under-Secretary of State at the Department of Health and Department of Business, Innovation and Skills. His mission is to make the UK the best place in the world to discover and develop 21st century healthcare innovations.

Operational productivity in hospitals

Dame Jacqueline Docherty, Chief Executive Officer, London Northwest Healthcare NHS Trust

Dame Jacqueline joined London North West Healthcare NHS Trust as Chief Executive in April 2015. Prior to this appointment, Jacqueline spent six years as Chief Executive at West Middlesex University Hospital after serving as Deputy Chief Executive and Director of Operations & Nursing at King's College Hospital.

Initially qualifying as a nurse, Jacqueline held a variety of posts including Theatre Sister at the Royal Free Hospital and Senior Nurse for Acute Services at Glasgow Royal Infirmary, before being appointed Deputy Director of Nursing at West Lothian NHS Trust.

In 1996, Jacqueline joined King's College Hospital as Executive Director of Nursing, and in 2001 became their Director of Operations. In 2007 she was appointed Deputy Chief Executive.

Jacqueline was Acting Chief Executive at King's from May to November 2008, before taking the position of Chief Executive at West Middlesex University Hospital in 2009. During her career Jacqueline spent four years as a member of the Management Executive at the Department of Health at the Scottish Office. She is currently Chair of the London Social Partnership Forum and Senior Responsible Officer for patient safety at Imperial College Health Partners.

In 2004 Jacqueline was made a Dame Commander of the British Empire for services to nursing and the NHS.

Mike Fairbourn, Vice President and General Manager, UK and Ireland, BD



Mike Fairbourn is Vice President and General Manager of UK and Ireland for Becton Dickinson (BD) – a global medical technology company focused on applying technologies which make healthcare more effective, efficient and safe. Previously Mike was Vice President, UK and Ireland for CareFusion, prior to the acquisition by BD in March 2015.

Mike joined CareFusion through the acquisition of Enturia in 2008 where he was General Manager, Europe. He launched the company in the UK and built a strong platform for expansion of the business into other European markets, prior to the acquisition. He was then appointed to lead the infection prevention business in

international markets following the spin-off of CareFusion from Cardinal Health.

He has over 25 years' strategic and operational experience in the healthcare industry in a wide variety of therapeutic areas, including anti-infectives and has held senior sales and marketing positions in GSK, Abbott and Chiron. Mike holds a bachelor of science degree in physiology and biochemistry from the University of Reading.

Chris Hopson, Chief Executive, NHS Providers



Chris Hopson joined NHS Providers (then the Foundation Trust Network) in September 2012 as Chief Executive following a career spanning the public, private and voluntary sectors. NHS Providers is the membership organisation and trade association for NHS acute, ambulance, community and mental health Foundation Trusts and Trusts, with well over 90 per cent of the sector in membership.

Between 2005 and 2012, Chris worked at HM Revenue and Customs (HMRC), initially as board level communications and marketing director and then strategy and capability director. In his last role, as HMRC's customer contact director, he led 12,500 staff across 300 locations, in one of the UK's largest customer service businesses. Before joining HMRC, Chris was board level corporate affairs director at Granada Media where he was one of the senior team that took Granada from being the fifth largest ITV franchise into a separately quoted, newly floated, FTSE 100 international media company: ITV plc. Previous to that, he was the first political adviser at the Department of Culture, Media and Sport, and chief executive of the Social Democratic Party (SDP). Between 2005 and 2011, Chris was chair of the Foyer Federation, one of the UK's leading national youth charities.

Chris is a graduate of the cross Whitehall High Potential Development Scheme and holds an MBA from Cranfield Business School. He has a range of non-executive roles including membership of the British Standards Institute (BSI) Standards Policy and Strategy Committee and as a NED in Camp Hopson and Co, a family business in Newbury.

Lord Warner, member, NHS Sustainability Committee and former Minister of State, Department of Health



Norman Warner is a member of the House of Lords and is a member of the NHS Sustainability Committee. He was a Minister of State in the Blair government from 2003-07, responsible for NHS reform, among other areas. He was a member of the independent Dilnot Commission on the funding of care and support that reported in 2011 to the Coalition Government with reform proposals now incorporated in the 2013-14 Care Bill. As Kent's Director of Social Services from 1985 to 1991, he was heavily involved in reform of community care.

He has chaired voluntary organisations and the National Council of Voluntary Organisations, as well as working as a management consultant and advising private companies. Earlier in his career, he was a senior civil servant in the Department of Health and Social Security. In 2011 he published a book about reforming the NHS entitled *A Suitable Case for Treatment* and in 2014 published *Solving the NHS care and cash crisis for Reform*. He is a member of the *Reform* Advisory Board.

Delivering the Five Year Forward View: public-private partnerships

Guy Blomfield, Group Chief Executive Officer, Alliance Medical



Guy Blomfield was appointed Group Chief Executive Officer of Alliance Medical Group in June 2012 having joined Alliance Medical as Group Chief Operating Officer in 2011.

Prior to Alliance Medical, Guy spent four years on the board of General Healthcare Group (GHG) as Commercial and Strategy Director. Previous to GHG, Guy was on the board of Oasis Healthcare which was successfully sold to Duke Street Capital in 2007.

Guy has also held a number of management consultancy roles, including as owner and Managing Director of Imcis Ltd, a specialist strategy consultancy with

expertise in pubs, franchise operations, apparel and food retailing.

Guy holds a degree in Accounting and Finance and he has an MSc in Corporate Finance.

Professor Paul Corrigan CBE, Adjunct Professor of Health Policy, Imperial College London and former Senior Health Policy Adviser to Tony Blair



Professor Paul Corrigan CBE gained his first degree in social policy from the London School of Economics in 1969 and his PhD at Durham in 1974. He is currently an Adjunct Professor of Health Policy at Imperial College London and an Adjunct Professor of Public Health at the Chinese University of Hong Kong.

Between 1972 and 1997, he worked as an academic and as a senior manager in local government and in 1997 he started to work as a public services management consultant. From July 2001, he worked as a special adviser to the Rt Hon Alan Milburn and then to the Rt Hon John Reid, the then Secretaries of State for Health. At the end of 2005, he became the Senior Health Policy Adviser to the Prime Minister, Tony Blair. Over these six years he was instrumental in developing all the major themes of NHS reform, not only in terms of policy levers but also in developing capacity throughout the NHS to use those levers.

Between June 2007 and March 2009, he was the Director of Strategy and Commissioning at the London Strategic Health Authority. Since then, Paul has been working as a management consultant and an executive coach. Over the past year, Paul has been group coaching the 14 leaders of the multi-speciality community providers new care model and advising the team on how those models might spread.

Valerie Bartlett, Deputy Chief Executive and Director of Strategy and Transformation, Ashford and St Peter's NHS Foundation Trust



Valerie is Deputy Chief Executive of Ashford and St Peter's NHS Foundation Trust, a successful Foundation Trust in Surrey. In her current role, Valerie's portfolio includes

strategy and transformation. She has previously been Chief Operating Officer in two multi-site District General Hospitals. During her NHS career, Valerie has operated in leadership roles in all sectors – mental health, learning disability and community services as well as in the acute sector – and she has worked both in operational and strategic roles. With over 20 years' experience at board level, she has a deep understanding of the sector and a track record in bringing about complex service changes and performance improvement. Valerie also has a broader understanding of public sector challenges gained from previous roles in the voluntary sector and local government. She is a graduate of Keble College, Oxford, holds an MBA from Henley Management College and is a graduate of the NHS Top Leaders' Programme.

Michael Macdonnell, Director of Strategy, NHS England

Michael is currently Strategy Director at NHS England. Following publication of the *NHS Five Year Forward View*, Michael leads a team responsible for driving the implementation of its core commitments: to radically upgrade prevention, redesign care and restore the NHS to long term financial sustainability.

Michael was previously a director of the World Innovation Summit for Health, or WISH, (and its forerunner, the Global Health Policy Summit) and Senior Fellow at the Centre for Health Policy, part of the Institute of Global Health Innovation, Imperial College London. As Senior Fellow at the Centre for Health Policy, Michael led a research programme focused on business model innovation in healthcare. He also worked with Lord Darzi to assist a number of international health systems to implement service change. Michael remains an Honorary Fellow at the Institute where he takes a particular interest in care model innovation and how it is diffused. He also teaches on the Centre for Health Policy's MSc in Health Policy and the BSc in Global Health.

Previously Michael was an advisor at the Prime Minister's Delivery Unit under Tony Blair and a strategy consultant. Michael is a contributor to *The Guardian*, *The Sunday Times*, *Health Service Journal*, *The Huffington Post* and other publications on the subjects of health and public sector reform.

Chairs

Andrew Haldenby, Director, Reform



Andrew Haldenby co-founded *Reform* in 2001. He became Director of *Reform* in May 2005. His previous organisations included the Confederation of British Industry, the Centre for Policy Studies and the Conservative Party (1995-97).

There he became head of the political section of the Conservative Research Department, with responsibility for briefing the Shadow Cabinet and Leader for key media interviews and appearances. Andrew studied History at Corpus Christi College, Cambridge (1990-93).

He has an MSc in Economics from Birkbeck College, University of London. He is a member of the Mont Pelerin Society.

Alexander Hitchcock, Researcher, Reform



Alexander joined *Reform* in May 2015 and has co-authored reports on healthcare, welfare and public procurement. He is currently focused on the commissioning of human services, across healthcare, employment and justice services, including the creation and management of public-service markets. He has appeared on local BBC radio and written for online press, including *New Statesman*, *Prospect* and *Conservative Home*.

Prior to this he worked for Lorraine Fullbrook MP and the philosopher Alain de Botton. He holds a BA in History from the University of Sussex and an MPhil in Modern European History from the University of Cambridge.

Reform comment

Andrew Haldenby



David Cameron's first major speech in this Parliament strengthened his Government's arguments on NHS reform. He emphasised the Government's commitment to universal NHS access, free at the point of use. He went on from there to give full backing to the NHS England vision of radical change set out in the *Five Year Forward View*. That reform programme would deliver both better care and stronger value for money, for example, by increasing prevention, improving patient safety, reducing unnecessary hospital admissions and so on. The Prime Minister said:

"Because of our long-term economic plan, we can and will back this long-term health plan for our country. In return the NHS must step up. There is no choice between efficiency savings and quality of care. Delivering the quality of care that we all want to see depends on delivering the efficiencies at the heart of this plan. It's a big responsibility. And it's going to require some tough decisions and tough actions to deliver the transformation set out in the plan. But I'm confident that the NHS can do this under Simon's leadership. We're backing this plan together. As I said to Simon earlier: 'I'm funding it. He's delivering it.'"

Reform's 2016 summer health conference will engage with the key ideas in the Government's reform programme. The first of those is innovation. The Forward View is entirely based on the implementation of new thinking, notably the development of new care models. The Vanguard sites have succeeded in developing innovation. So much of the challenge now is the delivery of innovation in the four years remaining of this Parliament. George Freeman's work with the life science sector is an important part of this agenda. His pioneering thinking aims to enable the NHS to benefit from innovative therapies,

pharmaceuticals and devices even in a time of financial stringency. In fact he believes that a stronger relationship between the NHS and the sector can strengthen the tax base from which future NHS funding will be drawn. We are delighted that George is able to speak today.

The second theme is the future of hospitals. Lord Carter's review of operational productivity argued that £5 billion of the £56 billion spent by acute hospitals could be saved if their internal processes ran at the standard of the best. An important question is whether the shift to new care models, including "Accountable Care Organisations" and hospital chains, will support that greater efficiency. In the background is Lord Rose's review of NHS leadership which found that the NHS is "drowning in bureaucracy". That bureaucratic and administrative burden needs to be lifted if hospital leaders are to

"Reform's 2016 summer health conference will engage with the key ideas in the Government's reform programme."

improve their processes quickly.

The third theme is NHS partnership with the independent sector. Partnership is a means to an end of better patient care. In the 2015 Spending Review, the Government committed to "encourage long term partnerships between the NHS and the private sector to modernise buildings, equipment and services, and deliver efficiencies". There are excellent examples of the improvement of care through partnership, including the case study of PET-CT diagnostic scans presented today. Partnership can be one of the tools used to accelerate the pace of reform.

We are very grateful indeed to Baxter Healthcare, BD and Alliance Medical, our sponsors, whose experience in delivering care will add a great deal to the conference debate. We are also extremely grateful for the strong and senior attendance today. We welcome your close engagement with *Reform's* active health policy programme.

Andrew Haldenby, Director, Reform

Seizing the opportunity: building on reform success

Rt Hon Jeremy Hunt MP



Our drive for a seven day NHS has been big news recently given the junior doctors' contract dispute. But these changes are only one component of a broader programme of NHS reform to meet our ambition that NHS care should be the safest and highest quality available anywhere. Next steps include progress in five more critically-important areas:

Seven day hospital and GP care

We need to reform the consultants' contract, make key diagnostic services seven-day and ensure all hospitals meet the four clinical standards most relevant to reducing the 'weekend effect' for those admitted under urgent or emergency conditions. We will also enable everyone to book routine GP appointments in the evenings and at weekends as part of the seven day revolution.

Transparency

England will shortly become the first country in the world to publish Ofsted-style ratings for the quality of care in every region for cancer, maternity, diabetes, dementia, mental health and treatment of those with learning disabilities. We already publish more information about the quality of care than any other country, but this will take our transparency to the next stage.

Reducing avoidable mortality

We still have around 150 avoidable deaths every week in the NHS – so this year all NHS trusts are publishing estimates of their own avoidable mortality rates, alongside plans to bring them down. Part of the problem is that it is still too hard for staff to speak out about mistakes, so lessons aren't learnt and disseminated throughout the NHS. We are legislating to allow 'safe

spaces' for doctors and nurses to discuss patient safety issues without having to worry about litigation or disciplinary procedures.

Integration of health and social care

Too often people are pushed from pillar to post between the NHS and social care systems. Only true integration of these systems will end this – and I'm pleased to say that Manchester looks like it will get there first.

“These measures will help propel the NHS to fulfil our shared ambition to become the safest, highest quality and most efficient health system in the world.”

Efficiency and proper use of technology

The ground-breaking procurement and rostering reforms in Lord Carter's report will make sure every penny possible is spent on frontline patient care. This can save £5 billion a year by 2020, with measures such as the introduction of modern IT systems ensuring doctors and nurses can spend less time on paperwork and more time with patients.

Taken together, these measures will help propel the NHS to fulfil our shared ambition to become the safest, highest quality and most efficient health system in the world. Both as patients and taxpayers, the British people deserve nothing less.

Rt Hon Jeremy Hunt MP, Secretary of State for Health

Innovation in healthcare

Nicky Sturt



Providing sustainable improvements in the delivery of healthcare requires innovation which needs commitment from all stakeholders – the NHS, industry, academia and the third sector. I would like to share an example of service innovation evolving from a long term partnership Baxter has with the NHS.

“When innovation meets partnership, change can be implemented at pace.”

For over 30 years Baxter has provided the aseptic preparation service at the Christie hospital. In 2015, the trust re-tendered for this service having conducted a full interrogation of current and future service requirements to ensure future proofing and sustained value over the life of the contract.

At a time of unprecedented financial pressure on the NHS, when specialised commissioning and performance of the provider sector were under scrutiny from both a clinical outcomes and a financial perspective, simply asking more of the same was not an option for the Christie.

The Five Year Forward View (October 2014), *Devolution Manchester, the Commissioning Intentions for 2016/17 for Prescribed Specialised Services* (March 2016) and the *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations* (February 2016) report by Lord Carter all played a significant part in the tender decision making. As this was a long term commitment, it was imperative that the service would be flexible and workable over the whole ten years enabling innovations from both the Christie and the chosen service provider to deliver sustainable, high-quality patient outcomes.

Cancer treatment is changing at a fast pace and the aseptic production of IV Chemotherapy is a costly and high-risk process, subject to ever increasing quality and regulatory standards. The need to balance flexibility to meet operational demands with high-quality patient outcomes meant that a solution-driven approach was a pre-requisite for the Christie.

As a result of being successfully awarded the contract to continue to provide aseptic services to the Christie for the next ten years, the responsibility to offer innovative solutions, both proactively and reactively, sits with Baxter. On the one hand it involves investment in IT systems, R&D and Operations, but also collaboration on, for example, the implementation of standard dose banding tables to drive further efficiencies through adoption of standardisation and systems integration to reduce cost and risk of order processing from point of prescription to invoice, in line with the NHS drive for paperless processes. At a time when reimbursement pathways are changing it also includes the redesign of financial reporting to align with these changes.

More broadly, Baxter's partnership with the Christie allows pooling of expertise through alliances with other organisations, creating additional capacity and opportunities to design and deliver new patient pathways such as moving care that traditionally would have been provided in the hospital closer to home. When innovation meets partnership, change can be implemented at pace.

Nicky Sturt, Director, Market Access UK, Baxter

Operational productivity in hospitals

Mike Fairbourn



A relentless focus on quality of care and safety is best for patients and good for the health economy. In hospital, three areas which result in the biggest impact on patients' morbidity, mortality and on cost of care are delayed or inaccurate diagnosis, medication errors and hospital acquired infections.

Lord Carter's recommendations to eliminate unwarranted variation from across the hospital network and to transform pathology and hospital pharmacy, when implemented, will not only drive much greater operational efficiency but will also improve safety and patient outcomes.

"Using this data to inform better clinical decision-making needs to become the norm across the patient pathway."

The consequences of antimicrobial resistance by 2050, if we don't act now, is frightening and whilst Lord O'Neil's report emphasises the importance of incentivising research and development into new antibiotics, these will take time to come on stream. Today in the community, most decisions by GPs to prescribe antibiotics are not guided by a diagnostic test, leading to inappropriate antibiotic use and higher prescribing. So whilst we wait for new antibiotics, eliminating unwarranted variation in the prevention of infections, improving speed and accuracy of diagnosis when infection is suspected and delivering the correct antibiotic safely and effectively can make a significant impact on the development of AMR right now.

Standardising to best practice across our acute and specialist care network, at the scale and pace required by Lord Carter, will require investment in the best technologies and services which are

available today. The concern is that incremental funding earmarked for investment in new technologies could be compromised by paying down the £25 billion deficit run up by hospitals in 2015-16. So Industry has a big part to play in supporting the required transformation.

BD is a global medical device company, and across the world we are investing to advance healthcare. In the UK we are working with some leading NHS acute care organisations to help them reimagine diagnostic services to drive accuracy and efficiency. We are helping to transform pharmacy and drug delivery to reduce waste and significantly improve patient safety.

The millions of interventions carried out every day in the NHS generate a huge amount of data. Using this data to inform better clinical decision-making needs to become the norm across the patient pathway. At BD we have designed actionable intelligence into our solutions, so not only do we establish a continuous improvement loop, we generate evidence to demonstrate the value of these transformations. So, in partnership with our customers, this allows us to explore innovative ways of financing the investment required.

Our aim is for hospitals to view BD as valuable partners in helping to transform their services to deliver higher quality and safer care for patients.

Mike Fairbourn, Vice President & General Manager, UK & Ireland, BD

Chris Hopson



The NHS is in the middle of the longest and deepest financial squeeze in its history. NHS trusts ended the 2015-16 year £2.45 billion in the red, with almost two-thirds in

deficit. It is clear this is a systemic problem that requires all parts of the health and social care system to work together to solve.

"Whole-system transformation will be needed if the NHS is to become sustainable in the longer term."

NHS trusts know they have a big part to play in turning this round and they are doing everything possible to extract maximum value from every pound they spend.

One of the ways they are seeking to do this is by identifying how they can eliminate any unnecessary variation – both within and between providers (recognising that some variation is necessary). This was at the heart of Lord Carter's review – a year long, ambitious piece of engagement work across the acute sector.

Lord Carter's report estimated that if 'unwarranted variation' is removed through initiatives, such as shared back office functions, e-rotas for staff and improved benchmarking, up to £5 billion of savings could be made by 2020. While this is less than a quarter of the £22 billion of savings required by 2020, it represents an important component of the efficiency challenge.

To deliver the Carter element of the efficiency cake, factors such as concerted management effort in each NHS trust, a realistic timeframe to achieve efficiencies, and significant central support (as well as grip) were flagged as essential.

Another critical dimension is how the recommendations are practically applied. This is where the manner in which trusts are engaged is crucial. The first part of this has already been a model for other centrally-led programmes as the metrics on which Lord Carter has based his work were co-developed with a group of 32 acute NHS providers. This engagement is what has given the work real value as it has been a genuinely collaborative, bottom-up, approach.

Its implementation will be led by NHS Improvement, who must strike the balance between holding trusts to account and giving the right support. Alongside this, the

engagement and leadership of provider boards in this improvement agenda will be crucial. Greater grip, transparency and leadership at the national level alone will be insufficient to deliver lasting change.

Ultimately, the Carter review will get us some of the way in meeting the efficiency challenge, but whole-system transformation will be needed if the NHS is to become sustainable in the longer term.

Chris Hopson, Chief Executive, NHS Providers

Lord Warner



It is important in any health care system to focus on the operational productivity of hospitals. But we should not delude ourselves that by doing this we can solve the current problems of the NHS. The funding and service delivery problems of the NHS are deep-rooted and complex, in some respects going back to the care silos which the NHS has had since it started. We are now in a situation where NHS provider trusts have a record deficit of £2.5 billion a year and rising. Most of this is in the acute hospital trusts. Even high-

“There are a million more patients a year in A&E departments; hospitals are performing a million more operations a year; and GPs are undertaking over two million more consultations a year – many of these leading to hospital admissions.”

performing hospital trusts like the Queen Elizabeth Hospital in Birmingham cannot balance their books. The NHS acute hospital sector is now the victim of massive rising demand and a failure to rebalance

the NHS service delivery system over many years to contain more of that demand outside the hospital sector.

What has happened since 2010 is that there are a million more patients a year in A&E departments; hospitals are performing a million more operations a year; and GPs are undertaking over two million more consultations a year – many of these leading to hospital admissions. All to be tackled with a real terms flat-lining funding strategy of around 1% a year. The tsunami of patients – many very elderly with co-morbidities – have broken down the NHS gatekeeping system.

Of course the acute hospital system could improve its efficiency as Lord Carter's Review has shown. That review revealed unwarranted variation in running costs, sickness absence, infection rates and prices paid for goods and services. That review developed the idea of a 'model hospital' that could save NHS hospitals £5 billion a year by 2020-21. All highly desirable but even if it was achieved at least half that sum would go to pay off the current deficit.

The evidence now is that too many patients are going through acute hospitals; we have failed to invest over a long period of time in alternatives, including prevention and social care; and we lack an NHS workforce and investment strategy to deliver a major change of direction. The Five Year Forward View represents a sensible way forward and the idea of geographical Sustainable Transformation Plans seems worth pursuing; but doubts must remain whether these initiatives can change things fast enough to halt the NHS's decline.

Lord Warner, member, NHS Sustainability Committee and former Minister of State, Department of Health

Delivering the *Five Year Forward View*: public-private partnerships

Guy Blomfield



PET-CT (positron emission tomography - computed tomography) is one of the most powerful imaging tools available to clinicians today. They use it to diagnose cancer and, increasingly, other conditions such as cardiac and neurological diseases. Demand is increasing, fuelled by advances in technology, an increasing incidence of cancer, the drive for earlier and better diagnosis and an increased evidence-based understanding of PET-CT's capabilities by clinicians. Historically the UK has lagged behind the rest of Europe in terms of access to scans. In 2013, the UK average was 1,257 scans per million of the population compared to the European average of 2,900 scans per million.

“Partnership with the independent sector is a means to an end. The goal is better patient care.”

Alliance Medical's partnership with other NHS institutions aims to lift the diagnostic infrastructure in England to a new level. NHS England chose this collaborative network in 2015 to provide scans over ten years, following a tender process. The network includes Alliance Medical, The Christie Hospital in Manchester, other NHS hospitals and universities.

The first objective is to improve access. Alliance's status as a medium-sized company operating diagnostic services in six European countries means that it can deliver the number of scans needed to improve access for patients. It will invest £80 million to improve the current infrastructure and increase the number of sites at which PET-CT services are available, both fixed and mobile.

The second objective is to put the capability and capacity of the NHS on an entirely new footing. The network will,

therefore, provide training and education for radiologists, technologists and radiographers through a School of Oncology provided by The Christie. Further, it will generate data for researchers at The Christie and other academic organisations. The goal is improved clinical practice and an increased specialist workforce.

The governance of the contract also contributes to improved patient care. The governance board includes clinicians representing geographies within the network, universities, the Christie, patient representatives and Alliance Medical. It determines standardised clinical practices across all of the network's sites.

Overall the nature of the partnership means that the cost per scan will be 18 per cent lower than the current cost, even though the new specification will be significantly higher than the existing one. This cost saving will be realised from the beginning of the contract.

Partnership with the independent sector is a means to an end. The goal is better patient care. By improving access, research and training, the network of which Alliance Medical is a part will improve the diagnostic pathway and provide faster diagnosis for all. A transformation in the PET-CT infrastructure will play its part in raising five-year survival rates in England from 54 per cent in 2008-12 to 67 per cent in 2020.

Guy Blomfield, Group Chief Executive Officer, Alliance Medical Group

Professor Paul Corrigan CBE



One of the best things about working as a leader of the institutions of the NHS is being so loved by the public that pay for you and that you serve. The meaning you gain from this relationship is bigger than any other institution in our country and if

you are the NHS you feel a strong relevance to peoples' lives every day.

The downside is that if you are that loved, that important and that big, you get to think you make the weather, and the whole country, politics, other institutions and patients revolve around you. If you lead an NHS institution you are very likely to have worked in the NHS all your life; you will spend a lot of time with other NHS leaders in a world of weird organisations, even weirder acronyms and being at the centre of the universe.

“The reality is growing that if an NHS leader wants patients to manage their long-term conditions in a better way; if it wants to work with social care and if it really wants new technology to transform its services, there isn't a single chance it can do this on its own.”

Such a mentality doesn't automatically make you a great partner. You tend not to notice much else going on in our society because so much of it is looking at you.

In the 1990s I worked in London local government (abolished twice at the GLC and ILEA). Local borough chief officers heard that the three things their constituents really worried about were, in various orders, crime, health and jobs. When you tried to do something for your constituents about these three crucial areas of their lives you quickly realised that your local authority wasn't in charge of any of them.

Then, if you had any sense, you went in search of those organisations that were in charge of them. After a short interlude when you went around saying that because you were elected you should be in charge of all three and why wouldn't someone pass a law making it so, you got down to the difficult world of partnering.

Given you had no direct power you had to develop the skills of gaining influence. You had to understand the language and the culture of very, very different worlds of police employers and NHS and you quickly found out that if you didn't, you didn't get much

done. Often you had to be a supplicant – but over time it paid off. The police recognised that it was only with you that they could create safety on the streets. The employers recognised that your influence over physical infrastructure and labour would change the terms of trade for their business and the NHS – well even the NHS felt you could might know something about the health of the local people. Most senior local government officers became good at partnering because, if they wanted to be relevant, they had to.

Being loved, central and important – as the NHS is – teaches a different attitude.

It's been hard to learn that the third sector has more power over how patients with long-term conditions can better manage their conditions than the NHS. Those parts of the NHS that want to succeed now recognise that they need to influence how the third sector works.

It's been hard to learn that hospital discharge is only marginally to do with hospitals. Going home safely is much better managed by social care, relatives and local community than the NHS can ever manage itself. Those parts of the NHS that want to succeed now recognise that they need to influence social care for this to work.

It's been hard to learn that the only really interesting aspects of new technology that are changing our lives has been created by young people from the private sector. Every day we leave the technology impoverished NHS and go home to a life of wonder where the technology in our home opens up lovely life possibilities. Those parts of the NHS that want to succeed now recognise that they need to influence new technology companies for this to work.

Every now and again the NHS has a spasm of wanting to own and run its own voluntary sector, social care and new technology. It reverts to the old idea that it's so important it needs to own and run everything. Within a day it rebounds from this when it realises it has no skills in these areas whatsoever.

But slowly the reality is growing that if an NHS leader wants patients to manage their long-term conditions in a better way; if it wants to work with social care and if it really wants new technology to transform its

services there isn't a single chance it can do this on its own. It will have to give up some of the illusion of power for the reality of influence that partnership brings. Hard but absolutely necessary skills are emerging.

Professor Paul Corrigan CBE, Adjunct Professor of Health Policy, Imperial College London and former Senior Health Policy Adviser to Tony Blair

Valerie Bartlett



The *Five Year Forward View* is a much needed strategic plan to improve population health and reduce the NHS funding gap. It recognises that the current primary and secondary care models in the NHS are fundamentally broken, and not able to deliver the considerable improvements in health and efficiency that are now needed. Through the New Models of Care initiative new ways of working and organisational forms are being developed in the effort to break through this challenge. Public-private partnerships offer the opportunity to accelerate progress, but a more radical approach to these partnerships is now needed.

“Public-private partnerships offer the opportunity to accelerate progress, but a more radical approach to these partnerships is now needed.”

The traditional approach to such partnerships in the NHS is to procure single service lines to meet a capacity shortfall – the procurement of diagnostic services from private sector partners is a classic example. This is a legitimate line of continued development. However, greater opportunities exist if we take a broader

pathway and economic perspective. Rather than just procuring capacity, if we look at the entire pathway and where lies cost, we can make more radical changes that improve outcomes and reduce cost. But to be able to do this requires a move away from the current tariff-based system.

At a strategic level, we are seeing the development of new organisational models – hospital groups and chains – which aim to create sufficient scale and standardisation to tackle the health and economic challenge. Private sector partners can help us understand how to operationalise models that are well understood in their sector, the different leadership styles and skills that are required to run such models, and also the standard operating models (often technology driven) that need to underpin a more robust approach to standardising and driving out variation.

In the NHS we also have much to learn from the private sector in domains other than direct service delivery. We face the same workforce and cultural challenges as other employers – hiring, retaining, engaging and motivating a multi-generational workforce. In my own organisation we are increasingly working with private sector partners who can help us learn how to better engage our greatest NHS resource – our staff. We are learning about crowdsourcing techniques to engage staff in the development of our strategy, and about improvement science skills that enable our staff to take control of their own environment. As leaders in the NHS we have a huge responsibility to create an environment and climate in which our staff can be at their best to respond to the challenges described above. There is important learning to be gained from private sector partners in this area.

Valerie Bartlett, Deputy Chief Executive and Director of Strategy and Transformation, Ashford and St Peter's NHS Foundation Trust



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Rt Hon Jeremy Hunt MP

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