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Liberating the NHS

Transparency in outcomes – a framework for the NHS

A consultation on proposals

RESPONSE FROM SKILLS FOR HEALTH

Skills for Health is the Sector Skills Council (SSC) for the health sector across the United Kingdom (UK). Our role covers all healthcare employers – including those in the National Health Service (NHS), independent and voluntary sectors. We are part of a UK network of Sector Skills Councils covering 85% of the UK economy. Our strategic aim is to develop a skilled, flexible and productive workforce for the whole health sector in all UK nations, to raise the quality of health and healthcare for the public, patients and service users. The delivery of this aim is reflected in our Statement of Purpose, which is appended to this response.

We welcome the opportunity to respond to this consultation and have set out below our response which we have limited to those questions which have congruence with our experience and role as a Sector Skills Council. We have not responded to the questions on specific indicators in Annex A.

1. Do you agree with the key principles which will underpin the development of the NHS Outcomes Framework?

Yes we agree with the key principles outlined. We welcome, in particular, the emphasis on both staff engagement and partnership working. Delivering effective, safe and personalised care will require a workforce which is empowered, engaged and equipped with the right skills. SFH has undertaken work to identify the skills development required, for the health care workforce, to deliver services that are personalised and patient-centred:

<http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Scoping-for-Personalisation-Report.ashx>

2. Are there any other principles which should be considered?

Not in our view.

3. How can we ensure that the NHS Outcomes Framework will deliver more equitable outcomes and contribute to a reduction in health inequalities?

Care must be taken to ensure that the framework properly captures those areas of health care where the greatest inequalities exist. Best practice should be identified and used as a basis for ensuring that the framework itself does not propagate practice that in itself leads, however indirectly, to inequalities.

4. How can we ensure that where outcomes require integrated care across the NHS, public health and/or social care services, this happens?

The delivery of integrated care is dependent on staff that are able to work across organisational boundaries and at the interface between health and social care. Increasingly we will support the need to design and develop roles that support these new ways of working. These will need to be designed and developed in partnership with service users and carers, workers themselves, education providers and employers and should be based on the common currency of National Occupational Standards to provide for transferability.

Skills for Health has developed a methodology for nationally transferable roles that helps employers, by describing a common understanding and communication of new and innovative roles at all levels of the Career Framework. Nationally Transferable roles also help to define the learning and development needs for staff already working in these roles, and support employers who choose to establish new roles in their workforce. An example of this methodology can be found in the Orthopaedic Rehabilitation Assistant role (early discharge team) appended to this document. (Appendix B)

5. Do you agree with the five outcome domains that are proposed in Figure 1 as making up the NHS Outcomes Framework?

Yes, in principle we agree with the five outcomes domains for health. However, these domains and the outcomes need to be part of the range of outcome frameworks that will encompass public health and social care.

6. Do they appropriately cover the range of healthcare outcomes that the NHS is responsible for delivering to patients?

Yes in our view.

7. Does the proposed structure of the NHS Outcomes Framework under each domain seem sensible

Yes. We note and agree with the emphasis placed on NICE Quality Standards and we would encourage, as well, an acknowledgement of the infrastructure required to deliver these standards. Skills for Health would wish to work with NICE to ensure that our frameworks of National Occupational Standards and qualifications complement and support both existing and emergent quality standards, reflecting key priority areas as they are identified. This would help to ensure that training and education of the healthcare workforce is directly linked to clinical excellence.

8. Is 'mortality amenable to healthcare' an appropriate overarching outcome indicator to use for this domain? Are there any others that should be considered?

It is not appropriate for us to comment on this aspect.

9. Do you think this is an appropriate way to select improvement areas in this domain?

It is not appropriate for us to comment on this aspect.

10. Does the NHS Outcomes Framework take sufficient account of avoidable mortality in older people as proposed?

It is not appropriate for us to comment on this aspect.

11. If not, what would be a suitable outcome indicator to address this?

It is not appropriate for us to comment on this aspect.

12. Are either of these appropriate areas of focus for mortality in children? Should anything else be considered?

We support the focus on peri-natal mortality (based on 55% of deaths in under 5s in the UK are newborn babies) but would highlight that we think that the indicator should be specific to perinatal mortality rather than 'infant mortality'.

Infant mortality could be the appropriate indicator but its scope is too wide (covering all babies up to 1 year) and would need to be better defined i.e. mortality statistics are normally grouped as:-

- Peri-natal – foetal viability 22 weeks to end of 7th day after delivery
- Neonatal – 1st 28 days
- Post neonatal – after 28 days and up to 1 year
- Child – within 1st five years.

It may also be helpful to consider having a specific focus on premature births and/or congenital abnormalities, which are both high contributory causes.

If evidence indicates that the UK performs badly on respiratory diseases then we would also agree the second indicator.

We suggest you might also wish to consider the following possible areas for focus:-

For older children 1 – 15yrs - you might wish to consider a focus on cancer as this accounts for around 20% of deaths in this group

Our further thoughts are in line with a preventative perspective and we would suggest considering outcome indicators in both Accidents and Obesity

13. Are either of these appropriate overarching outcome indicators for this domain? Are there any other outcome indicators that should be considered?

Either of these proposed indicators could be relevant however neither fully captures the range of factors that can impact on quality of life for people with long terms conditions. We would suggest that a broader overarching indicator is developed in line with what is set out in the consultation document at paragraph 3.20.

14. Would indicators such as these be good measures of NHS progress in this domain? Is it feasible to develop and implement them? Are there any other indicators that should be considered for the future?

Please see our response to Q.13 above. It is important to recognise that outcomes for people with long term conditions are highly dependent on services that are outside the direct control of the NHS, including the wider health care provision and services provided by other sectors. Joint working and the development of roles that span the broader health and social care sectors will be important in achieving these outcomes. We welcome the intention of the Department of Health to construct outcomes frameworks for the new public health service and social care and would suggest that for long term conditions consideration is given to the development of 'shared' indicators across these services.

Many people with long terms conditions rely on support from informal carers and it may be appropriate to consider, for the future, an indicator around the percentage of informal carers who feel sufficiently supported to carry out this role. Skills for Health working with Skills for Care and the Department of Health is currently undertaking work to develop the skills of the health and social care workforce to better support informal carers: <http://www.skillsforhealth.org.uk/about-us/news/2010/Supporting-staff-to-better-support-carers.aspx>

15. As well as developing Quality Standards for specific long-term conditions, are there any cross-cutting topics relevant to long-term conditions that should be considered?

Yes there are a number of cross cutting topics that should be considered for quality standards and these include:

- Supported self care. Skills for Health working with Skills for Care and the Department of Health has developed a set of Common Core Principles for supporting Self Care: http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Common_core_principles_final.ashx
- Education for service users and carers
- Care planning – Skills for Health has developed a range of National Occupational Standards to support the delivery of effective care planning
- Transitional care from children to adult services

16. Are these appropriate overarching outcome indicators for this domain? Are there any other indicators that should be considered?

Some of the work which we have undertaken has crossed traditional professional and organisational boundaries, such as the development of the Emergency Care Practitioner (ECP). ECPs work in the Ambulance Service, in Primary Care and the Acute Care setting. Evaluations from this work suggested that most existing measures were owned by specific organisations, for example the 999 Ambulance response time, but are dramatically affected by other parts of the pathway, such as capacity to undertake Primary Care home visits, or bed availability. As part of the evaluation of the ECP work we developed a number of metrics which it may be helpful to take into account when developing indicators for this domain. The indicators focused on outcomes that measured the main benefits from the development of ECPs from the patient's perspective, these included:

- Overall pathway time, from 999 call to definitive treatment
- Number of patients treated at scene without transfer to A&E
- Reduced duplication - number of professionals involved in care episode - Patients not having to repeat the same information several times to several different professionals
- Number of exacerbations of long term conditions stabilised without admission
- Number of patients reviewed in their own homes within 6 hours
- Number of patients referred directly to specific pathways of care / other healthcare professionals

17. What overarching outcome indicators could be developed for this domain in the longer term?

Please see our response to Q.16 above.

18. Is this a suitable approach for selecting some improvement areas for this domain? Would another method be more appropriate?

It is not appropriate for us to comment on this aspect.

19. What might suitable indicators be in these areas?

Please see our response to .16 above.

20. Do you agree with the proposed interim option for an overarching outcome indicator?

The proposed interim overarching indicator represents a pragmatic approach, which we agree with.

21. Do you agree with the proposed long term approach for the development of an overarching outcome indicator?

Yes in our view. However, we note that this is another area where the interface between NHS, wider healthcare provision and other sectors, including social care, is critical and that this aspect must be considered when developing any associated measures.

22. Do you agree with the proposed improvement areas and the reasons for choosing those areas?

Yes and we would suggest that for end of life care the indicators when developed need to pay particular attention to those people where less consideration has been given previously, for example, people with dementia and chronic obstructive pulmonary disease.

Skills for Health has been working jointly with social care to develop a suite of principles and competences, underpinned and mapped to National Occupational Standards, for End of Life Care. These cross traditional health and social care boundaries and recognise that any worker, at some time and whether this is specifically part of their role or not, may need to be competent to provide their services to people who may also be at the end of their life: <http://www.skillsforhealth.org.uk/about-us/news/2010/End-of-life-care.aspx>

We are pleased to see an acknowledgement that the real benefits of looking at patient experience lie in local teams developing a culture and process for routinely asking their patients and service users for structured feedback and then acting on what that feedback is telling them about their services. Our work with patients and service users has identified that they want staff who are confident, competent and professional. In a series of workshops service users and carers told us that they want staff to;

- be approachable
- have a positive attitude
- listen carefully and act on what they hear
- take a flexible approach to engagement with service users
- be accountable and take responsibility
- engage with service users as full and equal partners
- respect individuality
- involve and engage with people at all stages of service delivery

- be willing to hear other views and perspectives
- be able to 'walk in someone else's shoes'

(Source: Common Core Principles supporting for Self Care - 2008)

23. Would there be benefit in developing dedicated patient experience Quality Standards for certain services or client groups? If yes, which areas should be considered?

It is not appropriate for us to comment on this.

24. Do you agree with the proposed future approach for this domain?

Yes – we support with this proposed approach.

25. Do you agree with the proposed overarching outcome indicator?

Yes we support this proposed overarching outcome indicator. Skills for Health places great emphasis on patient safety and we believe that using National Occupational Standards to ensure staff are competent to carry out the functions that they perform as part of their roles, whether statutorily regulated or not, can contribute to improving patient safety.

26. Do you agree with the proposed improvement areas and the reasons for choosing those areas?

Yes we support the proposed improvement areas. Skills for Health works with employers to ensure that the healthcare workforce is equipped with the skills to carry out the full range of functions associated with delivering complex services. These related key functions also require competent workers (whether it is their whole role or an aspect of it) and our range of National Occupational Standards are available for these ancillary and supporting activities to facilitate the ongoing improvement in outcomes in these areas.

27. What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcomes for all patients and, where appropriate NHS staff?

Skills for Health is encouraged to see that both staff and patients will have a voice in ensuring that the proposals promote equality of opportunity and outcomes for all patients. It is evident that there will need to be a balance between these voices, which may have differing views and may present divergent, but nonetheless, expert opinions on services and outcomes.

Skills for Health as the Sector Skills Council for Health, and representing the voice of the employer in relation to workforce skills and development, would welcome the opportunity to work with NICE and

other key parties in supporting the outcomes framework by ensuring the workforce is equipped with the skills to meet the priorities and emerging needs, and also to shape the qualifications infrastructure which will be needed to accredit the attainment of those skills needed to meet new challenges arising from the outcomes framework.

28. Is there any way in which the proposed approach to the NHS Outcomes Framework might impact upon sustainable development?

We have no comment to make on this.

29. Is the approach to assessing and analysing the likely impacts of potential outcomes and indicators set out in the Impact Assessment appropriate?

We have no comment to make on this.

30. How can the NHS Outcomes Framework best support the NHS to deliver best value for money?

Please see our response to question 31 below. Ensuring that the education, training and continuing development of the workforce reflects the principles set out here will support the development of a more productive and flexible workforce.

Skills for Health plays a key role in ensuring that the voice of the employer in defining service needs influences education and training commissioning. However clarity is needed on how future arrangements for education and training commissioning will interface with service commissioning by GP consortia to ensure that education and training continues to be driven by service – and patient – need.

31. Is there any other issues you feel have been missed on which you would like to express a view?

Delivering high quality outcomes is highly dependent on having in place a competent and confident workforce. While this framework is rightly focused on outcomes for patients attention must also be paid to the quality of 'inputs', such as the nature of the workforce, and the principles outlined in this consultation document must be reflected in education and training for all staff, at all levels of the Career Framework.

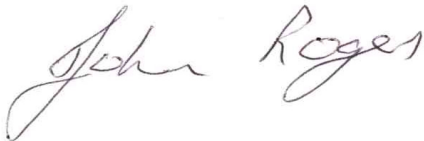
Skills for Health is well positioned as the Sector Skills Council for Health to provide the expertise, and to advise on the skills development infrastructure and has a wide range of resources to ensure that the workforce can be supported to be ready to respond to these and future challenges.

These supporting resources can be found at www.skillsforhealth.org.uk

We are uniquely placed to work with and advise NICE to ensure that the workforce is, or can readily be, equipped to respond to the emerging priority areas.

Skills for Health would be happy to discuss further how the current and future workforce can continue to be supported to meet these challenges in the current climate of financial constraints. We consider it fundamentally important that both patient safety and experience, which are highly valued in this framework, are properly reflected in workforce and skills development.

Yours sincerely

A handwritten signature in black ink that reads "John Rogers". The signature is written in a cursive style with a large initial 'J' and 'R'.

John Rogers
Chief Executive