

Speech: 7 December 2011, Andrew Lansley, A Patient Centred NHS

Thank you, Hugh [Taylor, Chairman of Guy's and St Thomas].

Sometimes, with all of the arguments about modernisation and reform, it's easy for people to get lost in the detail.

To have arguments so brimming with jargon, so riddled with acronyms that they appear remote and unconnected to the real world.

So today I want to break with that particular tradition and start by asking a simple question.

What's the purpose of the NHS?

It's an obvious question. And one, I think, with an obvious answer.

The NHS is there to care for us.

To help us into this world when we are born.

To heal us when we are sick.

To care for us when we are injured and to ease our suffering when we die.

To treat us as human beings.

But every now and again, we do well to remind ourselves of this question, as obvious as it is. For the NHS we have today, the NHS that has developed through more than six decades, can sometimes give the impression of having forgotten the answer.

And if we forget what the NHS is for, how can we be clear about our ambitions for its future.

If the point of the NHS is simple: to care for us when we are sick...

...then our ambition for the NHS must be equally as simple: for the NHS to get better and better at caring for us when we are sick.

To achieve better and better results for patients.

In a word, to deliver better outcomes.

I recognise that it is an ambition shared by each of my predecessors. But it is one that has defeated generations of Whitehall policy makers.

The reason for that too is simple. In the NHS, it should be the patient who is sovereign. But, too often, it is the institution.

The NHS is full of processes and targets, of performance-management and tariffs. Originally, all designed to deliver better patient care. But somewhere along the line, they gained a momentum of their own, increasingly divorced from the patients who should have been at their centre.

And nowhere was this more visible in recent years than at Mid-Staffs, at Stafford General Hospital.

They hit the target. They made sure that patients were discharged from A&E within four hours. But did that ensure that patients got the care they deserved?

Sadly, tragically, it did not.

And when those patients voiced their concerns, when they begged for something to be done, who acted on their behalf?

The system didn't. The system got what it wanted. But patients didn't get what they were looking for. Far from it.

So today, we reset our ambition for the NHS.

We dispense with the jargon, and we make it clear that the NHS has one ambition and one ambition alone – improving results for patients.

Now that is the change that the NHS Outcomes Framework, that we're publishing today, will bring about. The Outcomes Framework sets the direction for the whole NHS. Orientating the NHS back towards the people who really matter: its patients.

And it sets out how I and my colleagues, on behalf of the public and taxpayers, will hold the NHS to account for improving those results. How we, as Ministers, will be held to account on behalf of the electorate.

What the Outcomes Framework doesn't do, it doesn't tell doctors and nurses how to do their jobs – because that's the mistake, the misplaced focus, that was adopted by Labour in the past.

As David Cameron and I said six years ago, highlighting the difficulties of process driven targets, we will be very clear about what we want the NHS to achieve; but we won't dictate to the NHS how to achieve it.

Three years ago, my predecessor in the Health Department and eminent surgeon Ara Darzi set out his view of what a high-quality NHS looks like: that NHS care should be effective, that it should be safe and that patients should have a good experience of their care.

Now I do agree with that. And that's the legacy on which we are building today.

So, across five broad areas, we are setting out what the objectives are for the NHS in delivering quality of care.

Judging performance in terms of the outcomes and the results delivered for patients.

- Of stopping people from dying prematurely,
- of improving the quality of life for people with long term conditions
- of helping people to recover after they've been ill or been in an accident

And crucially, patients should also:

- have as positive an experience of their care as possible,
- and be treated in a safe environment, free from harm.

And one of the things that makes for a positive patient experience is when everything joins up seamlessly as they move from GP surgery to hospital to community clinic or social care provider. Properly integrating care across the NHS and social care is essential.

That's why I am particularly interested in the results of the Future Forum report on integrated care, which I hope will be published early in the New Year.

I am sure their report will provide a real insight into how we can enhance the Outcomes Framework still further, encouraging integration around the needs of patients.

For the Outcomes Framework will never be static, never carved in stone. It will grow and evolve as the NHS does and as we learn how to measure health outcomes more accurately

So rather than just rushing to get people through the system as quickly as possible to meet a narrow time target, the Outcomes Framework means that NHS staff will have to focus on achieving excellent results across the board.

For example, they'll be asked:

- to make sure that patients are treated with dignity and respect, measuring the responsiveness of staff to patients needs when they're in hospital;
- To measure and improve women's and families' experiences of maternity services;
- To improve access to NHS dentistry;

- And to help older people to recover their independence after illness or injury.

And on Friday of next week, the 16th December, the NHS Information Centre will publish the NHS's performance against these indicators for the very first time.

But the Outcomes Framework is only one part of our journey.

If we want the NHS not to treat patients as though they are parts on a conveyor belt, we need to go further.

We need to empower patients, their doctors and nurses to work together to get the best possible care.

We need patients to be fully engaged in the decision making process. Having a voice, loud and clear.

Patients need real, meaningful information to help them make those decisions.

We need patients to be treated as people, never as numbers.

When you properly involve people in the decisions about their healthcare:

- then doctors and nurses are supported to demand the best treatments,
- to innovate,
- and to drive out waste and wasteful practices.

This is the result of shared decision making.

That is why I am an advocate of patient power.

But to harness that, patients must be given real options to choose from and be fully involved in the decisions taken about their care.

The last government was right to try and introduce more patient choice to the NHS. I remember when John Reid was my predecessor, he was absolutely right to talk about the democratisation of choice.

But too often choice is only available in the NHS for those who are articulate, but we want it to be something that's available to everybody.

But even then it's wrong to treat this as an end in itself, rather than as a means to an end.

Choice alone is not enough and misses the point. But when choice is part of a wider conversation, when it's about shared decision making, the results can be a far better quality and experience of care.

Such as when a midwife is talking to an expectant mother about the options available for her to give birth – both in terms of place of birth and in terms of the character of birth that she is looking for.

The mother will certainly have a view as to where and how she wants to have her child and will feel better and more in control for having shared in that decision.

Patient choice is just one part of a broader and more desirable aim: of involving patients in decisions about all aspects of their care, including where and by whom they are treated.

That is why today, we are unveiling maps of new services for NHS patients where, with their doctor, they can choose the best way forward for them.

Whether it's hearing services to wheelchair providers, patients across the country will have the power to be treated where they want to be treated or supported in at least three new areas of care.

Choice, yes. But more than that. The opportunity to discuss and decide with their GP or other healthcare professionals the right course of action for them. To benefit from new, responsive services with real shared decision making.

And this is only the start. We're currently looking at where we can add to these areas of shared decision making. At what other genuine choices we can give to patients and their health professionals. At how else we can hand more control to patients.

Shared decision making is impossible if patients are left in the dark.

So patients and health professionals need to have the right information to inform their discussions.

In the last 20 years, the world has undergone an information revolution, a revolution that has transformed the lives of everybody. More than at any time in our history, through the use of ever cheaper and more powerful technology, people now have near instant access to a bewildering amount of information.

The smallest business can reach suppliers and customers around the globe.

Consumers can organise their lives with the click of a mouse or the press of a phone.

And there is a mine of information – from Wikipedia to the Open University – available online to inform and enrich all our lives.

It is time this revolution had a similar impact on the National Health Service and on local health services.

Next year, we will publish our Information Strategy, setting out in far more detail how we want to open up the NHS.

But we can make a start now, giving patients more of the information they need.

A vital decision that people make is which GP practice to register with.

Already, you can go to the NHS Choices website to search for a local practice that meets your needs. But today we are significantly expanding the amount of information available.

We will publish maps of GP surgeries to help you choose the GP that's right for you. If, for example, you are a long term asthma sufferer you will be able to find the local GPs who are best at treating people with your condition.

You will be able to see how popular that surgery is and whether they focus on treating the elderly or young people. And you will see whether they regularly offer a choice of hospital to have your operation performed if you need one.

We're also releasing the raw data for a further 260 indicators relating to general practice that can be used for free by anyone who wants to develop further applications for the public.

For just as the information revolution beyond the public sector hasn't been spearheaded by government, we don't have to depend upon government to do it within the public sector.

So as well as logging on to the NHS Choices website, you might use a smart phone app, like the one being launched soon by Nokia or the excellent Wellnote iPhone app created by Ara Darzi.

Having this information in the public domain means it can be used in all sorts of innovative ways, as GPs and patient groups in London are already demonstrating with new services being launched today.

We are inviting people to use their creativity and ingenuity, and to surprise us with what they come up with.

Allowing data to be used in this way will help improve the health and experience of patients and reduce unnecessary hospital admissions.

Already we can see these kinds of applications are growing. The likes of Dr Foster and I Want Great Care.org help people to find the best doctors, the best hospitals, the best providers and allow them to rate them based on their own experience of care.

Once people relied on the recommendation of a travel agent, now they take control with sites like Trip Advisor.

Once people took pot luck, now they read Which? online reviews and Amazon customer ratings.

The same is happening, and happening fast, inside the National Health Service.

But this again is only part of the story. I recently launched a series of Patient Decision Aids, available on the NHS Direct website.

When someone receives a diagnosis, such as when a woman finds out she has breast cancer, there is far more than just the clinical issues to deal with. There are emotional ones too.

The worry about what it means.

The worry about different treatments and what they might entail.

The surprise that one really does have a choice – or example, between a lumpectomy with radiotherapy and a full mastectomy. Sometimes it's not clear what is right for any individual woman.

And there are other questions.

What will it look like?

What will it feel like?

What do other people think?

What have been the experience of others?

What did they say about the choices they made and the experiences they went through?

Things you cannot even begin to address fully and properly during that first consultation with a doctor or a nurse. But it's the sort of thing that the Patient Decision Aids are able to help with.

When I launched the Patient Decision Aids I met a man who had used them to make decisions about his prostate cancer. He'd used them to help him, with his doctor, to make the right treatment decision.

He told me how important it was for him to make the decision. Because he didn't want for anyone else to be blamed if it turned out to be the wrong decision. He didn't even want his wife to be involved in the decision, all be it that she was a nurse!

He said, "I don't want to be in a position where, if it goes wrong, I am blaming someone else for what happened. I should be able to make this decision for myself. I want the information."

There are currently 8 of those decision aids. Over the next two years, there will be around 50 more. Arming patients with the information they need to make shared decisions.

And we will help people to make the right decision when they are unsure whether to see their doctor or not. By helping people to recognise symptoms, we can help improve early diagnosis for things like cancer or dementia or other conditions.

At the same time, we can help reduce the nearly 60 million visits to a general practice that don't necessarily need a GP.

That's one of the benefits of the new NHS 111 service we're rolling out across the country, which I saw for myself as I launched 111 in Lancashire just last Thursday. Giving people better, richer, easier access to the best advice and direct access to treatment and services.

Where we are today is just a glimpse of the future – a future in which patients have the information they need to share in the decisions made about their care.

As Secretary of State, I want the NHS to deliver better and better care to patients. That is what the Outcomes Framework is all about – putting the NHS on the side of patients.

But to realise that ambition — I have to realise the ambitions of the near one million patients that come into contact with the NHS every day.

- give them genuine options over their care
- give them the tools they need to decide with their health professionals how to take that forward.
- to ensure decisions are only taken by doctors, nurses, health professionals with patients together – genuinely sharing in the decisions made about their care.

So my ambition is not only that we deliver better and better results for patients, but that as part of that – as an integral means of achieving that – for individual patients it is literally a case of 'No decision about me, without me.'

Accountable to patients, accountable for the results we achieve on behalf of patients, that is the NHS that I believe will deliver the best outcomes anywhere in the world.

Thank you very much.