

## **Improving the Quality and Value for Money of Healthcare in the West Midlands – meeting the economic challenge together**

When we understand *value* in terms of maximising health and quality of healthcare for every £1 spent, then achieving best *value* from NHS resources is an enduring shared goal for all who work in the NHS. This statement will explain the current challenge that the whole NHS faces in terms of ensuring value for money that is affordable and how we will respond to that across the West Midlands.

The NHS in the West Midlands now receives 45% more funding in real terms than it did 5 years ago and the average level of spend per head is now comparable to other European countries. It should come as no surprise that the current recession also means that our country will be unable to afford to sustain significant growth in public expenditure for some years to come. If we simply keep on doing things the way we do them now then changes in the population and changes in technology will rapidly outrun what we can afford. Like every successful organisation in the world we have to continually develop and change the ways we work to both improve our services and live within our means. That challenge has now become much greater.

The responsibility of all of us in the NHS is to demonstrate that we achieve best *value* for the level of resource our society entrusts to us to commission and provide their health services. This includes helping the public to be responsible in how they use NHS resources. We will succeed if striving for best *value* as defined above is our core purpose rather than a short-term expedient or project.

NHS leaders in the West Midlands have jointly agreed to the following propositions in responding to the challenges of the new economic reality:

- Improving the quality and safety of services and care systems is the best way to optimise our use of resources – “getting it right first time”
- “First , do no harm” is a binding principle and that reducing and avoiding errors (improved reliability) and stopping interventions of no clinical value are essential priorities both for the impact on people and better *value*
- We can only really improve *value* if we are prepared to think and act across whole systems (health and social care) and work in partnership to respond to that.
- Equitable services are also better *value* services - the drive to reduce health inequalities within our communities and to assist all to focus on opportunities for prevention is central to delivering best *value*
- “Prevention is better than cure” and our shared objective must be to prevent ill health or to identify health needs early and minimise their impact

- There are indeed major gains to be made from radical transformation of our clinical systems but there are potential obstacles to doing this including the primary/secondary care divide, professional boundaries and alignment of some incentives - we must tackle these
- We need to make it easy 'to do the right thing' on the frontline – clinicians and teams, learning from their patients and their carers, usually know where the best opportunities are for improving the quality of care and removing waste in the care system. We must encourage their ideas and innovation to be liberated.
- The order of priorities is always: - what is right for patients and the health of the population; what is right for organisations...in that order.

It follows that if we are to deliver the whole system change we need, we will have to adopt a radically different approach. For example, we know that top-down targets and 'command and control' will not inspire joint-working and innovation. We are committed to:

- Strengthening clinical leadership to deliver radical improvement across care systems.
- Working in partnership across organisations to improve whole care pathways and not just parts of them.
- Embracing commissioning for outcomes rather than for just throughput.
- Sharing knowledge of how what we do compares with others; sharing information and giving feedback on how new approaches to delivery of care are working; being open to learning from others.
- Us all backing ideas which collectively pass tests of best *value* and driving rapid adoption of the best ideas on a collaborative, large scale basis
- Aligning incentives to support improvements to the whole system, changing the old 'rules' where they are really getting in the way of achieving best *value*.
- Avoiding behaviours and actions which simply pass the problem from one institution to another.
- Having the courage to advocate together for doing what is right even when it risks being unpopular.
- Making changes to capacity in different parts of the system when we have agreed to new pathways of care (and supporting each other in doing that) – we know that not doing that will undermine the shared effort to improve *value*.
- Acting together to develop and support our workforce to deliver the new ways of working.