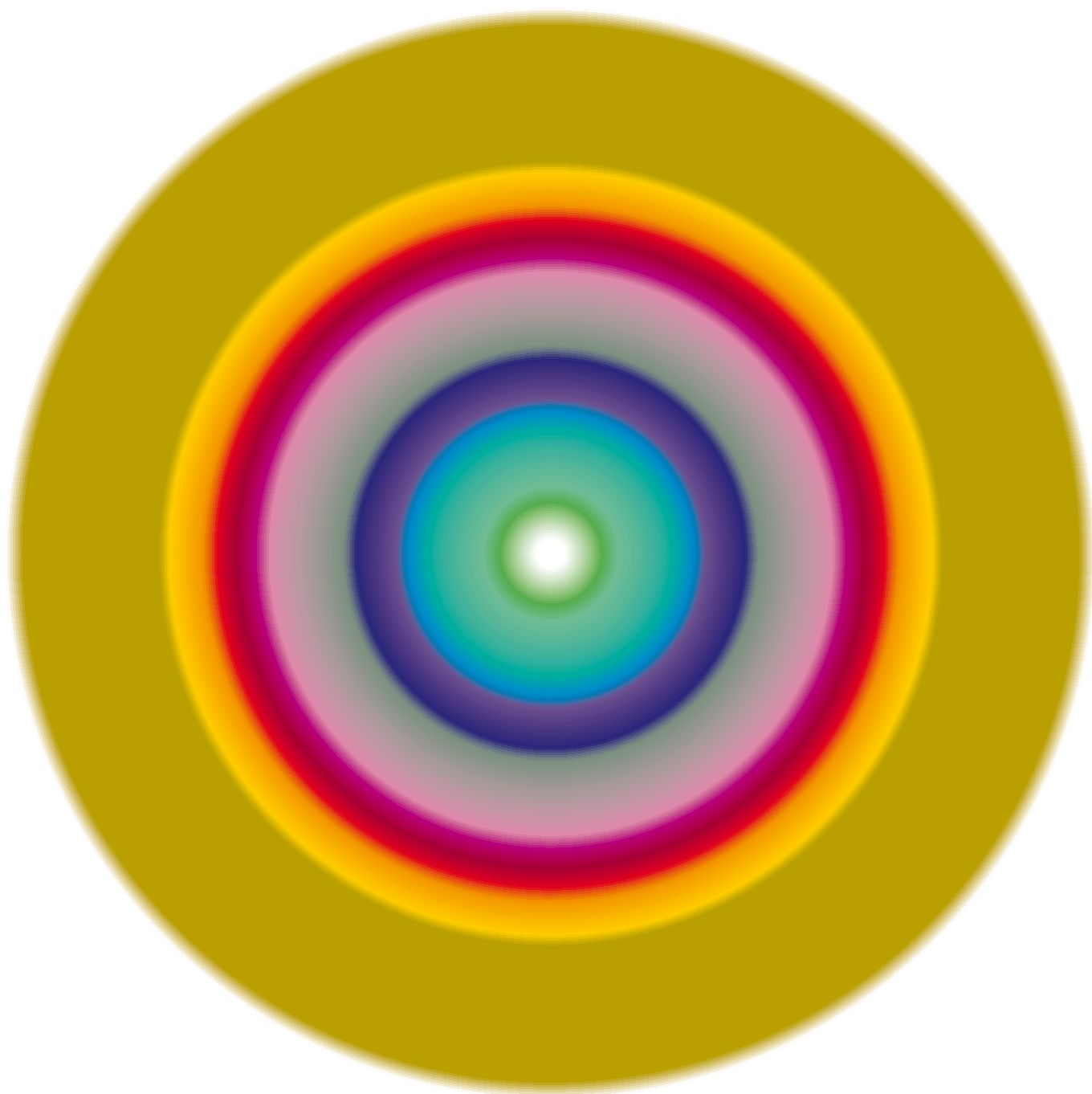


The Methodology of the Review



1
The national review was established by Lord Ara Darzi on 4 July 2007.

2
Its terms of reference were to:

- “Build on the progress made in delivering the vision set out in the NHS Plan (published 1999) and the Government’s reform agenda, to identify the way forward for a 21st Century NHS which is clinically driven, patient-centred and responsive to local communities.
- Engage with patients, NHS staff and the public on four critical challenges:
 - Working with NHS staff to ensure that clinical decision-making is at the heart of the future of the NHS and the pattern of service delivery.
 - Improving patient care, including high-quality, joined-up services for those suffering long-term or life-threatening conditions, and ensuring patients are treated with dignity in safe, clean environments.
 - Delivering more accessible and more convenient care integrated across primary and secondary care providers, reflecting best value for money and offering services in the most appropriate settings for patients.
 - In time for the 60th anniversary of the NHS, establishing a vision for the next decade of the health service which is based less on central direction and more on patient control, choice and local accountability and which ensures services are responsive to patients and local communities.
- Consider the case for a constitution of the NHS as the basis of a sustainable and lasting settlement that meets these challenges, enhances local accountability, secures value for money and protects the fundamental values that the NHS has always embodied.
- Help support local patients, staff and the public in making the changes they need and want in their local NHS and make recommendations to the Prime Minister, Secretary of State for Health and Chancellor on how the NHS can best meet these challenges whilst delivering a publicly funded, comprehensive, affordable, high-quality service on the basis of need and not ability to pay.
- It will report by July 2008 with an interim report in October 2007.”

3

As our contribution to this national review, we (NHS Y&H – the Strategic Health Authority (SHA) for the region) were asked to establish eight Clinical Pathway Groups (CPGs), bringing together clinicians from different professions and different parts of the region. We therefore asked each of our 14 PCTs to nominate clinicians – doctors, nurses, midwives and other healthcare professionals – from across their health economy to the CPGs. CPGs also had representation from local government. Each CPG also had a nominated chief executive from one of the primary care trusts, to develop early links from the clinical perspective back to the management of implementation.

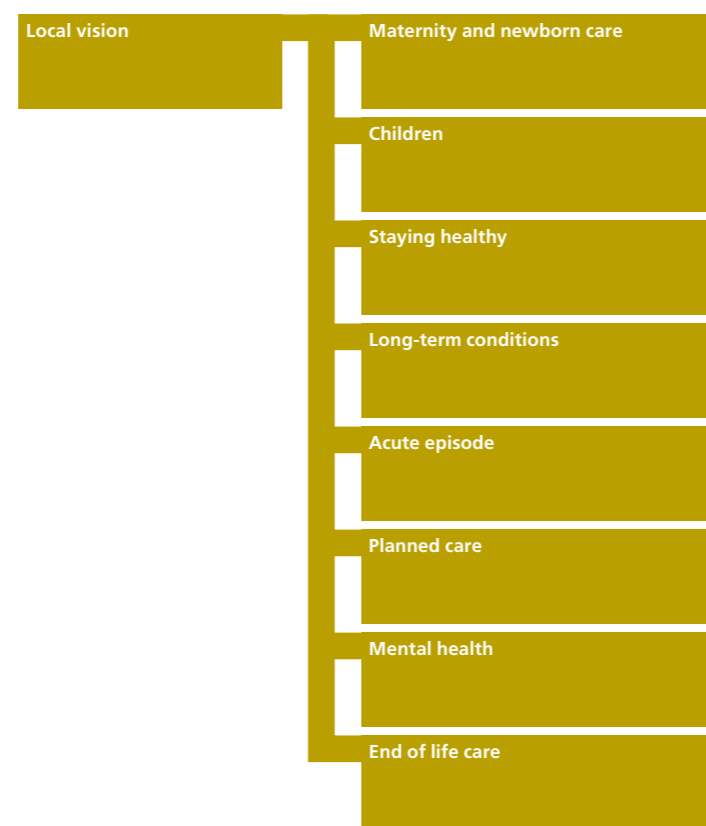
4

Membership of each of the CPGs is set out in Appendix 1.

5

We have taken full account of the recommendations made by these CPGs – and the wealth of advice given to us by clinicians from across the region – in drafting this vision for services for the next 10 years. The full reports of the eight CPGs are available on the SHA's website at www.yorksandhumber.nhs.uk and form the foundations for the chapters on clinical pathways in this report.

Figure 6. The eight Clinical Pathway Groups



6

The task for these CPGs was to hold four meetings (between September 2007 and March 2008) to:

- Identify what a good care pathway looks like based on credible evidence and local knowledge – with a five to ten year horizon.
- Identify best practice in the region.
- Identify what is not yet in place to enable services to be provided to these standards.
- Explore why this should be the case (barriers).
- Identify what needs to change locally or nationally to make this happen.

7

We agreed early on that through this process our ambition was to build sustainable clinical engagement and input into how we design and manage services of the future. We also wanted to make sure the process did not slow down some of the excellent work already underway to improve health and healthcare – but instead to act as a catalyst and support for further improvement.

8

The work fell into three phases: an intense period of work for each CPG, followed by wide ranging discussions with staff, the public and stakeholders; and then finally, a period of consolidation into the eight final reports and this SHA report.

Phase One

September to December 2007

9

Each CPG reviewed national and international evidence, supplemented by local analysis undertaken by the Yorkshire and Humber Public Health Observatory (YHPHO) and intelligence about best practice – all informed by the expert views of the clinicians on the CPGs.

10

To ensure that this work was rooted firmly in the experience and expectations of patients and the public, we commissioned a series of focus groups for each pathway from Insight, an independent polling company. This supplemented polling we had already commissioned of the general public. On 18 September, we held a deliberative event involving over 100 members of the public and staff, where they had the opportunity to vote during the course of the day about what mattered to them. The CPGs each produced a draft report summarising emerging findings and proposing a pathway or model of care for the future – the key recommendations were considered by a second round of focus groups.

Phase two
January to March 2008

11

We then tested the emerging findings of each group with a much wider audience. On 19 December, medical directors and PEC Chairs from across the region had the opportunity to question and to contribute to each CPG. We organised similar events for other groups of staff such as pharmacists, HR Directors and Chief Nurses. On 24 January, we held another deliberative event – again with over 100 members of the public and staff – to hear from each CPG about their work, and to contribute their views. Additionally, every one of the 14 PCTs in the region was asked to hold events so that a wider group of clinical leaders and staff could contribute and comment on the emerging recommendations. On 6 March, we held a major event, attended by over 300 people from the voluntary sector, from the unions, from charities, from the NHS and from the independent sector. The polling feedback from these events is reflected in relevant pathway chapters. In addition, we have had over a thousand written submissions and comments on the CPG reports.

Phase three
March to May 2008

12

Each CPG considered the range of comments and ideas from phase two before finalising their reports. These reports were then submitted to NHS Y&H (the Strategic Health Authority) to form the substantial element of our vision for health and health care set out here. We carried out modelling work to test the impact of the recommendations in the reports using a series of key assumptions. This is available as a technical appendix at www.yorksandhumber.nhs.uk

We were asked – as our contribution to the review – to establish eight clinical pathway groups, bringing together clinicians from different professions and different parts of the region. We therefore asked each of our 14 PCTs to nominate clinicians – doctors, nurses, and other professionals – from across their health economy to the groups. Each group also had a nominated chief executive from one of the PCTs, to develop early links from the clinical perspective back to the management of implementation.