The Dalton Review
Provider Reform

February 2015
What is the Dalton Review about?

- Variation in care is significant and its extent should not be tolerated
- Reliability is crucial – clinical and financial viability
- Successful systems and methods should be spread
- Encourage new entrepreneurial spirit
- Remove barriers + create incentives
1962 Hospital Plan
Change can't be avoided
System leaders understand their own populations and therefore need to be enabled to implement the best clinical models for their patients.

Models of care

2015/16 business planning should be used to identify new models of care to be pursued and the organisational forms which best assure the delivery of safe, reliable, high quality services.

Delivery vehicles
Key themes

- One size does not fit all
- Quicker transformational and transactional change is required
- Ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact
- Overall sustainability of the provider sector is a priority
- A dedicated implementation programme is needed to make change happen
One size does not fit all
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All the organisations we have looked at fall into one of seven distinct organisational “archetypes”...

- Moorfields Eye Hospital (NHS Foundation Trust)
- Newmedica
- NZNA
- AMEOS
- Cleveland Clinic
- IHH Healthcare Berhad
- HCA (Hospital Corporation of America)
- UCL Partners
- Central Manchester University Hospitals (NHS Foundation Trust)
- NVS
- viapath
- Generale de Sante
- HELIOS
- Apollo Hospitals (touching lives)
- Southern Sector Partnership
- HCA (Hospital Corporation of America)
- UCL Partners
- Central Manchester University Hospitals (NHS Foundation Trust)
Archetypes can be grouped into 3 relationship types

Consolidation

Contractual

Collaboration

Degree of organisational change
Successful and ambitious organisations should produce an enterprise strategy and consider developing a standard operating model that could be transferred to another organisation or wider system.
Quicker transformational and transactional change is required

Proposals for accelerated change
Transformation and transaction processes are lengthy, particularly when gaining consensus across the local health economy for change.

NHS England should require CCGs to explain how they will support providers to deliver transformational and organisational change.

A single, unified process with standardised documentation should be developed to support future transactions.

All transactions should be completed within one year from TDA or Monitor decisions.

Processes need to be simplified and accelerated.

The parameters of transactions should be more transparent and clearly available to all potential bidders.

Trust Boards and Clinical Commissioning Groups responsible for ensuring the sustainability of the local health economy.
Ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact.
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**Recommendations**

**New Credentialing Process**

- Credentialed List should be published and used by CCGs & Trusts
- Develop procurement framework to allow credentialed organisations ability to register for management contract and/or acquisition opportunities.
The Overall sustainability of the provider sector is a priority.
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Monitor and the TDA need more options to prevent further deterioration in quality of care

TDA to publish the categorisation plans for each of the 93 NHS Trusts and the DH should hold them to account

The TDA should accelerate those NHS Trusts requiring a transaction through running batched procurements

The buddying system should be expanded into a partnering system to allow organisations with the potential to improve, early access to support and guidance from credentialed organisations

Where Monitor determines a FT is in persistent difficulty it should require it to produce a plan and potentially consider a new organisational form
A dedicated implementation programme is needed to make change happen
Implementation of the different organisational forms at scale through Boards becoming *strategic architects*

The evidence and findings from the Review should be communicated across the health sector, alongside the business planning round, through a national programme of learning and sharing best practice.

The national bodies should support a number of demonstrator sites where organisations implement a change to their organisational form. This should be evaluated and shared.
So what might a typical general hospital look like in five years time?

Federated Back Office
With 10 other Providers

Integrated Care Models for
Long term conditions
and Urgent Care

Single Shared Surgical Service with 2 other Providers serving 1m population

Joint venture

Management Contract, or Organisational Chain

Service Line Contract for Radiotherapy and Ophthalmology with 2 Specialist Providers

How will we know if this has worked?