How can we be confident in the new NHS architecture for Children & Young People? Whole Systems Work in Emergency & Urgent Care.

Dr Melanie Clements, Consultant Paediatrician & National Clinical Lead, NHS Institute for Innovation and Improvement
The CYP emergency and urgent care team..

Dr Melanie Clemens, Consultant Paediatrician, National Clinical Lead

Kath Evans, RGN, RSCN, MSc (Nursing), PG Dip (Education), BSc (Hons), PG Dip (Management). Programme Lead
‘Many people who work in and use the NHS would agree that the services provided do not measure up to the needs of children and young people. They are not good enough in a number of ways.’

‘Parents and carers are often frustrated at the lack of co-ordination between services.’

‘.. organisations fail to share relevant information appropriately.’

‘Children and young people receive a disproportionately lower priority than adults in the imperatives of management and delivery, in the relative funding allocated, and in the realisation that investment in the care of children and young people will reduce the cost of care later in life.’

‘... frustration at the NHS’s lack of ‘join-up’ ‘
New NHS Architecture

PARLIAMENT

Secretary of State and Department of Health
Healthcare, public health, adult social care policy

NHS Commissioning Board
Mandate, Outcomes Framework, Framework Agreement

NHS Commissioning Board

Local Authorities
Public Health
Adult Social Care

Local account-ability

Health and Wellbeing Board

Local account-ability

Clinical Commissioning Groups
NHS Care

Framework Agreement

Care Quality Commission

Framework Agreement

Monitor

Framework Agreement

 Providers
NHS Trusts, FTs and other providers (VCS, private sector)

Local account-ability

Regulation

Outcomes Framework

Eg Equality and Diversity council

Advice, challenge

Regulation

Regulation

Regulation

Contracts
“There are always flowers for those who want to see.”
Henri Matisse
Children and young people emergency and urgent care pathway

Parents/Carers
Self Help
Internet
Digital TV
Pharmacist
NHS Direct

Professionals
Health Visitors
Community
Children’s Nurses
Social Services

GP Practice
Out of Hours Service
MIMI Unit*
Walk in Centre

A&E
Children’s A&E
Urgent Care Centre

Ambulance

Referral from the community
Self Referral
Open Access
Self referral

Children’s Assessment Unit

Children’s Critical Care
Home
CAMHS**

Ward

Dedicated children’s environment and play facilities
Children and young people’s trained workforce
Child protection systems
System wide information
CYP and Family Involvement

Commissioners

Children, Young People and Families

* Minor illness, Minor Injury Unit
** Child and Adolescent Mental Health Service
Costing the pathway

- NHS Direct cost per online contact: 12 pence
- NHS Direct cost per contact per call: £13
- GP consultation (BMA): £25
- Practice Nurse consultation: £9
- Walk in centre (Local): £25
- Community Children’s nurse: £70 home visit
- A&E attendance: £75
- Cost of a 999 call: £170
- HRG 2008/09 non-elective spell: £595
We Know:

- Children are 20% of the population
- > 25% of emergency departments attendances. (approx 3m per year)
- 5 common conditions = 50% of all emergency activity. (respiratory, fever, accidental injuries incl. head injury, diarrhoea and vomiting, abdominal pain)

- Organisations we have worked with have set following targets:
  - ↓ A/E attendances
  - ↓ Admissions
  - To engage with children and Young People through schools
- The prime driver - deliver better quality (clinically driven) care and by default systems will realise savings.
- A 25% reduction across England = £179 m efficiency
Key Characteristics

1. Empowered Clinical Leadership / Enlightened Executive Team
2. Lead Clinician Works With Trust Executive Teams, Primary Care Teams And Users To Champion Clinically Led Service Redesign
3. Effective And Safe Urgent Care Can Be Delivered Without On Site Inpatient Beds
4. Fully Integrated Services / High Quality Seamless Care
5. Jointly Developed Urgent Care Clinical Networks Spanning Primary and Secondary Care
6. Integrated Information
7. Recognising and responding to concerns about child protection
8. Competent Decision Making by Senior Clinical Staff & Development of Innovative Roles
9. Enhanced Primary Care Services
10. Integrated Common Front of House Emergency and Urgent Care
11. Availability Of Advice Whenever Needed For Primary Care Professionals
Rapid Improvement Programme

NHS South of Tyne & Wear PCTs – Sunderland PCT, Gateshead PCT, South Tyneside PCT, City Hospitals Sunderland Foundation Trust, Gateshead Health Foundation Trust, South Tyneside Foundation Trust. (SOTW)

Cardinal Hume School / Bronchiolitis & Abdominal pain

Bradford Teaching Hospitals Foundation Trust, Airedale NHS Trust, Bradford & Airedale Teaching PCT

Buttershaw School / Wheezy child

Nottingham University Hospitals NHS Trust, Nottingham City PCT & Nottingham County PCT

George Spencer School / D&V

Luton & Dunstable Hospital, Luton PCT & Dunstable PCT

Stopsley High School / Fevers

University College London Hospitals NHS Foundation Trust (UCLH) & Camden PCT

Camden School for Girls / Wheezy child

Brighton & Sussex University Hospitals NHS Trust & Brighton & Hove City PCT

Cardinal Newman School / Head injuries

Wirral University Teaching Hospital NHS Foundation Trust & Wirral PCT

Rock Ferry High School / Wheezy child

Worcestershire Acute Hospitals NHS Trust & Worcestershire Primary Care Trust

Chantry High School / D&V

Gloucestershire Hospitals NHS Foundation Trust & Gloucestershire Primary Care Trust

Beaufort School / Fevers

Heatherwood and Wrexham Park Hospitals Foundation Trust & Berkshire PCT

Westgate School Youth Parliament / Fevers
Additional health systems where learning has been shared – 52 additional organisations to date
1 Team’s Story…

- A journey in delivering whole system care to children & young people requiring emergency & urgent care
- A DGH, 1 PCT, 29 GP practices.
- Population 350,000 approx 55,000 are under 19yrs. Diverse community ~28% black & minority ethnic origin, Pakistani/Kashmiri, Bangladeshi, Indian, African Caribbean & Eastern European communities.

Never tell people how to do things. Tell them what to do and they will surprise you with their ingenuity. George Patton
The national picture: key drivers

2008
- Focus on: Children and Young People Emergency and Urgent Care Pathway
- High Quality Care For All – NHS Next Stage Review Final Report DH Darzi

2007
- The Children’s Plan Dept for Children Schools & Families
- Services for Children in Emergency Departments RCPCH
- World Class Commissioning Framework DH
- Commissioning Framework for Health & Well-being
- Our NHS Our Future - next stage review interim report DH Darzi
- Improving services for children in hospital HCC
- Emergency care 10 years on - Reforming emergency care. Prof Alberti

2006
- Direction of travel for urgent care - a discussion document DH
- Response of the RCPCH
- Why Children Die - A Pilot Study CEMACH
- Our Health, Our Care, Our Say’ a new direction for community services
- Practice Based Commissioning: practical implementation
- Commissioning a patient-led NHS

2004
National Service Framework for Children young people and maternity services
(last updated April 2008)
Emergency Admissions - Childhood Diseases

A high rate of non elective admission per 1000 (NHS Comparators. This picture includes paediatric admissions.

Source: NHS Comparators
Emergency Admissions per 1000 Population
P Diseases Of Childhood (HRG Chapter)
June 09
Top Paediatric HRG's for Emergency Admissions

Source: Emergency Admissions Data
Working with GP practices

NHS Comparators % Diff in Expected Count of Paed Emergency Admissions 08/09

GP Practice

Percentage Difference
Step one:
Setting up & establishing the network

- Children, young people & families
- NHS Direct
- Health Visitors
- Pharmacists
- Community Children’s Nursing
- GPs
- Out of Hours services
- Urgent Care Centre Staff
- Walk in Centres, Minor Injury/Illness Units
- Ambulance Service
- A&E
- Paediatrics
- Local Authorities
- Commissioners

Children and young people emergency and urgent care pathway

Parents/Carers
Self Help
Internet
Digital TV
Pharmacist
NHS Direct
Professionals
Health Visitors
Community Children’s Nurses
Social Services

Ambulance
A&E
Children’s A&E Urgent Care Centre
Children’s Assessment Unit
Community Care
Home
CAMHS
Ward

Dedicated children’s environment and play facilities
Children and young people’s trained workforce
Child protection systems
System wide information
CTP and Family Involvement

Self Referral
Open Access Self referral
Referral from the community

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Step two: Agreeing a shared vision: Project Charter

Objectives and Timeline

- Map selected clinical pathways (based on high volume HRG’s) through the whole system primary – secondary care – Dec 08 to Feb 09
- Develop and test updated pathway based on best practice and local need using Rapid Improvement techniques /events – Feb 09 to Mar 09
- Develop and test support tools e.g. common assessment tool, patient information leaflet – Feb 09 to Mar 09
- Work with the broader review of emergency care to ensure synergy between models - Input to Urgent Care Specification and procurement process by Dec 17th 2008 / Identify expert paediatrician for selection process – Dec 08 – Mar 09
- Engage key stakeholders / users (including one school) , establish project group / governance in line with Rapid Improvement Programme – Dec - Jan
- Observe the whole system - Undertake Institute Observation Day including feedback to key stakeholders - Jan 15th
- Understand regional non-elective admissions variation and propose solutions for improvement – Mar 2009
- Work with commissioners and providers to draw up resulting pathways and service specifications and implementation plans – Mar to July 09

Scope

- Urgent care activity for children and young people e.g. respiratory conditions / gastro-intestinal / metabolic disorders / top 10 HRG admissions
- Non-elective admissions for HRG Chapter P (Childhood diseases) with short lengths of stay
- Review arrangements for discharge / community team involvement and opportunities for improvements to length of stay
- Links to development of Urgent Care Specification and Procurement Programme

Key Deliverables

- Inputs for children and young people to Urgent Care Specification
- Review and development of selected care pathways
- Common assessment tool / patient information across whole system
- Recommendations for commissioners / providers for implementation in 2009/10

Measures/Targets

- Baseline activity for management of fever HRG’s
  - S13: Pyrexia of unknown origin.
  - P06: Minor infections (including immune disorders)
  - P08: Febrile convulsions
- Review of data in 3 months following development and test of new pathway
- Stakeholder and user involvement
- Production of whole system tools

Timeframes

- Feb 09 baseline HRG data reviewed 3 months after development of pathway
- Project span Jan to Sept 09

Team Structure, Roles and Weekly Time Commitment

Clinical Leads: xxxx
Project Lead: xxx
Nursing Leads: xxx

AHP Lead: xxx
Executive Lead: xxx

Sponsored by CEO PCT and CEO NHS FT
Step 3: The communication challenge!

- Steering group & Monthly project group,
- X2 yearly whole system ‘Rapid Improvement ‘events
- Project leads - acute & community
- Primary Care Events
- GP education sessions
- PBC events
- LMC & PEC meetings
- Face to face discussions
- Mail shots
- Emails
- Working with practice managers/visits
- Working with Clinical teams: A&E, Paediatrics
- Newsletters
Step 4: User Involvement

Experiences of using local health services:

‘It’s hard to get an appointment for that day at the GP’s, you have to push really hard for it’

‘I use the health visitors for advice’

‘I rang my GP & I couldn’t get an appointment for that day, so I went to the Walk in Centre, they sent me back to my GP’

‘The Walk in centre won’t see children under a certain age’

‘I would go straight to the hospital out of hours’

Talking of her experience at xxx A&E ‘There should be a special service for children when they need to go to A&E, he’s a child & shouldn’t need to see adults being treated. My son was next to an elderly lady when he was having his arm plastered – it wasn’t right’

‘My GP encourages me not to take them too often’

‘The Walk in centre won’t see children under a certain age’

What do parents want from professionals?

‘Face to face support’

‘Somebody to offer me time & interest’

‘Someone to listen to my concerns, to trust my mother’s instinct’
Feedback from parents

What should the information/guidance look like:

On the fridge magnet
• ‘It would be helpful to have all the numbers in one place’
• ‘Handy for grandparents & other carers’

All thought the fridge magnet idea was a good one – they like the traffic light system

What’s important from professionals:

‘Sometimes the advice differs between professionals, who should I listen to?’

‘Everyone tells you something different’

‘I use the internet’

‘Guidance should be postcard sized – something that fits in your handbag’

‘I got the number for NHS Direct from the yellow pages’

‘It’s good to have it written down’
Design of whole system information for Children, Young People and Families

There are a range of NHS services on your doorstep.

**NHS Direct**
For 24-hour health advice and information.
Call 0845 45 45 45 or visit www.nhsdirect.nhs.uk

**Pharmacist**
For advice on common illnesses and injuries, and medicines to treat them.
Find your nearest pharmacy at www.findapharmacy.nhs.uk

**Doctor/GP**
Make an appointment with your GP for medical advice.
Call your local GP surgery or 111 for appointments at weekends.

**Walk-in Centre/minor injury unit**
For the treatment of minor illnesses and injuries, without an appointment.

**A&E or 999**
For serious illnesses and life threatening accidents. ONLY use A&E or dial 999.

If your child is ill or injured, there are a range of services available.

Please do not give aspirin to children under 16. This can cause serious complications in children later diagnosed with viral infections.

**Grazed knee, sore throat, cough**
For wear and tear, minor trips and everything in between.

Self-care
You can treat your child’s very minor illnesses and injuries at home.
Some illnesses can be treated in your own home with support and advice from the services listed when required, using the recommended medicines and getting plenty of rest.

Children can recover from illnesses quickly but also can become more poorly quickly. It is important to seek further advice if a child’s condition gets worse.

**Unwell? Unsure? Confused? Need help?**
For absolutely any questions about health, choose NHS Direct.

NHS Direct offers confidential 24-hour health advice and information which you can access by phone or online and ask absolutely any question about wellbeing.

Use NHS Direct if you are unsure what to do next, have any questions about a condition or treatment or require information about local health services.
You’ll find the contact details on the back of this leaflet.

**Mild diarrhoea, mild skin irritations, mild fever**
Are you sure if your child is unwell and needs help?
Pharmacist
Your local pharmacist offers advice on common illnesses like cold symptoms (sore nose, cough or sore throat) and skin irritations, without the need for an appointment and can offer medicines for your child.

Many pharmacists have longer daily opening hours than GP surgeries, and some are open at weekends.

**High temperature, minor bumps and cuts**
Doctors and GPs can treat many illnesses that do not warrant a visit to A&E.

Choose these services to treat your child’s illness or injuries that have been treated with self-care but just won’t go away.

If it’s essential that your child sees a doctor between 09.00am – 5.00pm, or at the weekend use the emergency out of hours number printed on the reverse of this leaflet.

You have a choice of services:

- You can visit your GP or use the emergency out of hours service.
- You can drop by and be seen without an appointment at your local Walk-in Centre or Minor Injury Clinic. These services are often open early until late and they can offer a convenient alternative to your GP.

**Dehydration, headaches, tummy pain**
Dial 0845 45 45 45 or visit www.nhsdirect.nhs.uk

There is a range of NHS services on your doorstep. Make the right choice for you and your child.

**Choosing your child’s health care provider**

Many visits to A&E and calls to 999 could be reached by other NHS services.

If your child’s condition is not critical, choose another service to get them the best possible treatment.
A fridge magnet and information card were produced now distributed via maternity units and health visitors to new families.

When your child is unwell...

...and you need advice please phone NHS Direct on 08 45 46 47

...and you need a nurse or doctor to see them that day please phone your GP Surgery on

...or go to your nearest Walk in Centre

...and needs urgent help please go to the nearest Accident and Emergency Department
An evidence based engagement tool (CYP Emergency & Urgent Care lesson plan) to use with young people
Who can I talk to about my health?

It's hard to know who to speak to if you are ill or injured, but there are lots of places you can go to for help.

Do you need information on your health?
- Call Childline
  Childline is a counselling service for children and young people. You can talk to them about anything.
  No problems is too big or too small.
  Tel: 0800 1111 or visit www.childline.org.uk

- NHS Direct
  Offers confidential health advice and information by telephone and on the internet. You can also contact them by email and through digital TV.
  www.nhs.uk
  0845 46 47

- NHS Choices
  The online service from the NHS to help you make better decisions about your health and care.
  www.nhs.uk

- Pharmacists
  Do more than provide you with your medicines. You don't need an appointment and most pharmacies are open longer than GP surgeries. They can offer advice on common illnesses and conditions e.g. coughs, colds, skin conditions.

Do you need to see a nurse or doctor today?
- GP
  Your GP can offer advice, treatments and prescriptions for illnesses that won't go away with self-care.
  If you need to find a GP and find out when they are open or how to contact them visit: www.nhs.uk

- Walk In Centre
  Minor Illness Injury Units
  They can offer advice, treatments and treatment for minor illnesses by a trained nurse. To find out if you have one in your local area and when they are open, visit: www.nhs.uk

Do you need help in an emergency?
- Accident & Emergency
  999 You must dial 999 if you think a patient is suffering from a heart attack, sudden unexplained shortness of breath, heavy bleeding or is unconscious, have a back or neck injury or if you are worried in any way and need specialist help urgently.
  A&E are there if you require immediate hospital attention due to serious illness or injury.
  A&E is open 24 hours.

Your local Pharmacists are:

Your local GPs are:

Your local Walk in Centre /Minor injury/illness units are:

Your local Accident & Emergency is:
## Health Services in Gateshead

### Unwell? Unsure?
- **NHS Direct** offers confidential health advice and information by telephone, internet and through digital TV.
  - **Telephone:** 0845 46 47
  - **Website:** www.nhsdirect.nhs.uk

- **NHS Choices** provides online information from the NHS to help you make better decisions about your health & care.
  - **Website:** www.nhs.uk

- **Local pharmacists** can offer advice on common illnesses and conditions e.g. cough, colds, skin irritations. You don’t need an appointment to see a pharmacist. Some pharmacies are open later than GP surgeries and many are open on Saturdays.
  - If you need to find a local pharmacy and find out when they are open: www.nhs.uk will be able to give you this information

### Do you need to see a nurse or doctor today?
- **Your GP** can offer advice, treatments and prescriptions for illnesses that won’t go away with self care.

  - **My GP:** ____________________________
  - **Tel:** ____________________________
  - **Opening:** ____________________________
  - If you need to find a GP and find out when they are open: www.nhs.uk

- **Gateshead Walk in Centre** can offer advice, information and treatment for minor illnesses by a trained nurse. More complicated cases will be referred elsewhere.

  - **Gateshead Walk in Centre**
    - **(7.00am -10.00pm every day including bank holidays)**
    - **Tel:** 0191 445 5454
    - **Address:** Bensham Hospital, Saltwell Road, Gateshead NE8 4YL

- **Out of Hours Doctor** service is available from 6pm – 8am and all weekend.
  - **Out of Hours Doctor**
    - **Tel:** 0845 056 8060

### Do you need urgent attention?
- **Accident & Emergency services** are intended if you require immediate hospital attention due to a serious illness or injury
  - **A&E Department**
    - **(24 hours every day)**
    - **Entrance A**
    - **Queen Elizabeth Hospital**
    - **Gateshead**
    - **NE9 6SX**
    - **Tel:** 0191 445 2171

  - **Dial 999** if you are worried and need specialist help urgently.

*Please remember you can talk to your school nurse in confidence about a range of health issues. This information is also on display in school in a larger format.*
Work in progress
Emergency & Urgent Care lesson plan resources for Primary Schools

- targeting 5-11yr olds

✓ Age appropriate activities: health promotion, keeping safe & health services

✓ Activities to capture feedback from children about their experiences of using health services
Step five: Observation visit key themes by the NHS Institute CYP team, Jan 2009

- Co-Located CAU & A&E
- Children’s area for children in A&E: Review & Redesign
- Workforce development in A&E for CYP
- Dedicated children’s A&E
- Develop paediatric triage system
- Competency development & nurse rotation
- Nurse led discharge
- Paediatric Nurse Practitioner role (PNP)

- Senior decision makers @ peak activity
- Improve GP links to HV
- Direct GP links to Children’s Community Nursing
- Access Children’s Centre with bi-lingual support workers / local community health workers - could help with reducing attendance at primary and secondary care
- Children’s Community Nurses support early discharge
- Sharing of policies/procedures
Opportunities to visit other teams/sites/network nationally
Step Six: Rapid Improvement events

Agenda
- CEO sponsorship
- Developing relationships
- Scene setting
- Pathway mapping
- Revised pathway/tools
- Implementation discussion
- On going commitment to collaborate
Pathways: Fever

Whole system Assessment and treatment tools:

• Primary Care
• Secondary Care
• Patient information leaflet
Step seven: Delivering results & measuring impact...

A&E Paediatric Attendances (Adjusted for Population Size)

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celebrate success...
Step eight: Sustaining Improvement

Existing relationships between providers and commissioners for children and young people services were the foundation for this work.

There was whole system recognition of need to review urgent and emergency care processes for CYP in the light of high non-elective admissions.
What have they achieved so far?

- Engagement across the system
- Executive sponsorship
- Building on good practice locally & nationally
- Project structure
- Accountability
- User Involvement
- Building networks
- Common understanding
- Willingness & desire to change practice
- Tangible results / pathways
- Paediatric urgent care specification
- Develop / test / review cycle
- Sustainable processes that are fit for the future
Ongoing work

- CAKES Course: Children’s Assessment Knowledge & Examination Skills
- Benchmarking against East of England standards for Assessment units
- Rapid Access Clinics
- Paediatrician ‘hot lines’
- Ongoing GP education/support: use of CQUINs
- Children’s Community Nursing Services to undertake acute care (in addition to Complex Needs admission avoidance, Palliative and Continuing care packages)
- Ongoing review of coding of pathways
- Building of co-located CA&E & CAU
Ingredients for success

• A clinical director with a Vision
• Distributive leadership
• Commissioning leadership & support
• Project management support from acute & community
• Paediatrics & A&E working together
• Primary care engagement
• Executive support
• Ongoing communication
• Agreed measures & regular feedback
• Recognition of the qualitative changes that are being made
• Rapid Improvement events
• Celebrating success & having fun!
Overarching results, sites have:

1. Created whole system CYP networks (Emergency & Urgent Care)

2. Addressed the Care closer to home agenda

3. Created evidence based whole system high volume pathways

4. Engaged with CYP and families/carers regarding appropriate use of services.

5. Reported early results that indicate a trend towards reduction in A&E attendances and hospital admissions in some systems
An example of Large Scale Change: Common to all C&YP professionals

- Shared values
- We are in this together
- There is a better future
- Listen & use Children & Young People’s stories and our own.
- Use emotions & energy
- Develop relationships
- Distributive leadership
- Communication & Networking
- Lots of lots
- The power of many & together
- Develop resilience
This is the second in a series of regional child health events

Organised by:

NHS Confederation  
CIPD  
Institute for Innovation and Improvement  
nhsalliance  
RCPCH  
Royal College of Nursing  
ACCN  
RCPG  
Royal College of General Practitioners

http://bcove.me/ozid4g9x
Do not follow where the path may lead. Go instead where there is no path & leave a trail.
Harold R. McAlindon
Achieving this vision of quality requires a radical transformation across the entire system.

.....the NHS should focus on tacking the behaviours and cultures in the system that stand in the way of moving quality forward.

David Nicholson
Chief executive of the NHS
“If not us, who? If not now, when?”
John F Kennedy