



Targets: Hitting the target and missing the point

- **Targets change behaviour**
 - *NHS plan had 366 targets*
 - *Waiting times: Emergency, elective care and outpatients*
- **Two factors**
 - *Impact of targets depends on the discipline*
 - *Success of targets dependent on what target is chosen*
- **If every problem is a nail, all solutions are hammers**
 - *Policy dynamic in England*
 - *Health services are complex*
 - *Targets lead to unintended consequences –*
 - *cross infections, four hours in A&E*
 - *Whose targets are they anyway?*
 - *Public health: no targets, no priority*
- **Challenge 1: What is the place of central targets in New Zealand ?**

Clinical Governance: Acceptance and Accountability

- **Death of deference, mass murders and consumerism**
- **Although impact on the ground has been uneven, acceptance of scrutiny and governance by the medical profession has opened up significant opportunities for strategic change**
 - *Publication of surgical mortality rates*
 - *Clinical networks and reconfigurations*
 - *Managerial: clinical dialogue*
 - *Development of the 'new clinical professional'*
- **Inconvenient truth**
 - *"All clinical decisions are resource decisions, and all resource decisions are clinical decisions"*
- **Level of governance and accountability**
 - *Greater scrutiny is welcomed*
- **Challenge 2 : What are the implications for DHB's ?**

Clinical Networks and Re-configurations

- **Impact of four factors:**
 - *National Service Frameworks (NSFs) aimed at equity and quality*
 - *European Waiting Time Directive (EWTD)*
 - *Technological change (ACADs)*
 - *Financial drivers in support (PBR)*
- **All four countries are undergoing wholesale reconfigurations of secondary care**
 - *Lever up quality: the cancer question*
 - *Political dimension*
- **Challenge 3: New Zealand will not be immune**
 - *Effectiveness*
 - *Workforce*
 - *Critical mass*
 - *Dollars*

Workforce and 'New Clinical Professional'

- **Changes in clinical workforce**
 - *Employment choice and feminisation of the workforce*
 - *Changes in medical training*
 - *Generation X and the decline in vocation*
- **Continuity of care in hands of Nurse and Therapist specialist**
 - *Consultant and prescribing status*
 - *Doctors upstream as specialists*
 - *Issues of training and common curriculum*
 - *GPwSI and the extended Primary Care Team*
- **Challenge 4 : The Workforce : to Import or Export**
 - *Traditional models will be inflationary and unsustainable*
 - *New Zealand is more vulnerable*

Modernisation and all that

- The agenda is a huge exercise in change and organisational development
 - *Managerial governance and a serious science*
 - *Capacity has to be created and used: it's not a Friday sandwich issue*
- Legacy of the Modernisation Agency
 - *Introduced and exploited international trends and experience*
 - *Created a vibrant, intellectual context to deliver the undeliverable*
 - *Created a generation of clinicians and managers who operate in a sophisticated and challenging environment*
 - *Significant nexus network of academics, practitioners, policy thinkers and institutions*
- Challenge 5: A Brains Trust for New Zealand
 - *Where is our intellectual, creative headroom?*

Lessons, New Zealand and the NHS

- Potential
 - *"What is being delivered is the biggest transformational project in the world, period"*
Don Berwick
- Challenge
 - *"What is missing is a theory of motivation"*
Don Berwick
- Commonwealth Fund

...And Finally...

- World famous to world class : A focus shift is needed to deliver The *Right* Stuff
- “The *right* patient to the *right* professional to be treated at the *right* time with the *right* care in the *right* way”