

Quality and service improvement in England: can we improve improvement?

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At the time of publication of this edition of the *FHJ*, it has been 30 months since we started to treat the first COVID-19 patients and 18 months since the first vaccine COVID-19 dose was delivered in the biggest and fastest vaccination programme in the history of the NHS. While the NHS was already in need of improvement to deliver high-quality services in a 'joined-up', timely and cost-effective manner, the last 30 months has added to the challenge but also provided opportunity. Staff and volunteers have stepped up to help recover services and, at the same time, continue to review and implement clinical pathways from end-to-end, implementing change with resources that are limited not only financially but also in terms of workforce. The rapid implementation of new digital technologies during the pandemic has facilitated change and enabled patients to be treated remotely and care to be delivered more effectively.

The momentum for change and improvement was built well before the pandemic and clinicians have become increasingly involved in the design and delivery. Getting It Right First Time (GIRFT) is a national programme initiated by Professor Tim Briggs, an orthopaedic surgeon and, since January 2019, national director of clinical improvement for the NHS. The programme is led by senior clinicians who combine a wide range of approaches to data analysis with their professional knowledge to examine how care is delivered and how it can be improved. GIRFT aims to identify approaches from across the NHS that improve outcomes and patient experience, without the need for radical change or additional investment. With over 40 reports with implementation plans already published, teams are being supported, together with NHS England, to form networks and, with data analysis, bring about the change. Importantly, this programme is led by clinicians committed to their patients, who expect consistently timely care, effective investigations and treatment, and reliably good outcomes wherever that care is delivered and irrespective of who delivers the care. This has led to a focus on a multidisciplinary approach and upskilling of allied professionals, with expansion of advanced clinical practitioners and physician associate roles.

This edition of the journal highlights improvements that have been made and opportunities for further change across the patient pathway. The authors, whom I thank for their expertise and time in delivering this edition, are all highly regarded senior clinicians

with significant experience in identifying, facilitating and delivering change in the delivery of healthcare, with the patient at the front and centre of the process; aspects of care that are covered include acute care,¹ outpatient care,² elective care,³ perioperative care,⁴ diagnostics⁵ and management of patients with comorbidities.⁶ Underpinning these are sections on the development of networks for the delivery of care,⁷ the importance of ongoing data analysis in the decision-making process⁸ and the changing digital landscape,⁹ which has been accelerated by COVID-19.

I hope you find this edition not only informative but also inspiring. As our readers, you are vehicles of improvement and your contribution to this evolving landscape is essential if we are to continue to improve the patient experience and outcomes and to deliver cost efficiencies along the way. ■

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