



'If commissioners want to redesign services, the NHS should be given a chance to rise to the challenge'

quality and we challenge underperforming services in the ways I suggest, then it is possible that their role will increase rather than diminish.

The logic underpinning this approach is that re-engineering existing provision is a new and more difficult challenge for the NHS. Going from good to great will mean the NHS working harder to engage and empower staff in this improvement journey. It was possible to move services from poor to good with top-down levers. Greatness can't be mandated.

Such is the scale of the productivity and efficiency challenge that building a sense of common purpose will be crucial. It is why I said in my recent speech to the King's Fund that, alongside patient satisfaction, we should more systematically measure and publish staff satisfaction data.

This next decade in the NHS has the potential to be the most exciting in its history. For the first time it starts with a large budget close to the EU average, with the heavy lifting on waiting times behind it, and with the high-quality services that every professional aspires to provide within our reach.

The NHS can be a great service by 2019. But it means finding common purpose – firm ground under the consensus of the next stage review – and taking people with us on a challenging journey. ●

'Where it is good, the NHS should be our preferred provider'

services, or significantly redesigning existing services, then they will be expected to engage with a range of potential providers before deciding whether to issue an open tender. Where services are genuinely new we would expect an open tender on the "any willing provider" principle.

These decisions will be made locally and we will not choose to exclude either NHS or private providers on grounds of ideology – quality must always come first. If commissioners want to redesign services, those new demands should be clearly spelled out and the NHS, where there are good providers, given a chance to rise to the challenge.

Clever commissioning in my view does not needlessly destabilise good provision. But nor does it let poor provision drift on. The Care Quality Commission's Annual Health

Check found many of the organisations ranked as weak last year received the same ranking this year. That is not acceptable.

Improvement journey

Our approach will mean more challenge, more improvement. Far from meaning less independent or third sector provision, we will focus the potential benefits of external providers where we need them most – on improving underperforming services and on bringing innovation, where they can, in new services such as the new GP-led health centres we are setting up.

I welcome the diverse provision we have in today's NHS. The independent and voluntary sectors have an important role to play in helping us rise to the challenges of the new era. If we are serious about