

medConfidential submission to the 2024 Darzi Review

1. The review is announced as taking two months, so we assume that it can only recommend building on and repeating existing good practices. We will focus on the quantitative measures that can come out of the Review to support an understanding of the state of the NHS for the long term.

Create a Decadal Dashboard of NHS performance

2. **All measures of NHS state / performance should be routinely made public** without scope for intervention or delay (whether designed to make the NHS temporarily look better or simply avoid reporting bad news up the chain), as is standard practice for National Statistics. Where possible, comparative measures should go back in time¹ to discontinuities in comparability.

National NHS bodies used to be transparent about performance

3. NHS Digital (as was) was routinely transparent about performance within their remit, with Board papers containing tables and graphs – all packed full of figures that can be compared over time. In contrast, NHS England publishes paragraphs of prose in which a figure may be occasionally found having escaped the process of content minimisation that the NHS England bureaucracy insists upon. The Review may consider recommending that the NHS England board return to the highest standards of performance transparency that were in the NHS Digital style board papers.
4. In contrast, NHS England is spending hundreds of millions of pounds on Palantir, only to [withhold DPIAs](#) (or [dashboards](#)) simply because it is politically opportune. Palantir is not magic, it is just R and python code. The review will need to consider how the culture around Palantir in NHS England will interfere with and interpret the recommendations of the Review.
5. **Reproducible Analytical Pipelines should produce each measure**, and those pipelines should be public to show how they have changed from one reporting period to the next. All major stakeholders should be able to define metrics with results and methodologies that are open to all for comparison – silos can use their own measures, but also see all measures together when cherry picking what they want to tell the NHS England board. Any performance or monitoring based on GP data should only be performed in OpenSAFELY GP data system. Findings and measures of practices or systems should be as transparent as in the existing [OpenPrescribing.net](#)² dashboards.

¹ Some could go back to 2005.

² from the same team as OpenSAFELY

6. Uses of data should also demonstrably maintain public confidence in the process, especially where the details could be “bad news” or controversial. Paragraphs 101/102 of the 2024 Public Administration and Constitutional Affairs Select Committee report on [Transforming the UK’s evidence base](#) said:

“Although statisticians and researchers publish a wealth of information on which data sources they hold, and how they are used, very little information is made available about how personal data are being used for the purposes of government analysis.

102. We recommend that the analysis function explore options for improving transparency around the use of personal data in official analyses, and that this work be made publicly available.”

Measures have been gamed before

7. Without an absolute commitment to process transparency, all measures get gamed and all measures *will* get gamed.
8. As outcomes from this Review are being drafted, they should be read against Chapters 5 and 8 of the Francis Inquiry³ which demonstrated how poor measures and consultants⁴ telling customers what they wanted to hear contributed to the scandal. We don’t expect the Review to repeat such mistakes, but should be alert to the scope for others to do what is in their own narrow interests at the expense of wider harms.
9. An NHS-watching institution⁵ should do a long-term comparability analysis of the NHS measures that the board(s) were given at the time. What were they told over time, and how? The reason an independent institution should do this is to continue through this Parliament, and the next,⁶ and beyond. DHSC is a creature designed to facilitate the political leanings of the day.
10. Effective and independent NHS Performance monitoring can not come from NHS bodies and the Department of Health in England alone. It is often said that “the NHS will exist for as long as people fight for it”; that requires an informed understanding of the NHS itself.

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³ Chapter 5 is in Volume 1, Chapter 8 in volume 2: <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

⁴ Including one who went on to be chair of OfQual during the 2020 A-Level grading scandal.

⁵ Potentially us

⁶ As a political aside, at the end of the next Parliament, a high profile former labour PM will be the same as one term US President Joe Biden is today; this being written the week he stepped down.