

Consultation

Assessments of quality in 2010/11

Our proposals for the assessment of
commissioners and providers of health
and adult social care

February 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

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Foreword

As the regulator of health and adult social care, we are here to make sure that people's care meets essential standards of safety and quality. We also encourage ongoing improvement in services that commission, as well as deliver, care. We are also required to assess value for money, which is particularly important in the current financial climate, and we are now developing our approach to this across health and adult social care.

In 2010/11 (subject to Parliamentary approval) the new registration system for health and adult social care providers comes fully into effect. We will have an increasingly dynamic and proactive approach to monitoring the provision of care, to make sure it meets essential standards. Our local regulatory teams will continually review what we know about an organisation to identify where we need to take actions, such as carrying out an inspection.

Alongside registration, we promote improvement by providing independent, reliable and timely information about the quality of care in providers that is beyond essential standards, and about the quality of care secured by commissioners for their local communities. We describe this as 'assessments of quality'.

This consultation seeks your views on our overall approach to assessments of quality, which are significantly affected by the new registration system. The framework for these assessments as set out in this document, therefore represents a major change in the way we work.

Our current methods of assessing the NHS and adult social care have undoubtedly contributed to improving the delivery of services across health and social care. However, we must now do things differently to reflect people's increased expectations of health and social care services, and their desire for robust, independent and timely information on the quality and value for money of those services.

This document sets out how we will provide a complete approach to regulation – from registration and checking ongoing compliance, through to wider assessments of quality and reporting on them. Through our approach to assessing quality we aim to make sure that we:

- Focus much more on the views of people using services and on their outcomes.
- Publish timely, useful comparative information, increasingly at the level of individual services.
- Hold those who provide and commission services to account for the quality and value for money of those services.
- Improve the efficiency and effectiveness of our assessments.

We welcome your views on our outline proposals for developing assessments of quality in this consultation. We know that some developments will take time. We are also clear that the focus for our work in 2010/11 will be the new registration system – and we will expect providers to focus on making sure that they are meeting essential standards of quality and safety. We have therefore sought to be clear about which changes will be introduced in 2010/11, and others that will be piloted to develop the system for future years.

We will work with our stakeholders throughout the consultation period to refine our thinking. When the consultation is over, we will finalise and publish our policy, which will provide more details on our approach to assessments of quality for commissioners and providers of health and adult social care.

Jo Williams
Acting Chair

Cynthia Bower
Chief Executive

1. Introduction

This consultation sets out the framework for our assessments of health and adult social care commissioners and providers in 2010/11 and beyond. We invite your views on our aims and high level approach to these assessments. We also want to hear your views on our proposed topics for special reviews and studies for 2010/11, as these are an important part of our wider assessments of the quality of care.

The Care Quality Commission

The Care Quality Commission came into being in April 2009, taking over the functions of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. We are the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights have been restricted under the Mental Health Act.

Whether care services are provided by the NHS, local authorities or by private or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Our strategic priorities

*Our Strategy for 2010-15*¹ sets out our overall approach as the regulator of health and adult social care. We are here to make sure that people's care meets essential standards of safety and quality and to encourage improvement in services and the effective and efficient use of resources – to make care better for people.

Our starting point is that organisations are accountable for the quality and safety of care they provide – the role of regulation is to provide assurance to people using services and the public.

Our strategy sets out our five strategic priorities:

1. Ensuring care is centred on people's needs and protects their rights.
2. Championing joined-up care.
3. Acting swiftly to help eliminate poor quality care.
4. Promoting high quality care.
5. Regulating effectively in partnership.

Our powers and duties as a regulator

We will work with people using services, commissioners, providers and other stakeholders to deliver improvements against these priorities, using the powers that we have been given. Our main activities are:

- **Registration:** This is the foundation of the new regulatory framework. All providers must meet essential standards of safety and quality set by registration and, through ongoing monitoring of providers' compliance, we will identify and take swift action where we are concerned that these standards are not being met. Further information about how we do this is at www.cqc.org.uk/registration.
- **Mental health:** Protecting the rights of people whose rights have been restricted under the Mental Health Act.
- **Periodic reviews:** Carrying out regular reviews of the performance, beyond registration standards, of all NHS trusts, primary care trust providers and adult social care providers, and the performance of councils and primary care trusts as commissioners of care.

¹ A consultation that closed on 24 December 2009.

- **Special reviews and studies:** Undertaking special reviews and studies of particular aspects of care, on economy, efficiency and effectiveness and on information issues.
- **Publishing information:** Publishing useful, timely, comparative information that encourages improvement and supports choice and decision making.

In this document, we mainly focus on our high level approach to carrying out periodic reviews, special reviews and publishing information. We describe these together as ‘**assessments of quality**’. During the consultation period, we will, as set out in legislation, agree with Government the parts of our assessment that are periodic reviews and how frequently we will carry them out. We do this so that our assessments of quality are aligned with Government priorities.

Structure of this consultation document

This document contains:

- A summary of our approach to regulation – in particular how registration and wider assessments of quality relate to each other (section 2).
- Our aims for assessments of quality (section 3).
- The context for wider assessments of quality (section 4).
- Our proposals for assessing the quality of commissioners and providers of health and adult social care, looking at each type of organisation in turn (sections 5 and 6).
- A list of potential topics for special reviews or studies in 2010/11 and beyond (section 7).
- Details of how to send us your views on this consultation (section 8). Please make sure that your comments reach us by **27 April 2010**.
- A summary of the differences between the assessments in 2009/10 and the proposals for 2010/11 (appendix 1).
- A glossary to explain the words and phrases we use (appendix 2).

We have also developed a partial regulatory impact assessment, which is available on our website.

2. Our approach to regulation

We aim to encourage improvement in quality and to ensure the efficient and effective use of resources in health and social care. In taking forward all of our functions, we want to be as efficient and effective as possible. Our approach to regulation emphasises the relationship between each of the parts. Together, our functions seek to ensure that:

- **Essential standards of quality and safety are met by all providers (registration and ongoing compliance)**
 - The system of registration being introduced now, and effective from April 2010² (subject to Parliamentary approval), means that all health and adult social care providers will be required to meet a common set of essential standards of quality and safety.
 - The ongoing monitoring of providers' compliance with standards will be 'dynamic.' Our local regulatory teams will carry out continual reviews of all the information we know about an organisation, which will be brought together in 'quality and risk profiles'.
 - We will identify and take action quickly where we have concerns, and use our enforcement powers where services fall below these expected essential standards.
- **Independent information about providers' quality of care, above the registration level, and about the quality of care secured by commissioners for their local communities is made available for public accountability and to promote improvement (assessments of quality)**
 - Our wider assessments of quality – principally our periodic and special reviews – are assessments above the essential standards of registration. Their main purpose is to promote improvement and to provide information.

2 NHS trusts (including foundation trusts) and primary care trust providers will come fully into the new system of registration from April 2010. Adult social care providers and independent healthcare providers will come into the new system from October 2010.

- The information will be used by people to be better informed about the quality of care and to make choices; by commissioners to inform their understanding about the quality of care they commission on behalf of local people; by providers to benchmark their own performance and learn from each other; and by policymakers.
- The methods for the wider assessments of quality will differ for commissioners and providers, and will reflect the particular circumstances of each sector – for example in terms of the information routinely available about the quality of care, the assurance available from other bodies, mechanisms of local accountability and performance management arrangements.

How our activities reinforce each other in promoting overall improvement

Our regulation is strengthened by making the most of the relationship between each of our activities.

Our activities are inter-related and build upon some common themes, for example we will:

- Make the best use of available information about the quality and safety of care.
- Listen to and use the views and experiences of people who use services.
- Build on the knowledge, experience and relationships of our regional staff with providers and commissioners.
- Acknowledge the interdependencies and relationships between commissioners and providers of care.

We are creating a ‘quality and risk profile’ for each care provider and commissioner, containing all the information we hold about the quality of care they provide or purchase for people. This is an important foundation for our regulatory approach, and will build up over time in developing a more rounded view of quality issues. It will provide a dynamic view of quality and risk and will support registration and assessments of quality. We will be as transparent as possible in letting the public, providers and commissioners know what information we hold and in developing these profiles in consultation with all our stakeholders.

3. Our aims for assessments of quality

Our aims for assessments of quality are to:

1. Make credible and timely judgements about the quality of care, based on what matters to people who use services and their carers, and with a strong focus on their views and experiences.
2. Ensure that assessments are increasingly about individual services³ and pathways – how well health and social care services work together to meet people’s needs – to respond to what people have told us they want.
3. Focus on outcomes for people. While good processes often lead to good outcomes, organisations and services must deliver good outcomes for people.
4. Make sure that those who provide or commission services are held accountable, both locally and nationally, to taxpayers and to Parliament for the quality and value for money of services.
5. Ensure that our role joins up with other levers for improvement in the system, and that we publish useful, timely, comparative information to support improvement. While we have a unique role as the regulator within the health and social care system, we must work closely with a range of other bodies to maximise the potential for improvement.
6. Celebrate and share good practice widely, enabling other organisations to improve by learning from those that perform well.
7. Ensure that the benefits of our assessments of quality significantly outweigh the costs, and the costs are reduced over time through improvements in the efficiency and effectiveness of regulation.

Question 1

Do you support our aims for assessments of quality?

³ While we already report at ‘service level’ for adult social care, such as care homes or agencies, in health we usually report at organisational level. We want to report more information at the level of individual services such as stroke or maternity services.

These aims – while sounding straightforward – represent a significant shift from the current approaches to performance ratings. For example:

- Existing systems that gather the views of people using services and ensure that they have a strong influence on our assessments need significant development.
- Some of the existing assessments have a strong focus on process – re-balancing the approach so that the focus is on outcomes and the views of people who use services will require significant changes in regulatory methods, and improvements in the information that is available on quality in health and social care.
- We need to move from a focus – particularly in the NHS – on annual, retrospective ratings to a more dynamic and ongoing view of the quality of care.
- We also want to move from trying to ‘boil down’ the assessment of large, complex organisations into a single grade. Instead, we want to provide more rounded assessments, including at service level where we can, because that is more relevant to people.
- The information currently available on the quality of services and pathways – and how well health and social care services are working together – is patchy.
- There is significant scope for a more efficient and effective assessment system – for example, through more targeted self-assessments, more streamlined data collection and validation, and better use of data from other bodies.

We welcome your views on our proposals for developing assessments of quality in this consultation. We are clear that these developments will take time, and that most of our resources – in 2010/11 – will be allocated to the new registration system. In the rest of this document we have therefore sought to be clear about which specific changes will be introduced in 2010/11, and others that we will pilot new approaches for, in developing the system for future years.

The table below summarises how assessments of quality will support our strategic priorities.

Strategic priority	Quality assessments of providers and commissioners
<p>Ensuring care is centred on people’s needs and protects their rights</p>	<p>Ensure assessments have a strong focus on outcomes and the experience of people who use services, their families and carers.</p> <p>Assess and report on how well commissioners and providers involve local people in the design and delivery of services.</p> <p>Ensure commissioners are reflecting local needs, including issues such as fair access to care and health inequalities.</p> <p>Ensure providers are increasingly delivering personalised care that is responsive to people’s needs.</p> <p>Use evidence from Mental Health Act monitoring as appropriate.</p>
<p>Championing joined-up care</p>	<p>Carry out a programme of special reviews that look at pathways.</p> <p>Develop and pilot common outcomes measures for holding councils and PCTs to account for better joined-up care.</p> <p>Pilot joint service inspections of councils and primary care trusts (PCTs) on adult safeguarding and better joined-up care.</p>
<p>Acting swiftly to help eliminate poor care</p>	<p>Build on the approach of holding councils to account for the quality of regulated services they purchase in their assessments, and pilot a similar approach for PCTs.</p> <p>Information analysed as part of assessments of quality may act as a trigger for concerns about compliance with registration.</p> <p>Share information about registered services with commissioners and involve them in ensuring action is taken when we have concerns.</p> <p>Work with providers and improvement bodies to help providers drive up quality where we have concerns.</p>

Strategic priority	Quality assessments of providers and commissioners
Promoting high quality care	<p>Scored assessments help promote improvement.</p> <p>Publish useful and timely benchmarking information.</p> <p>Promote excellence and innovation in commissioning and provision to share with others.</p> <p>Work with learning networks to support the dissemination and adoption of high quality care, based on evidence of what works.</p> <p>Share our intelligence to form a wider view of performance in an area, e.g. through Comprehensive Area Assessments.</p>
Regulating effectively in partnership	<p>Work with strategic health authorities, Government Offices and Monitor to join up and streamline our approach to assessment, including performance against the national priorities and indicators.</p> <p>Make effective use of information from other bodies.</p> <p>Carry out joint inspections with others, such as Ofsted or HM Inspectorate of Probation.</p> <p>Improve the efficiency and effectiveness of our processes.</p>

4. The wider context for assessments of quality

In making sure that our work – including assessments of quality – are effective in promoting improved outcomes for people, we need to take account of key changes in the health and social care sectors. These include the following.

Empowering people using services

Public expectations about the quality of care, and people's choice and control over their own care, continue to rise – and this is reflected in government policies. People also have higher expectations about the information available to them to make decisions about their care.

The Health and Social Care Act requires us to ensure that we involve people who use services. We are committed to involving them and their carers in everything we do. We also want to ensure that services involve them and respond to their views.

Government policies and priorities

We have sought to take account of a range of government policies and priorities in developing our approach to assessments of quality. The recently published *The NHS in England: the operating framework for 2010/11* sets out the key government priorities for the NHS in the coming year and the periodic review element of our assessments of quality will align with this.

Other relevant policies and priorities include the outcomes set out in *Our Health, Our Care, Our Say*, together with those in *Putting People First* and the expectations of care set out in *Shaping the Future of Care Together*. For the NHS, the approach to quality set out in *NHS 2010–2015: from good to great* and the *World Class Commissioning* competencies, are also central.

Financial context

The current financial environment can be expected to lead to pressures in the quality and availability of social care. For the NHS, the operating framework sets out the agenda for the NHS in 2010/11, including the basis upon which NHS trusts and commissioners will be assessed. There will be an increasing focus on commissioners and providers to demonstrate that the services they commission and deliver are effective and good value for money, and that there is fair access to high quality care in a more challenging financial context.

Joined-up, high quality care

People who use services increasingly expect to be able to move through a health and social care system that is easy and simple to navigate and provides a good experience. People do not want to go through repeated care assessments. We expect commissioners to work with providers and people who use services to ensure joined-up provision that is focused on improving outcomes, as well as delivering improved efficiencies in the system. We will increasingly focus on people's experience of joined-up care and the extent to which health and well-being initiatives are tackling inequalities and improving outcomes. People have high expectations of care – they expect high quality health and adult social care to be readily available. Our assessments of quality play an important role in encouraging improvement and promoting high quality care.

Better regulation

One of our strategic priorities is to regulate effectively in partnership. This means making sure that we have a continual focus on delivering the better regulation principles – so that we are proportionate, targeted, consistent, evidence-based, transparent and accountable. We need to work with other organisations to share information and avoid duplication of regulatory activity. We need to ensure that we are minimising the costs that we impose on providers and commissioners of care – for example by making better use of their own performance and management information and, where appropriate, conducting joint inspections.

Sections 5 and 6 of this document set out our thinking for each sector. In responding to the general direction of our proposed approach, it would be helpful to know if there are other ways we could promote efficiencies and streamlining.

Question 2

What more could we do to promote efficiency and streamlining of our approach to assessments, so as to reduce the costs while maintaining the benefits?

5. What it means for commissioners of health and adult social care

What is commissioning?

Commissioning by primary care trusts (PCTs) and councils assesses the needs and wishes of local people, in order to make sure that they receive timely and good quality services that:

- Meet their needs.
- Promote their independence.
- Provide choice.
- Are cost effective.
- Improve outcomes for the whole community by supporting health and wellbeing.

Assessing councils and primary care trusts as commissioners

In commissioning health and adult social care, PCTs and councils both spend very large amounts of public money on behalf of local people. We have a responsibility to help ensure that they are accountable for how they use those funds.

The findings from our commissioner assessments of both councils and PCTs also contribute to Comprehensive Area Assessments – a joint inspectorate assessment of how well people are being served by their local public services, and how well those services are working together to improve outcomes for local communities. We will work with stakeholders to review the lessons from the first year of the Comprehensive Area Assessment in developing the proposals in this consultation document.

As with our approach to assessing providers, we propose to have an increasingly dynamic approach to our assessments of commissioning, with information being updated more frequently within our quality and risk profiles. However, we will be able to provide a snapshot of the quality of commissioning at any given time, for example as our contribution to Comprehensive Area Assessment.

Developing our assessment of councils and primary care trusts as commissioners

We have inherited different approaches to assessing the performance of commissioners. Some of this reflects different democratic accountabilities, funding streams, government priorities, information flows and performance management arrangements. For 2010/11, we will reflect this by continuing to have separate assessments for adult social care and for PCTs.

However, we are committed to developing a more joined-up view – not least because we know that problems often occur when people have to use both health and adult social care services. It is also clear that there are significant opportunities to secure better outcomes for people, and for taxpayers, by getting health and social care services to work more effectively together, for example by providing support at home, which prevents unnecessary admissions to hospital or allows earlier discharge from hospital.

We will therefore develop and pilot the following approaches to more joined-up and aligned assessments next year:

- Work with the Department of Health to further develop common outcomes metrics (or measures) for holding councils and PCTs to account for better joined-up care.
- Joint service inspections of councils and PCTs on adult safeguarding and better joined-up care.
- Joint meetings with councils and PCTs (including strategic health authorities and Government Offices). These meetings will focus on partnership working and outcomes for people and will inform our contribution to Comprehensive Area Assessment.
- Work with the Department of Health and other stakeholders on a common outcomes framework for assessing and reporting of councils' and PCTs' performance.

Value for money

We recognise the importance of our role, as set out in the Health and Social Care Act 2008, in improving value for money across both health and social care. And as part of our commitment to focusing on outcomes for people, we will consider whether the use of resources has delivered better outcomes for people.

Our current approach draws heavily on the work of other regulators and performance management regimes, but does not specifically address key questions relating to whether the organisation has achieved the maximum benefit and value from the services it buys. We believe we can do more and that our future focus should be on value – the outcomes that can be achieved from a particular input of resources, at a particular cost, and go beyond the absolute cost of a service.

One key aspect of commissioners' performance is whether they are achieving value for money, both as an individual organisation and through the services they buy. We think this is increasingly important, due to the expected future pressures in public sector budgets as a result of the economic downturn.

We are currently developing our approach to value for money and how we will work to improve it across health and social care. Over the next few months we will be identifying how we can fulfil our role through the ways we assess organisations and our other work, such as our programme of reviews and studies. We will be working closely with colleagues in the Department of Health, Monitor and the Audit Commission to minimise any overlaps and to ensure we make the best use of findings generated from their own assessments.

Assessing councils as commissioners

Our assessments of councils in 2010/11 will continue to be based on the outcomes that have been commissioned for people who use services. In arriving at our judgements there will be an increased focus on holding the council to account for the quality of care commissioned from regulated providers. But we will also focus much more on how councils address the challenges of commissioning for care when the policy is to give people more choice and control over their own care. We will therefore aim to take increased account of the progress councils have made in implementing the *Putting People First* objectives. We will work with local involvement networks, overview and scrutiny committees, people who use services and carers so they can feed their views into our assessments of councils.

We will continue to use evidence from:

- Performance against the relevant indicators in the National Indicator set, published by the Department of Communities and Local Government.
- Findings from special reviews that we, or other bodies, carry out.
- Findings from service inspections (and pilots in 2010/11 of joint service inspections of councils and PCTs).
- Councils' self-assessed evidence that supports their own business planning and performance management.

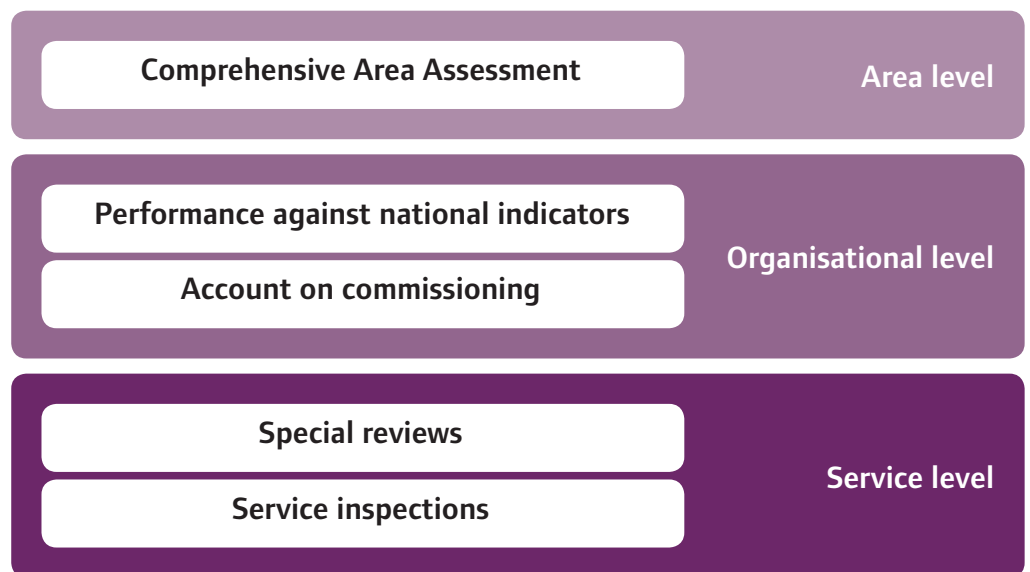
We will seek to set clear and stretching expectations for councils through a comprehensive review of the outcomes framework and the scoring rules used to determine the grades for outcomes. We will discuss these proposals with all key stakeholders throughout the consultation period. We will improve the analysis and targeting of our assessments, so that they are more robust and consistent across the country. For 2008/09, 95% of councils were assessed as performing 'excellently' or 'well'. We expect that sharpening up our approach will make the 2010/11 assessment more challenging – and also more streamlined and efficient.

We will report our findings on adult social care services in any given area, by publishing a narrative account and relevant scored assessments, highlighting where things are going well (and for which groups of people) as well as serious issues that need to be addressed. We will use this in making the joint assessment for the Comprehensive Area Assessment with other inspectorates. We will also work with Government Offices so that there is effective accountability for improvements in the poorer performing councils.

Question 3

Do you support the general direction of our approach for assessing councils as commissioners? What changes would you like to see so that our assessments are as effective as possible in promoting improvement in the performance of councils?

Figure 1
Our high-level structure for councils' commissioning



Assessing primary care trusts as commissioners

In developing our approach to assessing PCTs as commissioners, there is a need to ensure that it aligns with other assessments carried out by the Department of Health and strategic health authorities through the World Class Commissioning assurance process and with the NHS Performance Framework.

The World Class Commissioning process has a strong focus on the development of the competencies and capabilities of PCTs as commissioners. Our assessment will use information from the World Class Commissioning assessment, where appropriate, as context. We will focus more on the areas of the assessment that look at the outcomes being achieved for local communities, how well local people are involved in setting priorities, and how well health and social care services are working together.

The Government has just published the operating framework for the NHS for 2010/11, which sets out national priorities for the NHS. We will continue to use sets of indicators to measure the quality of care against those national priorities. Performance management regimes in the system already collect and use this data. Therefore, we are considering how the collection, analysis and reporting of assessments can be made more efficient and timely. We will be working with key stakeholders to explore this further.

In 2010/11, our assessments of quality of PCTs as commissioners of adults', children's and young people's health services will include the following elements:

- Overall summary score for each PCT against national priorities and existing commitments, as set out in the NHS operating framework.
- A scored assessment of financial management derived from work carried out by the Audit Commission.
- Scores against World Class Commissioning competencies and governance presented as context (from work by strategic health authorities as the performance managers of PCTs).
- Findings and judgements from special reviews.
- Findings from inspections with other regulators, such as children's services with Ofsted, youth offending services with HMI Probation and prison health service with HMI Prisons.
- Findings from our joint service inspections of councils and PCTs (these will be piloted in 2010/11).

We will continue to monitor the performance of PCTs on an ongoing basis. If we identify an area of significant risk, such as in a PCT's user and public involvement, or in their assessment of health needs, we will carry out a visit to seek further clarification. We will continue to work with local involvement networks, overview and scrutiny committees, people who use services and carers so they can feed their views into our assessments of PCTs.

Councils are already held to account for the quality of regulated social care services they purchase in their assessments. We will look to pilot a similar approach for PCTs who also purchase adult social care services.

We will report our findings on health and healthcare services in any given area, by publishing a narrative account and relevant scored assessments, highlighting where things are going well (and for which groups of people) as well as serious issues that need to be addressed. We will use this in making the joint assessments for the Comprehensive Area Assessment with other inspectorates.

Question 4

Do you support the general direction of our approach for assessing PCTs as commissioners? What changes would you like to see so that our assessments are as effective as possible in promoting improvement in the performance of PCTs?

Figure 2
Our high-level structure for PCTs' commissioning



Specialised services commissioning

Specialised services are provided in relatively few specialist centres – they are not provided by every hospital, but are often found in larger hospitals. They are usually high cost services, and PCTs group together to commission these services collectively. They are commissioned regionally by the 10 Specialised Commissioning Groups or nationally by the National Commissioning Group. We recognise the importance of specialised commissioning and in future years we will consider how and when we might be able to carry out broader assessments of quality of these sorts of commissioning arrangements.

6. What it means for providers of health and adult social care

Assessing NHS trusts and primary care trust providers

The impact of the introduction of registration on quality assessment for NHS trusts and PCT providers

On 1 April 2010, NHS trusts (including foundation trusts) and primary care trust (PCT) providers will fully come into the new system of registration. This will be a significant change for them. Our proposals therefore aim to ensure that we are pragmatic in this first year of registration, enabling trusts and ourselves to focus mainly on ensuring that all their services meet the essential standards of quality and safety.

The new registration system has significant consequences for assessments of quality. The previous NHS performance ratings included assessment of compliance with core standards of care. However they were annual, retrospective and focused on overall trust performance. They were published six months after the end of the year being assessed.

We are now moving to a system where compliance with registration will be monitored on an ongoing basis – and it will be focused on outcomes and experience. Our aim is that the new system will provide increasingly more dynamic, up-to-date assurance that essential standards are being met. The ‘periodic review’ element of our assessment will continue to be a retrospective assessment of the performance of NHS trusts and PCT providers against the national indicators set by the Government. The quality and risk profiles, which are an important foundation of our regulatory approach, will bring together all we know about a provider in one place. They will build up over time and develop a more rounded view of quality issues. They will help us to assess risk and prompt frontline regulatory activity, such as site visits. We expect that the large majority of site visits will be unannounced. The information from these visits will then feed back into the quality and risk profiles, which will be frequently updated.

For NHS trusts and PCT providers, we therefore need to consider how wider quality assessments sit alongside information on registration.

Developing our approach to quality assessment for NHS trusts and PCT providers

The Government has just published the operating framework for the NHS for 2010/11, which sets out national priorities for the NHS. We will continue to use sets of indicators to measure the quality of care against those national priorities, which are tailored to the services provided by each trust. Performance management regimes in the system already collect and use this data. Therefore, we are considering how the collection, analysis and reporting of assessments can be made more efficient and timely. We will be working with key stakeholders to explore this further.

From 2010 and 2011 respectively, NHS trusts and PCT providers will publish annual quality accounts, which aim to demonstrate their accountability for the quality of care and their commitment to improving quality. Within these quality accounts, trusts will be required to produce a statement on the status of their registration and the outcomes of our assessments of quality (including periodic reviews and special reviews).

We are clear that the healthcare sector needs much better information on the outcomes and experience of care at a service level, both to identify risks and allow more informed decision-making. The NHS Next Stage Review set out a number of initiatives in this area. We will look to play our part in this, and work with the sector to develop better information on quality, including through our reviews and the development of quality and risk profiles, to inform quality assessments in future years. We intend to publish benchmarking information at a service level as one means of providing useful information for the public, people using services, commissioners and others.

The approach to scored assessments for NHS trusts and PCT providers

As with our approach in assessing commissioners of care, we do not propose to provide an overall rating of a trust's or PCT provider's quality of care, but we would like your views on this. We think that an overall rating can be useful, because it provides a summary that is easy to communicate and which clearly focuses attention on particular organisations. For the NHS, the previous 'quality of service' rating was useful to trusts' boards, management teams and to performance managers and, by encouraging better governance, led to improvements in the quality of services. However, an overall rating of large organisations can be misleading for patients and the public because it can mask variations in the quality of different services provided by an organisation.

We do not want to lose the effect that ratings can have by focusing attention where improvements are needed, but we also want to present information that is useful to patients and which relates to their experiences of particular services.

On balance, we believe that a number of assessments, each scored where possible, to be preferable to an overall rating of a trust or PCT provider.

Components of quality assessments for NHS trusts and PCT providers

Our assessments of quality of NHS trusts and PCTs for 2010/11 will include the following elements:

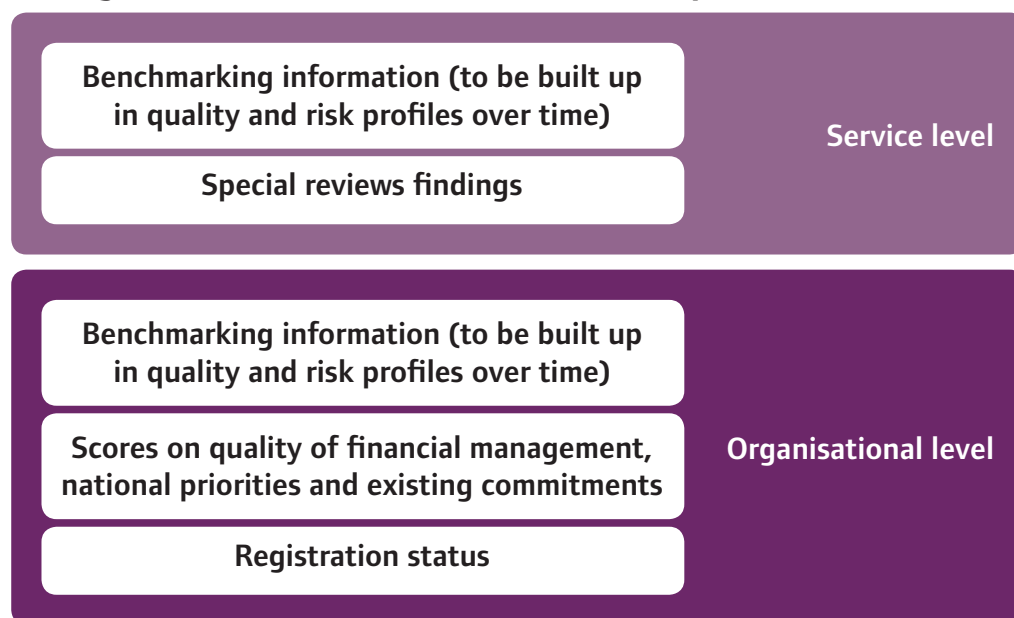
- A statement of a trust's or PCT provider's registration status.
- Overall summary score of performance against the set of national priorities and existing commitments set by the Government.
- A scored assessment of the quality of financial management derived from work carried out by Monitor or the Audit Commission.
- Judgements about the quality of care from relevant special reviews.

As we develop our proposals in more detail we will explore how we can publish more up-to-date information where we can, but some parts of the assessment will continue to be published on an annual cycle – for example, the quality of financial management. We will also look to build up the information on quality in the quality and risk profiles over time.

Question 5

Do you support the general direction of our approach for assessing NHS trusts and PCTs as providers? What changes would you like to see so that our assessments are as effective as possible in promoting improvement in the performance of NHS trusts and PCT providers?

Figure 3
Our high-level structure for NHS trusts and PCT providers



Other organisations

The Health Protection agency, NHS Direct and NHS Blood and Transplant are specialist organisations, and are all subject to registration for some of the activities they provide. We are working with the Department of Health and these organisations to explore the potential for carrying out periodic reviews in the coming years. For 2010/11, we propose to pilot a periodic review process for NHS Direct, using a small number of indicators.

Assessments of adult social care providers

The impact of the introduction of the new system of registration on quality assessment for adult social care providers

People who use services and providers of adult social care are used to a system of registration and a rolling programme of 'quality ratings'. Nevertheless, registering all adult social care providers against the new registration requirements will be a significant task in 2010/11 and our work and the allocation of our resources will be focused on it.

We intend to continue to award quality ratings under the new regulatory system because we have evidence that people find them useful – particularly when they are choosing or purchasing a service to use – and it helps commissioners buy services for people. We also believe that they provide incentives to providers that have led to improvements in services. We believe that awarding an overall quality rating in adult social care is meaningful as it enables us to report on the quality of care at service level, rather than organisational level – for example, a care home or a domiciliary care agency.

For the first half of 2010 (April until September) we will carry out a programme of ‘key’ inspections to re-assess ratings where an inspection is due to ensure we meet our current legal duties of inspecting every service at least once every three years. We will begin the new rating system in April 2011 and we will begin transition to the new system from October 2010.

Services will retain their existing ratings on 1 October. Where we register services with compliance conditions, we will make this information publicly available so that people using or choosing services have up-to-date information about the quality of particular services and any improvement that is required.

Between October 2010 and the end of March 2011 we will re-assess the quality ratings of services that are rated ‘good’ or ‘excellent’, which would have been due an inspection under the three-year rule if that statutory requirement had continued. We will limit these re-assessments to consider quality over and above the essential standards set by registration in a limited number of key areas.

We will also focus on services that are not compliant with registration as part of our registration compliance work.

Developing our approach to quality assessment for adult social care providers

We will need to make changes to our approach to quality ratings to reflect the new system. We will work with all our stakeholders in developing this approach. The issues to be covered include:

How we award a rating – We propose that to award or re-assess a quality rating we will always need to carry out a site visit. As part of the assessment we will always seek the views and feedback from people who use services and other stakeholders (such as relatives and visiting professionals).

Frequencies and methods of assessments of quality – We propose that we will need to re-assess ratings within a given time period, with a maximum amount of time between inspections. We are proposing that there would be an assessment to award or re-assess a quality rating (usually unannounced) at least once every three years. These will not be the only checks that will take place – there will also be reviews (which may include site visits) of compliance with registration. We will aim to streamline the collection of information, and develop effective methods of ensuring the consistency of ratings that are awarded.

What we will assess – We propose that the content of an assessment for a quality rating will look at some of the key registration outcomes to assess quality over and above the essential standards set by registration. We will also explore whether there are other things we could measure that demonstrate quality over and above those essential standards.

The rating scale – The scale used in the rating system is important in providing useful information. We would like your views on what scale we should use to report on quality in services. There will need to be grades that show how good a service is – the challenge is deciding how many scales we need within that structure. Wider ranging scales provide a better variation of information but differentiating between the grades is often a fine judgement, and requires considerable resources to keep ratings up to date.

Question 6

Do you support the general direction of our approach for assessing adult social care providers? How do you think we should approach quality ratings in the future?

Figure 4
Our high-level structure for our assessments of adult social care providers

