

Shaping the future

Response to the consultation on CQC's strategy for 2016 to 2021

May 2016

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values

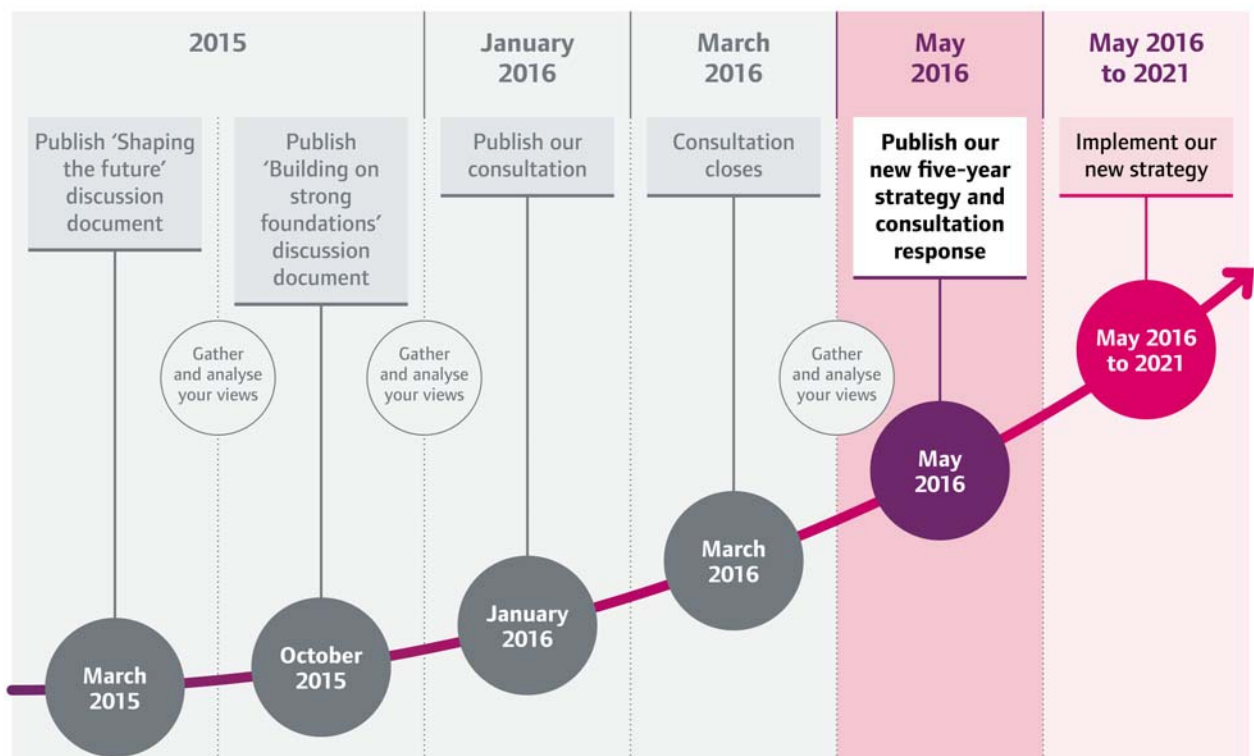
Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can.

Our timeline for developing our strategy



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Introduction

This document outlines and summarises the responses we received to *Shaping the future*, our consultation on CQC's strategy for 2016 to 2021.

It sets out the responses we received during the formal consultation between 25 January and 14 March 2016 and reflects people's views and reactions. This valuable feedback has helped us to develop our strategy, which you can find [here](#).

Summary

Our new strategy has been strongly supported by the vast majority of organisations and people who have provided feedback during our consultation.

Of those who took part, **86%** said they agreed or strongly agreed with CQC's vision. Each of our strategic themes was backed by **80%** or more of the people who replied.

People have remarked on the opportunities and benefits provided in our consultation – there have many helpful suggestions and the process gave us a robust challenge. We have used this feedback to inform our final priorities in CQC's strategy.

People want us to make more use of our information – especially the views of people who use services. We are improving how we analyse people's views – and this is all part of our monitoring of the quality of services.

We are much more confident in our data now and it has a significant role, but we will not rely on data alone. We will only make judgements about the quality of services on the basis of data *and* other information, such as what we know from inspections and what people tell us.

People support targeted inspections where poor care is most likely. They also want ongoing regular inspections to recognise and respond to changes in quality.

We are building a monitoring system that alerts us to poor care and deteriorations in quality, as well as improvements. Inspection remains central to our approach, but we can be more targeted in where and what we look at.

People see benefits in looking at care for populations and in local places. But people are unsure about CQC's remit and whether the benefits could be realised.

We will improve our inspections so they can assess quality for population groups, such as people with mental health needs in an acute hospital, and how well care is coordinated across organisations. We also have a programme of themed work that will look at this nationally and locally.

In our strategy documents we have responded to helpful challenges and suggestions – the consultation helped to shape our thinking about how we will work in the different sectors we regulate.

CQC's new strategy shows how we want to work with partners collaboratively to deliver our ambition.

Developing our strategy

We started conversations about our new strategy in March 2015 when we published our discussion document, *Shaping the future*. Over the summer of 2015 more than 700 people responded to our online survey to tell us what they thought of our early ideas and to give us their views on what we should prioritise.

We continued this conversation with our second discussion document *Building on strong foundations*, which was a reflection of what we had learned so far. It prompted more discussion and comments and this helped us to develop the strategy consultation.

In January 2016, we launched our consultation about the new CQC strategy. For four months we gathered and analysed your views to help us shape our thinking and develop the strategy. Our consultation gave opportunities to comment on our vision for quality regulation, **strategic themes** and the impact our proposals might have on equality and human rights. We did not ask any questions in relation to our work on use of resources, because we will consult specifically on this later in 2016/17.

Strategic themes

- Improving our use of data and information
- Implementing a single shared view of quality
- Targeting and tailoring our inspection activity
- Developing a more flexible approach to registration
- Assessing how well hospitals use resources
- Developing methods to assess quality for populations and across local areas

We received a total of 768 consultation responses, which included responses from:

- 359 health and adult social care providers
- 142 members of the public
- 42 representatives from the voluntary and community sector
- 33 CQC staff members.

We spoke to more than 300 people at discussion events, and ran 12 half-day events across England. In a series of targeted focus groups we made sure we heard from people in communities whose voices are sometimes not heard. We engaged CQC staff through our internal engagement programme.

The independent research organisation and consultancy OPM Group has analysed responses to the consultation. A detailed summary of who responded to the consultation, and the methods used for consultation can be found in the **OPM consultation analysis**.

Our strategy is informed by feedback received since March 2015. Your views helped to shape our strategy and we thank you for your support and contributions.

What you told us and our response

Our vision for the future of health and social care regulation

Consultation question 1
Do you agree with the vision we have set out for regulation of the quality of health and social care services in 2021?

86%
of people who answered said they **agreed** or **strongly agreed** with our vision

“This vision appears to set the right balance between the CQC’s duty to people who use services, and its role in supporting providers to deliver safer, better quality care.”

Acute healthcare provider/professional

What you said

A large majority of people agreed or strongly agreed with CQC’s vision for regulation of the quality of health and adult social care services in 2021. The proportion of those agreeing with the vision was broadly the same between providers and the public, while a small minority disagreed with what we said.

- Many people made general statements saying that they agreed with our vision, and that successful implementation would improve outcomes for those who use services, as well as making the care sector more efficient and transparent.

“...the vision that the CQC sets out over the next five years to become a more efficient and effective regulator is a good one.”
(Voluntary and community sector representative)

- Where respondents expressed reservations, this often focused on whether CQC could realise its aims given the time and available resources to deliver the vision.

“Although we applaud the ambitious tone of much of the strategy document, we feel the CQC must be realistic about what it can achieve with limited resources.”
(Adult social care provider)

What we will do

The vision we set out in the consultation document has been retained in our final strategy. The four elements of the vision are what we will measure ourselves against to know whether we have been successful in implementing the strategy.

Our overall budget will reduce by £32 million by 2019/20 so we need to deliver our purpose with fewer resources. We will work more efficiently, delivering savings each year as identified in our business plans, to be a more effective regulator with a lower cost base by 2019/20. We will work to keep our costs as low as possible and make sure what we ask of providers is proportionate.

Improving our use of data and information

Consultation question 2

Do you agree with our proposal to make greater use of data and information to better guide us in how we identify risk, and how we register and inspect services?

85%

of people who answered this question said they **agreed or strongly agreed**

“Any regulatory regime should implement a contextualised view of quality that is not necessarily rooted in easily available numbers.”

Arm’s length body

What you said

A clear majority of people who replied agreed with CQC’s proposals on the use of data and information, with adult social care providers being particularly supportive. Most

members of the public and primary care providers supported our proposals, but there were substantial minorities from these groups who expressed disagreement.

- People agreed that better use of data and information could increase CQC's ability to form balanced judgements of care providers and underpin its decisions, as they saw it as central to identifying and addressing risk.
- However, we also heard from people who questioned whether data alone would be sufficient. It was important to consultation respondents that the views of those using services were used by CQC.

“...qualitative data can be much more informative than quantitative...it gets behind the figures and may be critical to identifying why there are certain broad trends in certain places...”

(A carer of someone who uses health and social care services)

- People thought that ideas about data sharing in CQC's proposal would benefit the care sector, potentially making the work of regulators, local authorities and national bodies more efficient. However there were comments that practical challenges would need to be addressed, and there were concerns that current systems and collection methods might make it difficult to use data effectively.

“We feel that this new strategy will depend on how well the CQC can accumulate and analyse the information it has gathered.”

(Member of a local Healthwatch or local Healthwatch staff)

What we will do

We will build a new insight model that monitors quality, by bringing together information from people who use services, knowledge from our inspections, information given to us by providers, and data from our partners. We will use this to make decisions about what action to take, such as carrying out an inspection in response to information that highlights concerns or suggests that quality has improved. We will share information from our insight model to improve transparency about quality and how we make decisions.

We will work with the Healthwatch network, advocacy organisations and the voluntary and community sector to encourage people to share their experiences with us. We will find new and better ways to encourage the public to tell us about their care. We are investing in tools to help us improve how we monitor, analyse and respond to their information.

We are continuing to work with others, including through the National Information Board and with leaders in adult social care, to address gaps in the availability of data, and to improve overall data quality across the sectors we regulate.

Implementing a single shared view of quality

Consultation question 3

Do you agree with our proposal for implementing a single shared view of quality?

82%

of people who answered this question said they **agreed** or **strongly agreed**

“If achieved, this will be a positive step for us as a provider, as it will relieve the burden of meeting various standards of quality across the bodies that oversee them.”

Adult social care provider/professional

What you said

The majority of respondents to this question were in support of CQC’s proposals for a single shared view of quality. The proportion of those agreeing was broadly the same among different types of respondents, but with higher support seen among adult social care and mental health providers. Among primary care providers there were a sizeable minority who disagreed with these proposals.

- While some people saw the creation of a single shared view of quality as an opportunity to improve care quality, other people thought it would be difficult to reach agreement due to organisations and authorities with existing roles in monitoring quality having differing perspectives and priorities.

“Problems anticipated with all regulators accepting each other's views and evaluations. Local regulators and oversight bodies will have varying quality.”
(Acute healthcare provider/professional)

- Several respondents said a single shared view of quality would benefit providers through better alignment between organisations that would help to increase efficiency and reduce duplication. However some providers did express concern that the changes would result in new requirements for them.

“Self-assessment can be extremely onerous and the resources required to do this well could be counter to the financial pressures that organisations find themselves in.”
(Acute healthcare provider/professional)

- Some people expressed concern about the element of self-assessment in the proposal – they doubted whether providers would always acknowledge areas of weakness.

“However, it is critical that the CQC maintains a full inspection regime to ensure that the information services are self-reporting and is matched by evidence and experience of people who use services.”
(Voluntary and community sector representative)

What we will do

We know it won't be easy to implement a single shared view of quality, and we can't do it alone. That's why we are inviting our partners to join us in delivering this. We want to work with national partners, for example through the National Quality Board; local organisations and representative groups; and with providers.

We understand the pressure providers are under and that any changes should be proportionate and not increase process requirements. This is why, for example, we are working with NHS England and the General Medical Council to align information requests, develop more integrated systems and find other ways to ensure that our approach is proportionate.

We believe that asking providers to reflect on their quality is a vital part of encouraging improvement – we know that the best performing providers have a detailed understanding of their own care quality data and areas for improvement. However, we will never rely solely on this information in our assessments of quality.

Targeting and tailoring our inspection activity

Consultation question 4

Do you agree with our proposal for targeting and tailoring our inspection activity, including reducing the frequency of some inspections so that we target our resources on the greatest risk?

80%

of people who answered this question said they **agreed or strongly agreed**

“...it is important to use resources wisely. Targeting those that require improvement is both prudent and important to raise the quality of care.”

A member of the public

What you said

The majority of people who answered this question agreed with our proposals. Providers in different sectors were supportive of our approach, with adult social care and mental health providers signalling very high levels of support. While the majority of the public agreed, there were some that strongly disagreed with the approach.

- People said that targeting and tailoring inspections would allow CQC to use its resources more efficiently and focus on providers that were more likely to require monitoring and support, rather than those performing well. They agreed that if CQC's overall resources were reduced, it was sensible to focus on providers that were more likely to require inspection and/or support.

“...we believe it is important to have a more flexible arrangement for providers to be able to demonstrate the improvements they have made following visits by the CQC...”

(Acute healthcare provider)

- There were some concerns about the implied reduction in the extent and frequency of provider inspections. Suggestions for the ideal inspection frequency varied but there were comments that some element of unannounced inspection activity alongside scheduled inspections would benefit the effectiveness of the regulatory regime.

“Maybe random checks should be made to get a clearer picture of the normal daily operation. My fear is that vulnerable people won't always be truthful about their care out of fear.”

(Member of the public)

- People again stressed the importance of not relying too much on data alone, and ensuring that we had the input of people who use services, including making sure that the views of marginalised groups or of people who may be more vulnerable due to their circumstances.

“We would welcome an approach that takes into account the experience of the service user, rather than one which is driven purely by process...”

(Local government officer)

What we will do

We understand that quality may change between inspections, and so we will:

- monitor changes in the quality of providers by bringing all relevant information that we have about a provider into one place
- make more use of unannounced inspections in all sectors
- develop triggers that indicate where services are at risk or improving
- continue to use the full range of regulatory powers to make sure we always take the appropriate action, including performing comprehensive inspections where systemic or significant concerns have been raised
- build an in-depth and shared understanding of the local context and the quality of services with inspectors, providers and partners.

We will make sure that we focus on what matters to people by developing our plans with people who use services, their carers and representative organisations. We will continue to listen and act on people’s views and experiences of care – including people who are less able or likely to give us their experiences of care services – and we will always speak to people who use services, their families and carers as part of our inspections.

Developing a more flexible approach to registration

Consultation question 5
Do you agree with our proposal for a more flexible approach to registration?

84%
of people who answered this question said they **agreed or strongly agreed**

“This will ensure that responsibility and accountability will be shared across all levels of an organisation from operational to management to a corporate level for the quality of the service provided.”

‘Other’ respondent

What you said

Although the majority of people who responded to this question supported our proposal, there were a high number of non-respondents. Most members of the public chose not to answer this question and a substantial minority disagreed or strongly disagreed with the proposal.

- Some felt greater flexibility would encourage innovation in the sector, and ultimately improve the quality of care provided. However, many respondents were worried about the impact of the proposed approach on CQC’s ability to identify risk. There were concerns that providers might exploit the flexibility of the registration process and that unfit providers might operate for a relatively long time before CQC would intervene.

“Given that registration is the gateway... the process must be robust and consistent, and ensure that problems are identified and dealt with before a provider is able to start offering services.”
(Member of an arm’s length body)

- Respondents who made supportive comments often concentrated on how the proposal would make regulation more proportionate for providers. They welcomed the prospect of reduced bureaucracy and duplication, and believed streamlined registration for providers with a good track record was appropriate.

“Recognising that a historically good provider is likely to be both safe and effective should enhance relationships and ease the regulatory burden on services.”
(Adult social care professional)

What we will do

We will take a more robust approach for higher-risk applications and offer a streamlined route for those that are lower-risk. By 2020, all new registrations will be risk-assessed against set criteria for example, the track record of the provider, who will use the service, and whether the service is already being scrutinised by other bodies such as professional regulators.

We will spend more time looking at those services where there is a greater risk of harm to people using them. We will also comprehensively inspect any newly registered provider within 12 months to assess the quality of care being delivered, and we will strengthen the link with inspection so that local knowledge about services is shared more effectively and risks are not missed.

Assessing how well hospitals use resources

We did not ask any questions in relation to our work on use of resources, as we will consult specifically on this later in 2016/17.

Developing methods to assess quality for populations and across local areas

Consultation question 6

Do you agree with our proposal for assessing quality for populations and across local areas?

82%

of people who answered this question said they **agreed or strongly agreed**

“This would be a great achievement but....CQC should ensure they have the right inspection processes and outcomes in place first...”

Voluntary and community sector representative

What you said

A clear majority of respondents agreed with our proposal and only a small minority disagreed. The public were particularly supportive of the proposal. There were detailed comments about benefits for providers and people who use services. Questions were raised about the feasibility of the proposal as well as the need for more detail about implementation.

- People felt that the proposed approach would benefit people who use services. It would result in a person-centred view, support people to make more informed choices and help providers understand local needs.

“Being able to assess multiple services that a single patient may be using will give a broader view of health and social care as a whole.”
(Dental provider/professional)

- However, there was scepticism about whether it would be possible to achieve these benefits. Several people asked how CQC would use any information generated, particularly for accountability and enforcement, when CQC only has powers to hold individual providers to account.
- Many respondents focused on the importance of CQC’s role in regulating the quality of care of individual providers, and expressed concern that the approach would take resources away from this core activity.

“...this is the responsibility of others, such as the CCGs and NHS Strategic Clinical Networks. If CQC takes this on it will increase cost and may impact on CQC's ability to do what it is meant to do – act as public watchdog for monitoring provider services.”
(Adult social care provider/professional)

What we will do

We will focus on improving our provider inspections so they support our ability to assess the quality of care for specific groups and in local areas:

- We will strengthen our assessment of how well providers work with others to share information and coordinate care for people using services.
- We will assess how well providers deliver care for specific population groups, for example people with mental health needs in an acute hospital.

We will build our capability to inspect new models of care, such as care that is organised around conditions or population groups, or where hospitals, GP practices and care homes work together to deliver care.

We will make our ratings available by local area to inform service planning and improvement.

We will continue producing national thematic reports that support improvement by highlighting care quality for different population groups and pathways of care.

Equality and human rights

Consultation question 7

What impact do you think our proposals will have on equality and human rights?

“...regulation must consider protection of people’s human rights, and address inequalities in the quality of care for different groups of people.”

Equality and Human Rights Commission

What you said

About half the respondents to this question felt that the proposals would have a positive impact on equality and human rights. A very small number felt our proposals would be negative, but most of the remaining responses felt there would be little impact either way.

- Those who agreed with the proposals felt that they supported the needs of vulnerable groups, and some respondents agreed with the emphasis placed on the perspective of people who use services.

“Ultimately improving and strengthening the way in which data is used and collected will enable CQC to identify risks and thus improve human rights.”
(Member of the public)

- Some respondents commented that specific vulnerable groups needed greater focus in the proposals, or specific support to obtain the care they need. Sometimes, these comments reflected on issues or barriers within the care system which have a detrimental impact on groups or individuals.

“Evidence shows that some groups of people including people with dementia, mental health problems and learning disabilities can be particularly at risk of poor care when multiple providers are providing their care. We therefore particularly support CQC’s proposal to tailor inspection activity to enable understanding of quality of care throughout care pathways, across different health and social care services.”
(Equality and Human Rights Commission)

What we will do

We will continue to develop our approach to gathering the experiences of people who are most at risk of having their rights breached and our ability to identify equality and human rights issues from qualitative information – especially from what people who use services, the public and staff working in services tell us.

We have published an ***Equality and human rights impact analysis*** which provides a more detailed explanation of how we propose to maximise the opportunities and minimise the risks for equality and human rights issues we have identified in strategy.

A full independent analysis of our consultation responses can be found on the **strategy page** of our website.

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