

The Care Quality Commission and Healthwatch: working together

A guide for local Healthwatch

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Part 1 – About this guide

This guide describes how the Care Quality Commission (CQC) works with local Healthwatch. It has been produced by CQC in conjunction with Healthwatch England, and local Healthwatch.

This guide includes information about:

- Our role
- How we work
- What we can offer to local Healthwatch
- What local Healthwatch can offer to us

Our commitment to you

We will work with the Healthwatch network to make sure that the views and experiences of local people gathered by you:

- Inform the development, design and monitoring of our new approach to regulating health and care services.
- Inform the planning and delivery of our inspections across all sectors.
- Are coordinated with CQC's other partnerships with the wider voluntary and community sector.
- Inform Healthwatch England in advising CQC's Board.

Part 2 – Aspirations for our working relationship

Below you'll find some of the ways that we aspire to work together. We believe working in this way will bring the greatest benefits to both organisations, and members of the public. They focus on four areas:

- Relationship
- Intelligence
- Inspection
- Improvements

Relationship

- Every local Healthwatch (IHW) should have an effective two-way relationship with us. Although the primary and integrated care inspection manager is the overall relationship holder, it is expected that teams from all of our directorates will have a relationship with IHW staff. CQC and IHW should be liaising on an ongoing basis, but talk or meet at least quarterly.
- During inspection activity the relevant inspection team (primary, hospital, social care) should engage directly with IHW where appropriate.
- Local Healthwatch and CQC should share work plans to avoid duplication, including potential concurrent inspection and enter and view activity.
- Our inspection teams should consider the capacity and role of their local Healthwatch when involving them in engagement work.
- Local Healthwatch can sign up to receive information from us about services in their area, including press releases, statements and a round-up of published reports.

Intelligence

- We want more real-time submissions of experiences by IHW, including encouraging public submissions through our Share Your Experience form to inform our monitoring of services.
- Local Healthwatch can share their data and reports of people's experiences, such as enter and view reports, to help us inform inspection activity and direct resources. You can share these directly with inspection teams or our national customer service centre.
- CQC and Healthwatch England will continue to work together to create and improve systems for intelligence sharing. The development of the Healthwatch Reports Library will support this.
- CQC and Healthwatch will continue to explore ways to demonstrate where local Healthwatch intelligence has had an impact on CQC's work.

Improved health and care services for the public

Inspection

- Local Healthwatch should be invited to contribute evidence and advise on inspections where appropriate.
- Local Healthwatch should be invited to advise and support CQC in how it undertakes community engagement.
- CQC inspection and regional engagement teams should keep local Healthwatch informed of anything that is of interest to the public in their area, such as the suspension of a service.
- Local Healthwatch will be involved in the quality summit for hospital inspections (or equivalent mechanisms).

Improvements

- CQC will actively involve local Healthwatch in thematic reviews of user groups or care pathways.
- CQC will develop tools for local Healthwatch to show how inspection reports can be used to drive improvements in care locally
- Local Healthwatch should receive feedback from inspection teams on action taken as a result of intelligence they have provided.
- Local Healthwatch can inform us where improvements have been made to services because of their reports.

Part 3 – About CQC and how we work

3.1 CQC's purpose and role

We are the independent regulator of health and adult social care in England. Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and to encourage services to improve.

Our role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. This includes publishing reports that show performance ratings to help people choose care and to help providers know where they need to improve. We also publish thematic reviews, driving improvement case studies and other evidence based reports to share good practice and encourage all parts of the health and social care system to continually make improvements.

Healthwatch England is an independent sub-committee of the Care Quality Commission, which operates under an independent brand but is supported by CQC infrastructure.

3.2 How CQC works

Health and adult social care services must be registered with CQC to provide care in your local area. When a service registers with us they have to specify what 'regulated activities' they offer. We are then required to monitor and inspect these services. To find out more about what the regulated activities are and who must register, click [here](#).

Service providers must inform us if they set up a new service or make a change to an existing service to provide different sorts of care. The main types of services we regulate are set out in the box below including whether we currently rate them. These services may be run by the NHS, private companies or charitable organisations.

Type of service	Including	Does CQC currently rate?
Hospitals	Including urgent care and ambulances	Yes
Community health services	Including community hospitals, services for people with long-term conditions and district nursing services	Yes
Independent healthcare	Which offer services such as IVF, cosmetic surgery and advice or treatment to help with family planning or losing weight. Also includes termination of pregnancy services and substance misuse services.	No
GPs and doctors	Including GP practices, out-of-hours services and walk-in centres	Yes
Online primary care providers	Including online GP practices and pharmacies	No
Dentists	Dental services	No
Care homes	Both with and without nursing care, extra care housing services, shared lives and supported living services	Yes
Hospice services		Yes
Pharmacy	Pharmacy services	No
Prison healthcare services		No
Services for people with mental health problems	Both inpatient and in the community	Yes
Services for people with a learning disability		Yes
Services in the home	Home care agencies	Yes

3.3 CQC's monitoring and inspection programmes and teams

On all inspections, we ask five key questions about a service:

- Is it **safe**?
- Is it **effective**?
- Is it **caring**?
- Is it **responsive to people's needs**?
- Is it **well-led**?

During inspections, we check on different aspects of care, the environment, the staff and how the service is run. Our teams observe care being delivered, where appropriate, talk to people using the services and their family or carers, and talk to staff, and check policies, records and care plans to decide on the quality of the care.

You can find out more about our key lines of enquiries, and to see what we look at as part of an inspection by following the links below:

- **Adult social care**
- **Primary Medical Services** – Dentists, GPs, Urgent care services including NHS 111 and GP out of hours, online primary care
- **NHS trusts**
- **Prison and secure settings**
- **Children and young people**

We have specialist inspection teams for hospitals, adult social care and primary and integrated care throughout England. In most cases inspectors work in the area they live in, but in some cases, they have specialist roles and may work across larger areas to inspect a particular type of service, such as substance misuse services.

We know that the health and social care landscape is changing and more providers are delivering services that cut across all three sectors. Our inspectors from across these three directorates are working more closely together, and we are planning for the future in this area.

Here are the services our local teams are responsible for inspecting. It shows the areas we cover and the main services we inspect. We also have our registration teams who work across all sectors.

CQC local inspection teams		
<p>Hospital inspection teams</p> <p>Works across regional areas</p> <p>Responsible for inspecting NHS acute, ambulance, mental health and community health trusts and independent hospital services</p>	<p>Primary and integrated care inspection teams</p> <p>Work across Clinical Commissioning Group areas</p> <p>Responsible for inspecting GP practices, urgent care services, independent healthcare, dentists, healthcare in the criminal justice system and children’s services</p>	<p>Adult social care inspection teams</p> <p>Work across local authority areas</p> <p>Responsible for inspecting registered care homes, domiciliary agencies and hospices</p>

We have completed inspections and rated every NHS acute and mental health trust in England. The current inspection methodology will see us focus on targeted inspections including the well-led domain and use of resources, as well as other areas where intelligence tells us there may be a change in the quality of care being provided. This could be for the better as well as care that has deteriorated. We will continue to target resources in areas where we have told providers they must improve.

All GPs have also now been rated, with more than 95% of services rated as Good or Outstanding. We’ll focus our resources on targeted inspections where we believe there’s been a change in the quality of care being provided, as well as comprehensive inspections of at least 5% of GPs each year. We’ll also continue to target resources in areas where we have told providers they must improve, where they have been rated as requires improvement or inadequate for example.

All of our inspection teams gather and use feedback from people using services, their carers and families, and their representatives. This includes nationally available data such as patient surveys, as well as people’s experiences that are sent to us.

We want to hear what local communities are telling Healthwatch about the services they access. We also ask other groups to contribute evidence about people’s experiences of care, including overview and scrutiny committees, NHS complaints advocacy services and voluntary groups.

We ask local partners, including local authorities and clinical commissioning groups to share information about the quality of services before inspections.

3.4 Experts by Experience

We're committed to including people who use services and their carers in our inspections. The Experts by Experience (ExE) programme is a central aspect of our strategy for **2016 – 2021, 'Shaping the Future'**.

ExE help us by increasing the quality and quantity of intelligence we're able to gather from people about health and care services and the quality of care across England both during and in between inspections.

ExE must have current or recent (within the last five years) experience of using or caring for someone who uses the services that CQC regulates.

This currently includes:

- People in the early stages of dementia and their family carers
- Older people with experience of using health and/or social care services, or their family carers
- People who have used mental health services, including those who have recently been or are currently detained under the Mental Health Act
- People who have used substance misuse services
- People with learning disabilities
- Family carers of people with profound and multiple learning disabilities, complex needs, and/or behaviour that can be described as challenging.
- People with physical and/or sensory impairments
- Family carers of children and young people who use care services, including mental health services
- Children and young people who use services
- People who have recently used maternity services

We may also add further profiles of ExE to the programme as it continues to develop. There isn't currently a remit for ExE to work directly with local Healthwatch.

3.5 Post inspection – ratings and reports

After every inspection, we publish a report explaining what the inspection team found. This includes examples of good practice as well as areas for improvement. The report includes the rating given to the organisation and its services:

Outstanding	
Good	
Requires improvement	
Inadequate	

We don't currently rate all services that we inspect. You can find more detail on which services we rate in section 3.2.

You can read our published reports on our website www.cqc.org.uk.

3.6 Taking action against poor care

We have a number of powers if we find services are not meeting the regulations for care set out by the government. These range from warnings and fines, to cancelling a service's registration so it can no longer provide care, through to prosecuting those responsible for the service.

You can read more about the action we can take, [here on our website](#).

3.7 What we don't do and who to contact instead

We don't investigate complaints made about a provider. Instead we'll use information given to us about providers to make an informed decision about where to direct our resources. We can use this intelligence to bring forward or start the inspection process if we think it necessary. Below are the steps for complaints of different types of services.

Complaint Step 1	Complaint Step 2	Complaint Step 3
Adult social care services		
To the home or service manager	If it is council funded care you should contact the local authority involved. Although please note arrangements may be different if your local authority commissions another organisation such as an NHS trust to handle these.	If unhappy with the response from the council, you can approach the Local Government and Social Care Ombudsman .
Primary medical services		
To the practice manager or the commissioner (NHS complaints advocacy services can help make these complaints, the local authority for your area can tell you who this)	If unhappy with the response following their complaints procedure the next step is to contact the Parliamentary and Health Service Ombudsman .	
NHS hospital services		
Most hospitals will have a PALS (Patient Advice and Liaison Service) who can guide you through their complaints process. Again NHS Complaints Advocacy can help with this process.	If unhappy with the response following their complaints procedure the next step is to contact the Parliamentary and Health Service Ombudsman .	

If you're worried about somebody's immediate safety you should contact your local authority safeguarding team. Details will be available on individual council websites.

Part 4 – Our publications

4.1 Special reviews

We also have powers to run special reviews looking at how care is provided for people with particular health needs or across different services. For example, our **local system reviews** which look at how older people move through the health and social care system in a local authority area.

During these special reviews we may do co-production work with local Healthwatch and ask you to tell us about the experiences people are having in that area.

4.2 Evaluation work to drive improvement

We also publish reports with findings of best practice to help providers continually improve patient care. These reports can be used by you to spot areas for improvement in your own patch and to have conversations with providers and commissioners about how your engagement work might help them.

Part 5 – The CQC – Healthwatch relationship

5.1 Statutory obligations

CQC has a duty in law to take account of the views and experiences of local Healthwatch. As part of our approach to inspections, we want to build on and continue to strengthen the relationships with all local Healthwatch, the Healthwatch network and Healthwatch England.

As well as our statutory obligations, there are much wider benefits to having a close working relationship. Both organisations have a lot to share with each other that can lead to service improvement. In this section you'll find some advice on how to make, strengthen and maintain the relationship.

5.2 Contact with your local inspection teams

Although you'll have contact from inspectors across all CQC directorates, it's usually your local primary care inspection manager or inspector who will be the coordinator for the relationship. You should expect to be invited to meet or speak with local inspectors at least four times per year as well as be contacted for intelligence gathering as part of the inspection process.

Local Healthwatch will also be invited to any quality summits that are held to discuss hospital trusts.

If you don't currently have any CQC inspection team contacts, you can find out who these are by emailing [**DLS&IRegionalCommunications@cqc.org.uk**](mailto:DLS&IRegionalCommunications@cqc.org.uk).

If you're having trouble establishing or maintaining a relationship with your local inspection team you can contact [**engagementandinvolvement@cqc.org.uk**](mailto:engagementandinvolvement@cqc.org.uk). Alternatively, your Healthwatch England regional lead can also provide support.

5.3 Engagement work

Inspectors are expected to engage local Healthwatch and the public as part of their everyday work. To make best use of our resources and the public's time, we'll try to make use of the networks and events already organised by you to hear about people's experiences of care. You can let your local inspection team know what you have planned.

When we do plan public or community engagement work we will consult local Healthwatch to avoid duplication and may invite them to be involved in the planning.

It is also one of the priorities in our **Public Engagement Strategy 2017-21**, to improve the way we work by involving the public in our policies, plans and processes, to try and reduce duplication and share what we learn.

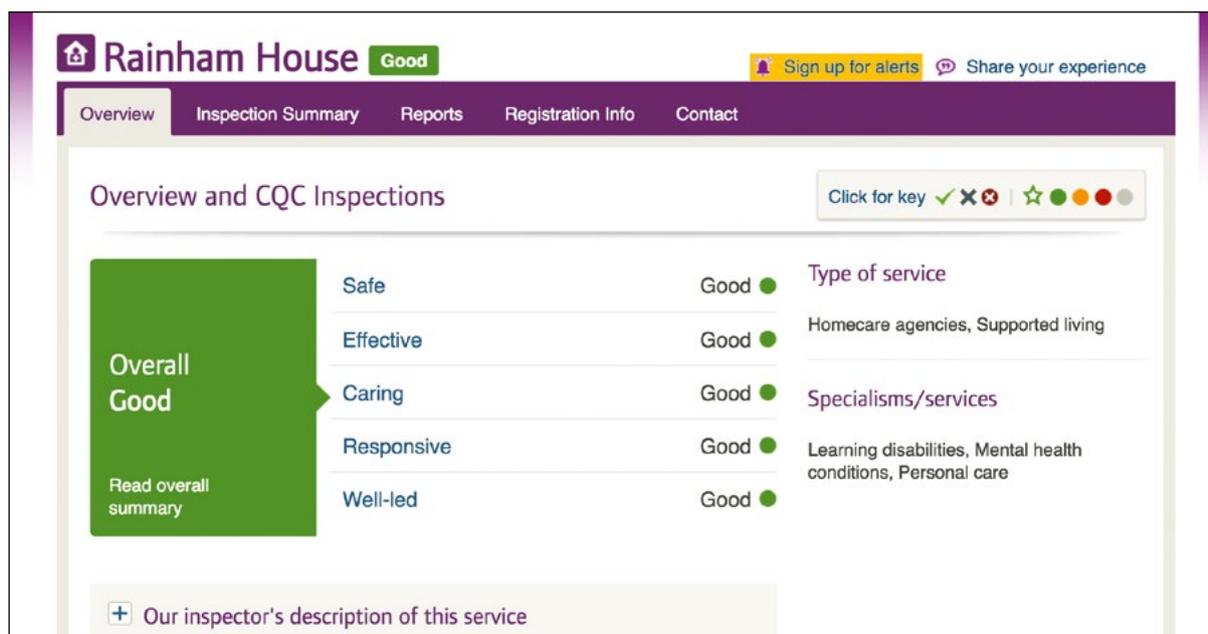
At a national level, CQC representatives meet with Healthwatch England (HWE) every three months to discuss opportunities to collaborate, to update each other on business plans and work to continuously improve the relationship between the two organisations and the network.

We will also support Healthwatch activity via our social media channels and encourage HWE and IHW to do the same.

Part 6 – What CQC offers local Healthwatch

6.1 Data to inform your work

We publish reports on our website at www.cqc.org.uk. You can sign up to receive all the inspection reports published on a service in your area by visiting their page on our website and clicking the button highlighted in the image below.



If you would like to receive a weekly roundup of reports in your area you can email DLS&IRegionalCommunications@cqc.org.uk specifying which region you'd like to hear about.

We also publish thematic reviews and reports to give you a better understanding of certain topics, and evidence that can be used in your work.

If you want to find out the wider picture of care quality, including ratings, in your area you can use our data directory which is updated once per month. The **data directory** is a filterable spreadsheet. It shows all services and their current rating, and can be broken down into areas such as:

- All care homes in the Newcastle upon Tyne local authority area
- All home care services rated as Inadequate in the Leeds local authority area
- All GP surgeries rated as good in the North of England
- All forensic inpatient wards rated as Outstanding in England (for example could be used in local improvement work to learn from others)

We also have local area data profiles which give a picture of the health and social care system in each local authority area.

They bring together data to give an indication of how different services work together, focusing on the care pathway for people aged 65 or over

You can visit our website to **read more and download your local area data profile**.

6.2 We'll keep you informed on news locally

We issue press releases on significant reports publishing locally and will send this to you in advance of publication. We also circulate national press releases about reports or CQC news. If you would like to receive these press releases you can email **DLS&IRegionalCommunications@cqc.org.uk**.

Once a month we also send out a bulletin to local Healthwatch with a roundup of what's been happening at CQC, any significant reports we've published, opportunities to work together, and any other important information from the health and social care sector we think you might need to know about. You can email **engagementandinvolvement@cqc.org.uk** to sign up.

6.3 Resources to help you use our reports

We encourage local Healthwatch to use our reports, including improvement reports to have conversations with providers, commissioners, and other local stakeholders about care quality.

Reports can also be used as an opportunity to identify areas where local Healthwatch may wish to do some engagement work to help drive improvement.

CQC and the local Healthwatch network are also looking at ways that IHW can use reports to drive improvement locally.

6.4 Closing the feedback loop

In a survey completed by IHW to Healthwatch England, you said you weren't always sure what we do with the information you provide to us, and it didn't always feel like a two-way relationship for this reason.

It's worth noting that feedback or action from the information you provide may not come back in the same format it was supplied, and it may take several months for us to publish how it's been used. Although the inspection team might not tell you directly, exactly how your information has been used, it will be used in other publicly available formats. It might be used:

- In an inspection report
- To contribute to a CQC thematic review
- To bring forward an inspection date.

During your regular meetings with inspection teams you can also ask them how they have used the information that you've provided.

We also have a concerns and complaints policy which outlines what contact members of the public can expect from us when they provide us with information.

Members of the public who contact us, to share concerns about care or give positive feedback about a service, and provide contact details (email, telephone, address), will receive:

- Acknowledgement that thanks them for taking the time to give us information.
- Clear information that describes the potential actions we may take in response.
- Signposting information on how to make a complaint.
- Signposting information to the whistleblowing helpline (if applicable).
- Invitation to sign up to an email alert which will tell them when the care service they shared feedback on has been inspected.

In response to information from individuals about their experiences of care we will:

- Give them an enquiry reference number so that individuals can use this if they want to make further contact with us about the information they have shared.
- The name of the inspector who the information has been passed to.
- Information that advises a CQC inspector may choose to contact them if they need to seek further information but not to be surprised if they do not hear further from us.

No other form of feedback about what happened as a result of the information received will routinely be provided by CQC.

We recognise that people may expect to receive more feedback from us about what we've done in response to information they've shared with us. Right now, we don't have the resources to be able to provide individual feedback to people about what action we've taken. We are continuously reviewing ways of improving how we do this.

Part 7 – What Healthwatch can offer CQC

7.1 Intelligence – What we want to hear from you

We want to hear what you're hearing from people, year-round not just when we're on inspection.

We want to hear when the quality of care at a service has changed, that could be for the better or where there may be deterioration.

There are various ways that you can submit feedback to us:

- **Share Your Experience form** – You can encourage people to submit information using the Share Your Experience form on our **website**.
- **Contact centre** – You can call our contact centre on 03000 61 61 61 or fill in the **online form**.
- **Inspection teams** – You can report any feedback about a service through your local inspection team.
- **Social media** – You can report feedback through our **twitter** and **Facebook** accounts.

Healthwatch Enter and View reports are a great resource for CQC inspection teams to use and you can share them directly with us.

Our inspection teams do a lot of public engagement work through the course of their normal inspection work, but may struggle to get access to feedback from hard to reach groups. If you do any engagement work with these groups as part of your work, our inspectors would love to hear about it to bring that insight back into CQC.

Inspectors aim to gather information about people's experiences of equality and human rights issues. We also report on specific equality characteristics, where we have examples of them during inspections.

7.2 Help to publicise our work

If you have an event you would like a CQC speaker at, you can contact your local inspection team.

If you would like any public engagement materials such as CQC leaflets, you can order these online **via our website**.

You can also help to publicise our work by engaging with us on our social media channels.

Twitter: **@CareQualityComm**

Facebook: **<https://www.facebook.com/CareQualityCommission/>**

To find out more about how you can get involved in our social media work, you can email **social@cqc.org.uk**.

We will be updating this document regularly. If you would like any further information on anything in this guide or have any comments or suggestions for improvement, you can contact engagementandinvolvement@cqc.org.uk

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