



Your response to the consultation

Quality Accounts

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Contents

Contents	2
Background	3
Personal Details	4
Questions	4
Specific questions relating to the national prescribed content	4
1.0 Statement from the Board	4
2.0 Priorities for improvement	5
3.0 Review of quality performance	5
4.0 Research and Innovation	6
5.0 What others say about the provider	7
General questions relating to the national prescribed content	8

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Background

This document should be read in conjunction with the document entitled 'The Framework for Quality Accounts – a consultation on the proposals'. The Department of Health has launched a public consultation on the proposed framework for Quality Accounts and invites you to respond. From April 2010, subject to successful passage of the Health Bill, providers of NHS acute healthcare will be required to produce an annual Quality Account. It will apply to primary care and community services in subsequent years. The consultation draws on findings from a series of engagement, testing and design exercises and makes recommendations for the regulations and guidance for Quality Accounts.

Please return your responses, no later than Thursday 10 December 2009 to:

By email: QualityAccounts@dh.gsi.gov.uk with the title 'Quality Accounts Consultation'

By post to:

Dr Karen Noakes
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80 London Road
London SE1 6LH

Many thanks for your response to this consultation. Please note that responses may be made public unless you state otherwise.

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Questions

Specific questions relating to the national prescribed content

1.0 Statement from the Board

Q1: Do you agree that the inclusion of a mandatory statement from the board is the best way to demonstrate board accountability for the Quality Account?

Yes- Accountability for the Quality Account's accuracy and performance-level should rest with the Board. There should be a mandatory statement from the Board that explicitly references the accuracy and performance-level and the process the Board utilises to reach this assurance.

Q2: Some providers may be individuals, partnerships or bodies which are not incorporated and do not have a formal board structure. We would welcome views on how the provisions of the regulations should apply to such bodies

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2.0 Priorities for improvement

Q3: Do you agree that at least three priorities for improvement, agreed by the board and their rationale for selection should be included in Quality Accounts? Do you think that providers should report on previously set improvement targets using indicators of quality and including historical data where available?

Yes – 3-5 indicators seems a reasonable amount. It is important that a clear rationale is included, and that methods for re-assessing be clearly indicated. There may need to be further guidance on how to select the priorities in order to produce the most meaningful improvements.

Also the Quality Account should track progress over time therefore reporting on previously set targets would be helpful.

3.0 Review of quality performance

Q4: Do you agree that at least three indicators covering each of the domains of quality should be included in Quality Accounts?

Yes - as this allows for triangulation of results to demonstrate a clear direction of travel with measurable outcomes. However, it should be noted that some domains lend themselves to indicators more than others e.g. patient safety. Some information will be more qualitative than quantitative, and the Account will need to allow for more qualitative information. Furthermore there will be overlap between the domains, meaning that a particular indicator may fit more than one domain.

Q5: Do you think that the inclusion of the statement from the board to state they have reviewed the available data on the quality of care in their services provides an assurance of the quality of services provided?

Not sure - If the statement is to reassure the public of the quality of services, the public may prefer more objective/external assurance processes. Regardless of what form the statement of assurance takes, we need to make the process by which quality is assessed as clear as possible as it is by being transparent that assurance will be achieved.

Q6: Do you think boards should include an explanation of how the review of services was conducted, and how patients and the public were involved?

Response to the consultation - Quality Accounts

Yes – we would support this proposal. The patients and the public should be central to any service redesign. If boards are required to sign off this information there is a case for this be performed by a sub-committee of the Trust Board e.g. the Governance and Risk Management Committee.

Q7: For the statements on participation in clinical audits, please provide your view on their suitability for inclusion as nationally mandated content in Quality Accounts. In addition, please identify whether the description of the statement is well defined or open to interpretation and provide any other comments on the proposed statement.

Inclusion of clinical audits in the Quality Account would raise the profile of clinical audit at Trust Board level, which would be largely positive. However, the impact of clinical audits on quality of service is not reflected by participation in clinical audits alone but also the quality of that audit and the improvements made as a result of audit findings.

Yes - the statement on clinical audit participation is clear. However, it should be noted that it could be difficult to get reliable measures for the items requested in the statement.

4.0 Research and Innovation

Q8: For the statement on participation in clinical research, please provide your view on their suitability for inclusion as nationally mandated content in Quality Accounts. In addition, please identify whether the description of the statement is well defined or open to interpretation.

We strongly believe that clinical research be a nationally mandated part of the Quality Account. Some kind of headline statement about the aspirations of current research and recent achievements could usefully be included. However, the idea that each trust will be able to give an accurate and reliable measure of the proportion of patients in each disease group that are recruited to trials seems overly optimistic. Whilst this will be relatively easy for some disease groups such as cancer but there may be not be the required level of data available for other disease groupings.

Yes- The definition of clinical research is well defined.

Q9: For the statement on the use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework, please provide your view on their suitability for inclusion as nationally mandated content in Quality Accounts. In addition, please identify whether the description of the statement is well defined or open to interpretation and provide any other comments on the proposed statement.

We are not persuaded that this should be included. Whilst including information concerning the detail of Trust's indicators in the CQUIN and their performance against these indicators could help system alignment and add clarity to relationship between Quality Accounts and CQUIN schemes - the payment awarded through CQUIN may not be the best indicator of good/poor practice as performance is largely dependent on how well developed these schemes are.

The statement is clear, however members of the public are unlikely to know about CQUIN - if we include it we will need to include a clear explanation. Furthermore, linking the Quality Account to finance may make families and patients believe that Quality Improvement is only being pursued due to financial necessity.

5.0 What others say about the provider

Q10: For the statements from the Care Quality Commission (CQC), please provide your view on their suitability for inclusion as nationally mandated content in Quality Accounts. In addition, please identify whether the description of the statements are well defined or open to interpretation and provide any other comments on the proposed statement.

Yes – we agree that a statement confirming the Trust’s registration status with the CQC should be included. However we would warn that registration CQC timescales may be a problem as a Trust may make representations against the awarded registration status. This needs to be considered when planning the timescales for the submission of the Quality Account, and how changes to a Trust’s CQC status after submission would be considered.

The statement appears fairly clear although conditions may be unclear to the public.

Q11: Do you agree that Local Involvement Networks (LINKs) and PCTs should be given the opportunity to comment on a provider’s Quality Account and that providers should include this response in their account? Should this include local authority Overview and Scrutiny Committees?

Yes - LINKs and PCTs should be given an opportunity to comment on a provider’s Quality Account – However this may be difficult to include in this year’s Quality Account since definitive guidance on the content has yet to be published.

Local authority Overview and Scrutiny Committees could also be included, however they would need education and guidance in order to understand the Quality Account and the standards included in them e.g. CQUIN, CQC registration, and clinical audits.

Q12: How much time should LINKs/PCTs be given to provide a response on a provider’s Quality Account?

We think that this should be agreed locally however, this should not be more three weeks.

6.0 Data Quality

Q13: For the statements on data quality, please provide your view on their suitability for inclusion as nationally mandated content in Quality Accounts. In addition, please identify whether the description of the statement is well defined or open to interpretation and provide any other comments on the proposed statement.

Response to the consultation - Quality Accounts

Quality of data is inherent if we are to compare ourselves to other organisations and to provide assurance around standards. Generally the information data quality proposed to be included in the quality accounts is suitable for inclusion; clinical coding error rate is clearly defined and the IGT score is straight forward. We would highlight the following points for further consideration:

- Ethnicity coding is mentioned in rationale 2.46 but is not included as one of the 4 key indicators - you may want to consider including it.
- Valid NHS number – needs defining as to whether it means present & verified or just a number in the correct format.
- Valid GP Registration code – must mean a valid and current GP code rather than validity relating to whether it is the correct GP for the patient.
- An identification of what the accepted tolerances are.

General questions relating to the nationally prescribed content

Q14: Do you agree that our proposals for the nationally mandated content of Quality Accounts meet the objectives set out in the proposal?

In general we approve of the proposals for what should be included in the Quality Account as it will help to keep quality on the board agenda. However given that this should be a locally led process we do have concern that there may be an overemphasis on nationally mandated information. There is a danger that the Quality Account will be too mechanistic and centrally driven and not responsive to local improvement needs.

Q15: Are there any other areas that should be included in the nationally required section of Quality Accounts?

Not at this stage.

Questions relating to the processes for Quality Accounts

Q16 – Do you agree with the proposed publication methods?

Response to the consultation - Quality Accounts

We would agree with publishing on NHS website. In addition the Quality Account should also be published on the Trust's website.

Q17 – Do you have any other comments on the proposals?

Difficult engaging with the public on this agenda as whilst they are interested in receiving assurance on Quality they do not really have a view regarding what should/shouldn't be included in an account. It is important that the Account be transparent and clear to the Public and Patients. It should be emphasised that the key function of the Quality Account is to publicise information about the quality of care, and to drive improvements in performance through the publication of relevant data.

Q18 – Some providers may be individuals, partnerships or bodies which are not incorporated. We would welcome views on how the proposals would operate for such bodies.

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Q19 – Do you agree that small providers should be exempt from producing Quality Accounts? If so, are the proposed criteria the right ones?

No – all should be included as they are for CQC registration.

Response to the consultation - Quality Accounts

Q20: What are your views on the proposed process for delivering Quality Accounts in the primary and community care setting?

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Q21: Our testing showed that a typical cost for a provider to produce a Quality Report was around £14,000-£22,000. Do you think that this is a realistic estimate?

Not sure as it is difficult to quantify the indirect costs/ man hours involved. We need to be mindful of concern from the public in terms of the value added by producing a Quality Account/ Report. Any direct or associated costs of producing the account need to be justified by real improvements and benefits to patients. These additional costs also need to be considered in the context of the ever-increasing financial cost of regulation. It is important that we address how is this to be paid for without diverting funds from patient care.

The report on the 'Quality Accounts Testing Exercise' is available at:
www.dh.gov.uk/Qualityaccounts

Returning Responses

Responses should be returned no later than Thursday 10 December 2009.

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