



JOINT CONSULTANTS COMMITTEE

February 2005

A Response to the Healthcare Commission's consultation on *Assessment for Improvement*

INTRODUCTION

The Joint Consultants Committee is pleased to have the opportunity to respond to this far-reaching consultation exercise and compliments the Healthcare Commission on the wide range of its proposals and the clarity with which they have been set out. The Healthcare Commission will clearly have a pivotal role in quality assuring standards throughout the health service. This will become increasingly important as care is devolved locally to a variety of health care providers.

The JCC's predominant interest in this exercise relates to consultant practice within hospital trusts. It is important to our members that clinical standards are maintained and that there is appropriate provision for training and research. In formulating this response, however, we have attempted to provide answers to most of the questions posed in the discussion document.

CHAPTER 1

Will our proposals ensure that we engage effectively with patients, the public and healthcare professionals? Are there other or different steps we should be taking?

It is imperative that the process of assessment be actively promoted as a means to improve professional practice and enhance patient care. To facilitate this doctors want clear and transparent measures of performance that help them to review, assess and improve practice at a local level. If such measures and their outcomes are to gain the confidence of clinicians, (and similarly patients and the public), it is vital that assessment is founded on meaningful data that is valid and reliable and trusted by all stakeholders. Without this high quality data the process of assessment will be compromised.

We are encouraged by the Commission's commitment to ensure that assessment helps health professionals to develop and share information on good practice and to develop clearer expectations on standards of performance. However, if clinical professionals are to be fully engaged in helping develop the Commission's proposals it will be necessary for the Commission to establish an accessible, formal mechanism through which clinicians can be provide feedback and share concerns.

Are we measuring what really matters: for patients and the public? For clinicians? For different types of healthcare organisations?

What really matters is measuring areas where improvement can be sought for the benefit of all concerned: better outcomes for patients, better working practices for healthcare professionals and more effective and efficient systems for managers.

We are therefore pleased that the Commission 'will conduct research on the benefits and examine how far our expectations of the systems of assessment are being met, including collecting feedback and commissioning opinion research on the perceptions of patients, local people, clinicians and managers' (p.18). It will be essential that through this approach doctors are made to feel that participating in assessment is a worthwhile investment and that they have a stake in the ownership of the process. If this is achieved and doctors' feedback is sought regularly then we can expect the assessment regime to be an informed process measuring what really matters to doctors and other stakeholders.

Is there anything else that should be included in our proposals?

We are concerned that both the core and developmental standards fail to acknowledge the important contribution of research and education to the healthcare system. The standards do not make provision for assessing an organisation's investment and commitment to maintaining and improving this significant area. We would therefore suggest that Commission strives to include the assessment of educational activity and clinical research activity into the performance regime.

How often should we present our findings and what format would you find most useful?

We support the proposal to present findings on an annual basis and welcome the Commission's future intention to make information available as it is received. This will be particularly useful in allowing Trusts to take swift action in instances where intervention is required.

CHAPTER 2

Will our proposed approach lead to improvement, in particular: Will our proposals identify failings in the provision of healthcare and lead to appropriate steps to address these?

We are encouraged by the Commission's acknowledgment that it must involve key stakeholders in developing the elements by which it assesses services, the way that it carries out assessment and the areas of care that it should prioritise in our reviews. This will inevitably ensure that assessments measure what matters to clinicians as well as to patients and managers. This will be fundamental to ensuring that the Commission's work both accurately identifies failings and is able to support improvement.

It is also vital that the necessary expertise and resources are in place to facilitate the receipt and interpretation of data from other inspecting bodies. At this stage in the Commission's work we are not in a position to judge how well this will be achieved. We note that the Commission's strategy for developing 'intelligent information' will be published shortly in collaboration with the National Programme for IT and the proposed new national health and social care information centre. We look forward to seeing this joint work and hope that the proposals are coherent and practical.

However, the fact that self-assessment is at the centre of the proposed approach does raise some questions over the ability of the Commission to identify failings in the provision of healthcare in particular organisations. The central reliance on Trust boards to self-assess will lead some to question the credibility of the assessment process. Nevertheless, we are reassured that Trust boards will be required to seek approval for their declaration from the patients' forum, SHA and the local authority. We would hope that this will result in a reliable method for registering concerns about different aspects of organisational performance. We would like to suggest once again that the Commission establish a formal mechanism through which clinicians can be involved in approving the assessment process.

Will our proposals offer sufficient support to healthcare organisations' continuous efforts to improve their services?

We welcome the Commission's desire to support continuous improvement and believe that a key means to achieving this aim will be establishing a constructive interface between the Commission's locally based teams and individual organisations. If the developmental approach emerges as proposed and relevant support is focused at the local level then momentum toward improvement will be likely.

Do you believe that the assessments that we make will be fair?

We have no doubt that it is the Commission's intention to be fair. However, judgements will have to be made and not all will be popular. It will therefore be essential that the processes by which the Commission arrives at its conclusion are transparent and that the criteria used are, as far as possible, evidence-based. The JCC believes that the Commission's proposals in this area are sound and likely to be successful.

Do you believe that we will make assessments transparently?

We recognise the Commission's commitment to transparent assessment and welcome the structures proposed to enable this. Nevertheless, we do have concerns pertaining to the Commission's relationship with other bodies and the use of 'external' data. At this point we would seek further clarification as to how the Commission foresees its relationship developing with these other bodies, how much information will be shared between them and how this data from different sources will feed into the assessment framework. In particular, we ask that the Commission's current and future relationship with Monitor, the regulatory body for Foundation Trusts, be more clearly defined.

CHAPTER 3

We propose to phase in the new methods of assessment rather than introduce them all in 2005/2006. Do you have any concerns about this phased approach?

We welcome this managed introduction of the new methods of assessment.

Can you suggest better ways that we can use information? How can we help to assure and improve the quality of information available to us?

We would suggest that the information be employed in such a way that allows its consumers to 'drill-down' through the headline figures in a meaningful way. We appreciate that the Commission has a statutory requirement to award an aggregate score for each institution and can understand why this approach seems the most straightforward and accessible to many commentators. However, we are aware that this approach has the potential to distort and mislead, and more importantly prevents a more sophisticated assessment as to how services

have, or have not, improved. In so doing, it prevents doctors from making informed judgements concerning progress in discrete areas.

We would therefore suggest that the information is made available in such a way that allows consumers to assess performance at the departmental or unit level. From the perspective of doctors this will empower them because at this level the performance measures are within the scope of health professionals to change. If performance data can be reviewed at this level, it is likely to be more meaningful to doctors, who can consider the data and think collaboratively about ways to improve performance.

Does our proposed approach live up to the Government's principles for better regulation? In particular, will they achieve the right balance between:

- effective assessment without undue burden on those assessed?

At first glance, the quantity of information to be gathered appears to be very substantial. We are not in a position to judge how much of a burden this will be for the organisations concerned but we are prepared to accept the Commission's reassurances that many of the data will already have been collected for other purposes.

- healthcare organisations taking responsibility for their own performance and effective independent assessment?

We welcome the intention not to overburden trusts with inspection and bureaucracy and instead encourage a system in which healthcare organisations take responsibility for their own performance. However, as noted above, self-assessment is fallible and the shortcomings associated with it will need to be guarded against. It will therefore be essential that the Commission carefully monitors the implementation and impact of its new approach in order to prevent failings in this area.

CHAPTER 4

Comments on: The processes by which we are proposing to assess compliance with the core standards, in particular, the intended use of a trust's declaration that incorporates the views of other organisations in the local healthcare community?

We welcome the Commission's stated intention that Trusts will have to include the views of the local health community in their declaration. It is suggested in the consultation that 'as a minimum, this should include strategic health authorities, local authorities and patient forums.' We would strongly recommend that the views of clinicians form part of the trust's declaration and are taken into account when assessing compliance with the core standards.

We note that the Commission proposes to make a review of trusts' use of resources the third element in assessing how far trusts are getting the basics right. It is suggested that this assessment will ask:

- is the financial position adequate?
- is financial management effective?
- is financial governance effective?
- is value achieved from the resources used?

We would like clarification of how this assessment might be co-ordinated with, or impact upon, the work of the Audit Commission and Monitor.

The draft guidance that we have published on what trusts might want to take into account in satisfying themselves on compliance with the core standards?

We welcome this draft guidance and support its contents.

The information that we are proposing to use to consider outcomes relating to the core standards?

We endorse this approach.

Our proposed approach to the measurement of existing targets?

We appreciate that this is a somewhat contentious area and are satisfied with the Commission's intended approach.

The proposed approach to our assessment of a healthcare organisation's use of resources?

See our comments above.

Our proposed approach to the use of other regulatory findings?

We agree with this approach but repeat our concern that the Commission should ensure that such information is robust and reliable (see above).

CHAPTER 5

Comments on the proposed approach to the assessment of:

New national targets?

We endorse this approach (see response to Chapter 4).

Developmental standards generally?

We agree with the general thrust of these proposals. However, we are uncertain whether this approach will provide sufficient information about strategic progress over a longer time frame than the suggested triennial visiting programme. For instance, the new National Service Framework for Children, Young People and Maternity Services has a ten-year implementation deadline. It will be important that the Commission can be reassured that organisations are making progress at an appropriate rate.

The improvement of particular aspects of healthcare across healthcare organisations, from the perspective of patients?

We strongly endorse an approach which incorporates a patients' perspective. The JCC would be interested to have further information about the way in which information will be obtained about patients' views and values. There are many well-described pitfalls in making decisions based upon the views of healthcare providers or of single-interest consumer groups.

CHAPTER 6

Comments on:

Making information publicly available, in particular, the possibility of publishing results as they become available within an annual cycle of review?

We support the proposal to make information publicly available and welcome the Commission's future intention to make information available as it is received. This will be

particularly useful in allowing Trusts to take swift action in instances where intervention is required.

The categories that we will use for the annual rating of an organisations performance?

The categories are not by themselves informative. Concern has been expressed that the word “satisfactory” will sound less than praiseworthy to the general public despite the fact that it means the Trust has met demanding standards. The provision of more detailed information by means of a drop-down list, as suggested, is therefore strongly supported.

Do you have a view on the approach to aggregating the different components of the framework of assessment in calculating the annual rating?

We appreciate that the Commission has a statutory requirement to award an aggregate score for each institution but would welcome an approach in which information can be disaggregated thus enabling a richer picture of performance to be developed. The consultation includes (in Chapter 6) a mock-up of a report that might serve as a prototype. This contains discrete judgements on core standards, on national targets, on development standards and local targets. We would strongly support such a system which would allow consumers to see beyond the single annual rating.

Do you have a view on how we incorporate assessment of leadership and organisational capacity in the annual rating? Should it be part of a single overall rating or a separate rating on the organisation’s prospects?

Assessments of leadership and organisational capacity will clearly be based to a major extent upon existing performance. However, some judgement will also have to be made about planning for the development of services. For this reason, we would favour a separate rating.

CHAPTER 7

Do you agree with our proposals for independent healthcare to reduce the burden of regulation through proportionate inspection that is effective in targeting risk?

We support the Commission’s aim of employing *proportionate inspection* and reducing the burden of regulation. The proposals are broadly welcomed but we will want to consider their effectiveness once the scheme is under way.

What should be the essential parts of our approach to assessments of independent facilities where, subject to legislation, there is an alignment of standards across the independent sector and the National Health Service through the *Standards for better health*?

We welcome the Commission’s undertaking that from 2006/2007, subject to legislation, it will assess independent healthcare by reference to the same core and developmental standards as are applied in the NHS in *Standards for better health*.

We assume that the draft assessment tools are now being audited and look forward to seeing the information generated by that process. We shall ask JCC's Independent Healthcare Advisory Group to comment on the specific proposals which the Commission will bring forward later this year.

What are the priorities in improving the collection and use of clinical and performance information from independent providers, and who should be involved in this work?

Clinical standards adopted by independent providers must clearly match those in the National Health Service. However, performance standards may well be expected to differ. It will be important to consider casemix and facilities for teaching, training and research when comparing performance. JCC would be pleased to enter into a dialogue with the Commission in this increasingly important area.