

By: Tristan Godfrey, Research Officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee – 30 October 2009

Subject: Item 6. Briefing Note. *The Framework for Quality Accounts. A Consultation on the Proposals.* Department of Health, 17 September 2009.

Key Points

- In 2010, NHS Trusts, Foundation Trusts and their private/voluntary equivalents will be required to provide a Quality Account.
- From 2011, Quality Accounts will be introduced for the primary and community care sectors.
- The Department of Health is currently inviting responses to a consultation document about the proposed framework for Quality Accounts.
- One of the consultation questions asks whether overview and scrutiny committees should be given the opportunity to comment on a provider's Quality Account and have this included within it.

Background

The final report of the NHS Next Stage Review, *High Quality Care for All*, outlined the intended purpose of Quality Accounts:

“For the first time we will systematically measure and publish information about the quality of care from the frontline up. Measures will include patients' own views on the success of their treatment and the quality of their experiences. There will also be measures of safety and clinical outcomes. All registered healthcare providers working for, or on behalf of, the NHS will be required by law to publish 'Quality Accounts' just as they publish financial accounts.”¹

Quality Accounts are being introduced as part of the Health Bill currently going through Parliament.

What is a Quality Account?

In broad terms, “Each Quality Account should address the quality of the services offered by the organisation as a whole and should be presented as a

¹ Department of Health, *High Quality care for All – Next Stage Review Final Report*, 30 June 2008, p.11, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalassets/dh_085828.pdf

short, readable document that is accessible to all members of the local community.”²

Quality Accounts were produced by all Foundation Trusts in England and NHS providers in the East of England in the summer of 2009 to trial the format³. Next year, NHS Trusts, Foundation Trusts and their private/voluntary equivalents will be required to provide a Quality Account. There is an exemption for small providers (defined as fewer than 100 NHS patients each year or an NHS contract of less than £100,000 per year). The current consultation document sets out the framework only for those organisations which will be required to publish a Quality Account next year, although the principles will be carried forwards to future years.

As for the contents of a Quality Account, the intention is that some content will be set nationally, but a large amount should be decided locally and reflect local targets.

The consultation document, the nationally mandated comment is likely to include the following 6 statements:

1. statement from the board – an overall statement of accountability from the board;
2. priorities for improvement – confirmation that the organisation has identified key improvement priorities and the monitoring and reporting arrangements to track progress;
3. review of quality performance – confirmation that the organisation has set three indicators for each of the domains of quality; has reviewed the range of its services with a view to developing a quality improvement plan; and has demonstrated that it monitors quality by participating in clinical audits;
4. research and innovation – confirmation that the organisation participates in clinical research and uses the Commissioning for Quality and Innovation (CQUIN) payment framework;
5. what others say about the provider – a statement on the organisation’s CQC registration (e.g. whether conditional) and of any concerns arising from periodic and/or special reviews; and a statement from Local Involvement Networks (LINKs) and primary care trusts (PCTs);
6. data quality – a simple data quality score.⁴

² Department of Health, *The Framework for Quality Accounts, A consultation on the proposals*, p.5,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_105315.pdf

³ The Department of Health website provides the Quality Account for The Queen Elizabeth Hospital in King’s Lynn as an example. This is available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_105714.pdf

⁴ Department of Health, *The Framework for Quality Accounts, A consultation on the proposals*, p.7,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_105315.pdf

Quality Accounts and Overview and Scrutiny Committees

It is in relation to the second part of number 5 above that views are requested on the possible contribution of Overview and Scrutiny Committees to Quality Accounts. This section is quoted in full:

“ii. Statement from Local Involvement Networks and primary care trusts

2.42 Providers will be encouraged to include in their Quality Accounts a response from their LINKs and their lead (the co-ordinating commissioner) PCT(s) on their view of their Quality Account (a description of the PCT’s additional role in assurance is at paragraph 2.61).

2.43 Department of Health guidance will advise that providers should consider sharing the proposed content of their Quality Account at an early stage with commissioners, their own staff and patient groups such as LINKs. This is to ensure that the proposed content is a fair representation of the quality of the health services provided and that it highlights areas that are of particular interest to the local community.

2.44 We propose that the regulations would require providers to send copies of their Quality Account to their relevant LINKs and to their lead PCT prior to publication for comment, and require the provider to include those comments in the published Quality Account.

Q11: Do you agree that Local Involvement networks and primary care trusts 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?

Q12: How much time should Local Involvement networks and primary care trusts be given to provide a response on a provider’s Quality Account?”⁵

A full list of consultation questions can be found at the end.

Further information

The consultation is running from 17 September until 10 December 2009.

The consultation document and related material can be found at: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_105304

Consultation questions

1. 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?

⁵ Ibid., p.27.

2. Some providers may not have a formal board structure. We would welcome views on how the provisions of the regulations should apply to such bodies.
3. Do you agree that at least three priorities for improvement, agreed by the board, and the rationale for their 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?
4. Do you agree that at least three indicators covering each of the domains of quality should be included in Quality Accounts?
5. Do you think that the inclusion of the statement from the board to state that it has reviewed the available data on the quality of care in its services provides an assurance of the quality of services provided?
6. Do you think boards should include an explanation of how the review of services was conducted, and how patients and the public were involved?
7. 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.
8. For the statement on participation in clinical research, please provide your view on its 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.
9. For the statement on the use of the Commissioning for Quality and Innovation (CQUIN) payment framework, please provide your view on its 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.
10. 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.
11. Do you agree that Local Involvement networks and primary care trusts 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?
12. How much time should Local Involvement networks and primary care trusts be given to provide a response on a provider's Quality Account?
13. 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.

14. Do you agree that our proposals for the nationally mandated content of Quality Accounts meet the objectives set out in the proposal?
15. Are there any other areas that should be included in the nationally required section of Quality Accounts?
16. Do you agree with the proposed publication methods?
17. Do you have any other comments on the proposals?
18. Some providers may be individuals, partnerships or bodies that are not incorporated. We would welcome views on how the proposals would operate for such bodies.
19. Do you agree that small providers should be exempt from producing Quality Accounts? If so, are the proposed criteria the right ones?
20. What are your views on the proposed process for delivering Quality Accounts in the primary and community care setting?
21. 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?