

Developing the annual health check in 2006/2007 Have your say

The document *Developing the annual health check in 2006/2007* sets out our proposals for assessing the performance of healthcare organisations in England in 2006/2007 and asks for your comments on the different aspects of our approach.

We would particularly like your feedback on our proposed approach to measuring improvement in NHS organisations by reference to the Government's developmental standards, which are designed to improve the quality of care that patients receive.

You have until June 5th 2006 to let us have your views. Please use this form to send us your comments. Attach extra pages if necessary. Please return the form to: Consultation, Healthcare Commission, FREEPOST LON 15399, London, EC1B 1QW or you can fax it to: 020 7448 9391.

1) Do you agree that the further priorities listed on page 6 are the right ones for 2006/2007?

Yes with respect to primary care and community settings, but it is important also to include:

- intermediate care provided by PCTs e.g. PwSI, etc.

- community care provided by secondary care providers

Some of these areas of service provision are so 'new' to the current NHS and their expansion encouraged so widely and rapidly that they are developing outwith the standards set and expected of both primary and secondary care services.

2) In the context of the proposal to publish ratings across different elements, have we identified the right four questions (see page II) for the annual health check to answer in 2006/2007?

The questions are good, but the mechanisms by which they are to be answered are flawed. The ratings will be strongly influenced by the volume of complaints received. This may give a trigger for concern but could reflect characteristics of the complainers or the openness of the organisation to comment, rather than characteristics of the service. However, using just the volume of complaints may be neither representative of the quality of a service nor an objective method of evaluation and measuring supportive comments might add some balance.

3) Have we got the right approach for assessing progress in relation to developmental standards?

The year ahead will see a huge change in the delivery of healthcare as a result of practice-based commissioning. Devolution of budgets to local PCTs, some of which have huge deficits and will therefore be looking for ways to save money, will inevitably have effects on rationing of healthcare.

4) Have we got the balance right between quantitative and qualitative measures of progress in relation to developmental standards and, in particular, are there any outcome measures or quantitative indicators that we could use to inform the rating directly?

The equality of healthcare in different areas of the country will need to be a major focus for comparative study of safety and clinical effectiveness. The implementation of NICE guidelines in the areas chosen will need to be evaluated in community, intermediate and secondary care settings and across whole health and social care systems.

5) Are we measuring the right things through our themes for declaration (see appendix F) and supporting data, and are there any areas of priority within these themes that we should focus on?

Skin disease is very common but can be difficult to diagnose and complex to manage. It is likely that skin conditions, together with the other surgical areas targeted for redesign within the Care Closer to Home programme, will be subject to major changes of service delivery over the next year or two. As no skin disease is covered by the Quality and Outcomes programme, there is no necessity to document quality of care delivered within primary care. As an area liable to experience major restructuring due to government reforms, we suggest that care of skin disorders should be an area for focus by the Healthcare Commission.

6) What sources of data, including the findings of other inspection and regulatory bodies, and what themes of declaration should we use for specific sectors of healthcare?

In primary, intermediate and secondary care, the levels of training of practitioners should be defined and adhered to. This is of particular importance in intermediate care, where no nationally agreed training or accreditation system exists.

A means of accrediting the service delivered in intermediate care settings should also be developed and tested as a matter of urgency. There is no baseline data for this tier of service, which can only be compared with other pre-existing services.

The cost-effectiveness of PwSI in primary/intermediate care is worth evaluating.

7) Have we described the right levels of performance required to demonstrate 'excellent', 'good', 'fair' and 'weak' progress?

The specified levels seem reasonable.

8) As we develop our approach for 2007/2008, how could we improve the way we measure the contribution of organisations that provide and/or commission services to the delivery of new national targets?

As an example, many skin diseases are long-term conditions which necessitate care at home and in the community and at times, rapid access to acute care with the possibility of in-patient treatment. Skin conditions such as eczema and psoriasis make up the bulk of such disease. Recognition of the importance of care in the community of patients with these conditions could be achieved by incorporation of standards of eczema and psoriasis into the Quality and Outcomes framework of the general medical services contract.

9) As our programme of improvement develops beyond 2006/2007, what further areas of priority should we consider for improvement reviews?

The importance of patient choice should be assessed both from the patients' perspective and also from the view of the quality of care provided. Care in the primary sector/community and also intermediate level care is pre-choice for the patient. The expansion of services in these areas could perversely reduce patient choice overall, since a patient only has 'choice' at the point of transfer of care from community to acute sector.

Skin disease has been identified as an area of priority for the Government (Care closer to home). It is also an area of huge concern for the public and patients, with 15-20% of GP consultations relating to the skin. With an estimated one million secondary care consultations in dermatology per year it is also a critical area affecting many people. The recent introduction and rapid expansion of the intermediate layer of care in dermatology is very variable across the country and has led to a degree of post-code variation in care. For all these factors, we suggest that this is an area the Healthcare Commission could target for review in the future.

10) Should we continue to review past topics so that progress can be monitored? If so, which topics should we revisit? (Visit our website for details of past topics: www.healthcarecommission.org.uk/acutehospitalportfolio)

Past topics should be reviewed for at least two years to act as a comparison for the changing patterns of service.

11) What elements of our existing approach are most valuable to you? Are there ways in which we could provide more support in working with groups of patients, clinicians and trusts to help to improve services?

A quality service requires good and adequate training and accurate succession planning. The incorporation of teaching and training into

healthcare now is essential for on-going and future patient care. The Healthcare Commission could include evaluation of training, accreditation and workforce planning into reviews of clinical care and patient satisfaction.

12) What do you think the priorities are for the national clinical audit and patients' outcomes programme for 2007/2008?

No comment

13) What elements of our existing approach are most valuable to you? Are there ways in which we could provide more support in working with groups of patients, clinicians and trusts to help improve services?

No comment

14) Whose findings would you like to see used, and how, so as to further reduce duplication and overlap in regulation and review?

No comment

15) Are there aspects of the respective roles of the Healthcare Commission and other bodies, such as Monitor, which it would be helpful to clarify further?

No comment

16) Do you agree with our suggested way forward on the review of leadership and organisational capability?

The suggested approach seems reasonable but should be modified in the light of experience and future consultation.