

Halton LINK (Local Involvement Network)

‘The Framework for Quality Accounts’

Response from the Halton LINK

The Halton LINK has members from voluntary and community groups and individuals living or working in Halton, who have an interest in the health & social care field locally. The Halton LINK Board held a consultation workshop, where the above document was discussed.

Introduction

Halton LINK Board members welcomed the consultation document and the fact that the Government appears to be committed to improving future healthcare services for people. These proposals offer a new way of achieving public accountability with processes that will be open and transparent. It is hoped that the outcome will be that services will be delivered in an equitable way that reflect the needs of users of services as well as promoting safe, effective services by any provider agency.

By empowering people to have more say on the quality of service provision will ultimately be both cost effective and life enhancing and will hopefully help to reduce health inequalities.

We used the suggested questions as a guide but occasionally added additional observations. Although this is not a consensus view taken by those present, the following questions and their bullet point comments do reflect the members’ individual and collective opinions.

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?

Ans)

- Agree on having a mandatory statement which focuses on accountability to patients and public.
- Should be written into contracts with commissioners.

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.

Ans)

- Providers should have a governance structure of some sort (whether it is one individual who owns the company or a Management Board) but should provide a mandatory statement. This should be written within contracts with commissioners.

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?

Ans)

- Rationale for selection of priorities should be ‘how the views of patients are ... not whether the view of patients etc ...

- Yes should report on previously set targets and should include the original target dates as part of that monitoring process – ‘Did they do what they said they’d do in the time they said they’d do it.’
- However, future targets being set should take account of quality services not numerical targets – review of previous targets should influence the order of priorities e.g. if historical targets have not been met, that area should be given a higher priority.

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

Ans)

- Yes, but should include in each of the indicators what level of complaint and concern has been reported and how they have been addressed.

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?

Ans)

- No not enough – assurance needs to include patients’ views on service quality.
- Robust audit mechanism should be included.

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?

Ans)

- Yes and show degree of openness in collecting data from patients, carers; family members and visitors in non-threatening situations or by an independent advocate/advocacy service.

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.

Ans)

- Clinical audits should be included. They are rigorous and that is their value.
- Indication should be in a context that makes it meaningful.
- Plain English version required together with clinical audits.

Regarding the statement:

- It is difficult for ‘lay’ patients to understand.
- It is too complex.
- Participation percentages not enough to inform on quality of services.

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.

Ans)

- Yes – but more information needed.
- Include – but who verifies content/robust view of the clinical research and how results of research are to be used. (Aims of research could be for ‘personal promotional reasons’.)
- Number of patients recruited (with their full consent).

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.

Ans)

- Yes should be included but need plain English.
- 'Agreed goals and new goals' ... should be included in the statement ... not 'on request'.
- Agree with principle of 'embedding CQUIN payment framework' to encourage development of quality services.
- However, for under-achieving organisations, support in a non-fiscal way should be implemented e.g. Guidance/advice/experts available to offer support.

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.

Ans)

- Yes well defined. A necessary report.

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?

Ans)

- Agree should be given the opportunity to comment and challenge on providers Quality Accounts (based on relevant evidence) – LINK should play key role in this.
- There needs to be some mechanism that can be used throughout the year that will improve quality of service on an on-going basis rather than once a year. This needs to be included in the metric system. This would benefit patients, providers and commissioners.
- Yes should be included in response.
- Yes OSC.
- Vital LINKs carry on after 2011 – because they will be the patient/public independent watchdog as to whether quality accounts are true in their areas. Who else can monitor – with any degree of independence?
- Timely comments before publication with enough time to reply in detail from LINK and PCT.
- Remarks should be included in this section and the OSC's should have some opportunity to respond which should also be included in the report.
- However we believe OSC's, consisting of local politicians, may be restricted by party political lines whereas LINKs are apolitical.

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

Ans)

- From time we receive draft report – at least 2 calendar months, on the basis we use our suggested continuous monitoring system.
- Need to include small providers in process.

- Agree with 3 priorities for improvement and any data around previous targets would be beneficial.
- Agree with statement from Board around previous data on quality of care in services.
- Boards – should give as much information as possible on how they review all services.
- Training and support needs to be given to all in Quality Accounts, realistic timescales, and well thought through ideas.

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.

Ans)

- This is a very complex statement ... might need different levels of statement to meet different recipients such as Monitor; CQC; LINKs; members of a Foundation Trust e.g. a full report, an executive summary and an easy-read version.
- A detailed explanation of how percentages are assessed.

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

Ans)

- Yes so long as patient experience dominates the replies/data and results.

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

Ans) Areas that need attention:

- Measure holistic view of patient experience not just the isolated intervention procedures for a particular condition.
- Staff ratio – to patient's need e.g. extra care/cleaning staff on ward that may have vulnerable people such as elderly people who may have dementia/incontinence/problems.
- UNDERSTAFFING – huge issue. Won't achieve any quality services without this being addressed. Will have a massive effect on Dignity in Care (don't need professional lead managers – but more basic care staff.)
- Transport/car parking (crucial to accessing any services).

Q16: Do you agree with the proposed publication methods?

Ans)

- Yes openness important and action without due delay.
- Response from LINK/OSC's/PCT should be actioned and actions reported on.

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

Ans)

- Good start – needs review after first tranche.
- Needs to be included in requirements for authorisation and compliance agenda for Foundation Trust (e.g. Monitor to incorporate these requirements).

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.

Ans)

- Suggestion – training and support needs to be given to all in QA. Need realistic timescales; well thought through ideas; 'national training format to ensure equity.

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

Ans)

- No – all should report and use N/A (not applicable) where necessary – but should be given training and support where necessary.

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

Ans)

- Agree but very important to use review of first tranche to ‘iron out any problems’.

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?

Ans)

- Don’t feel able to judge precise costs – but must be kept to a minimum and reviewed and assessed annually ... as structures will be in place ... should be cheaper in future years.

Any Other Comments

Ans)

- How will this relate to the current Director of Public Health Reports?
- Need different ‘title’ for accountability – or at least a sub title e.g. Quality of Services Report; ‘Quality Counts’? (As ‘Accounts’ gives impression of financial accounts ... not quality of services or service quality reports/stats/standards and people therefore less likely to engage with the process.

Conclusion

Halton LINK Board members welcomed the chance to ‘have their say’ on this complex issue. Members want to know if robust independent advocacy services will be provided and funded adequately?

We hope that the above comments and views will be useful to you.

Lyn Williams

Halton LINK Manager – on behalf of the Halton LINK Board.