

Next steps in the regulatory system

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We make sure people get better care

Who are we improving care for ?

- People who use services, carers and families
- People in more vulnerable circumstances
- Public and taxpayers

Our priorities

Ensuring care
is centred on
people's needs

Championing
joined up care

Acting swiftly to help
eliminate poor
quality care

Promoting high
quality care

Regulating
effectively in
partnership

What we will do to achieve our priorities

Registration
and ongoing
monitoring

Enforcement

Regular reviews
of performance

Special reviews
and studies

Mental Health
Act visits

Publishing
information

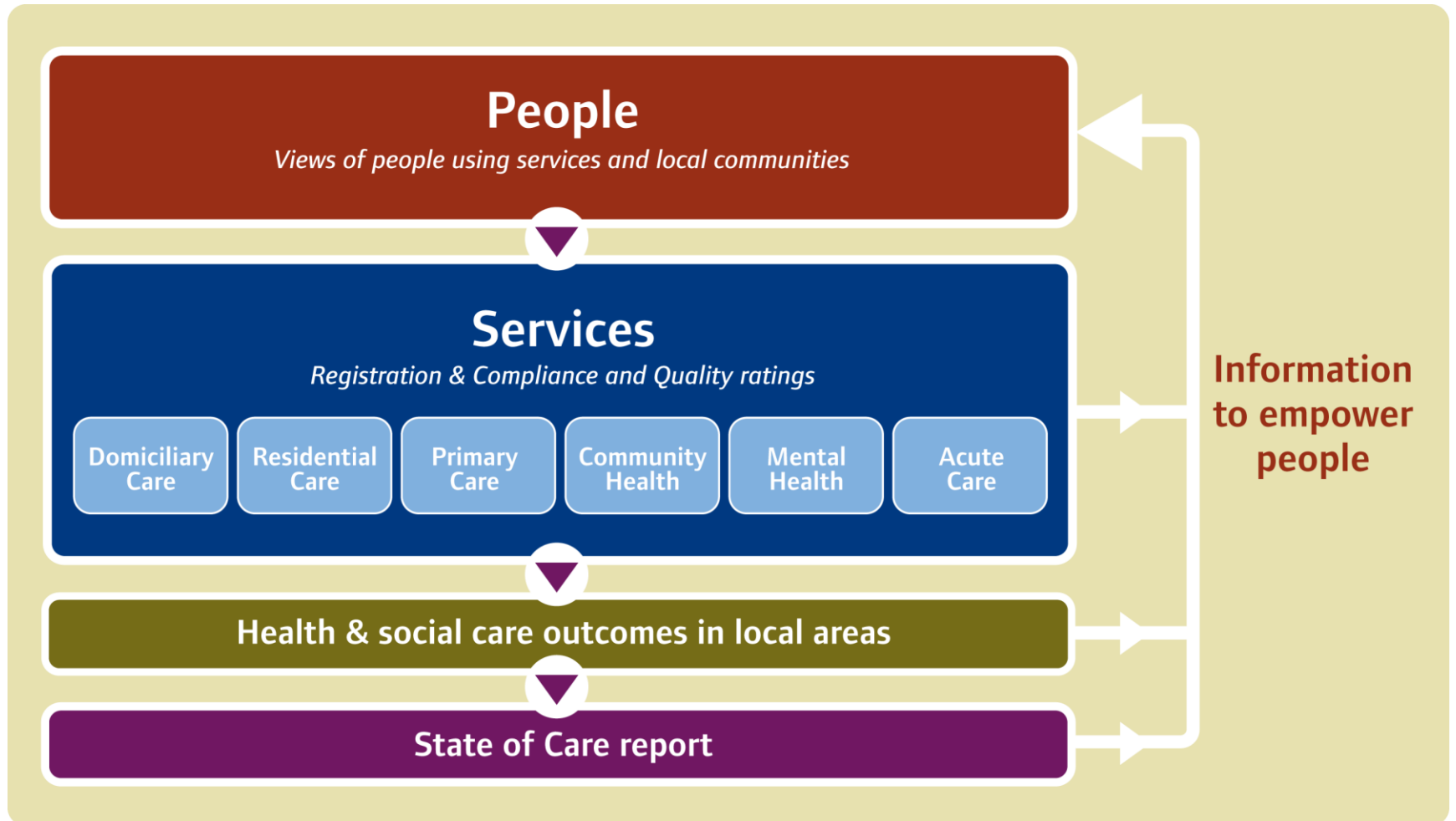
Operating principles

- Involve users to focus on what is important to them
- Expertise and independence
- Promote equality, diversity and human rights
- Engage with those providing and commissioning care
- Ensure regulation is proportionate, targeted, consistent, evidence-based, transparent and accountable

People can expect health and social care services to meet essential standards of quality, protect their safety and respect their dignity and rights

CQC has developed a single system of registration with a single set of standards for providers with strengthened enforcement powers

Registration is outcome based and protects and promotes equality, diversity and human rights



- Safety and safeguarding
 - Outcomes, including clinical outcomes
 - Experience of people who use services
 - Supporting independence, wellbeing and quality of life
 - Access to services
 - Value for money
-

The standards are mapped to six outcomes:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

Our focus:

People focused

Outcome based

Plain English

What is different?

Before registration	After registration
➤ Rules based	➤ Judgment within a framework
➤ Retrospective	➤ Near real time
➤ Annual cycle	➤ Continuous
➤ Trust level only	➤ Trust, location, service levels over time
➤ Non-specific rating	➤ Specific conditions (eg. service, regulation)
➤ 20% inspections	➤ All trusts checked at least 2 yearly
➤ Few investigations	➤ Multiple specific targeted checks and visits
➤ No enforcement powers	➤ Strong enforcement powers
➤ Partners not involved	➤ Working closely with partners



**April
2010**

NHS Trusts



**Oct
2010**

**Adult social care and independent healthcare
providers (CSA)**



**April
2011**

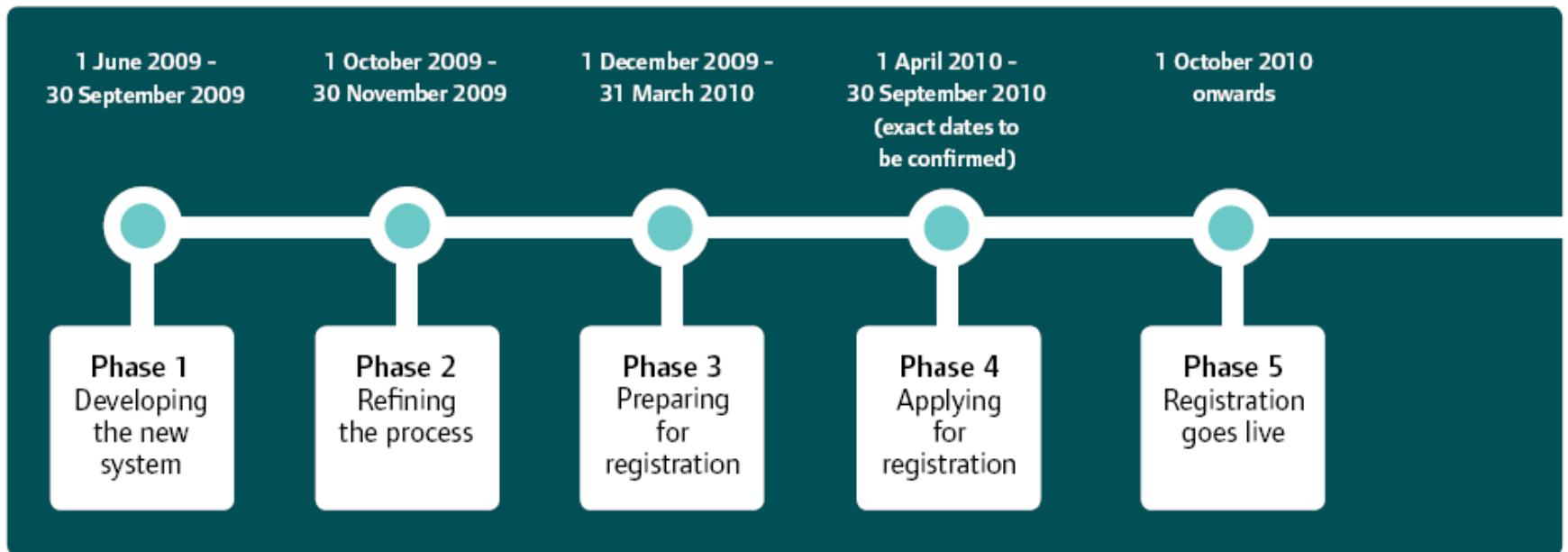
**Primary dental care (dental practices)
and independent ambulance services**

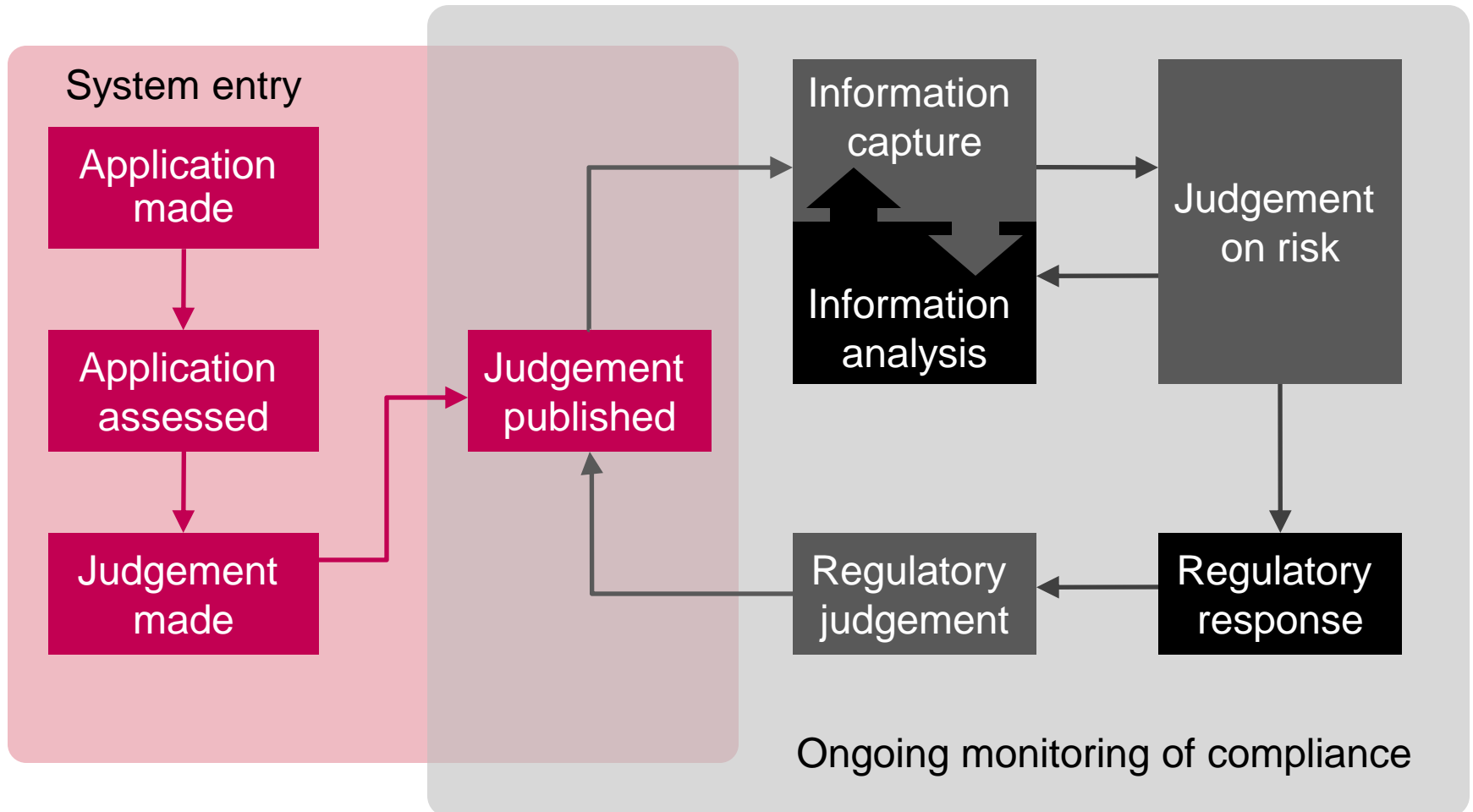


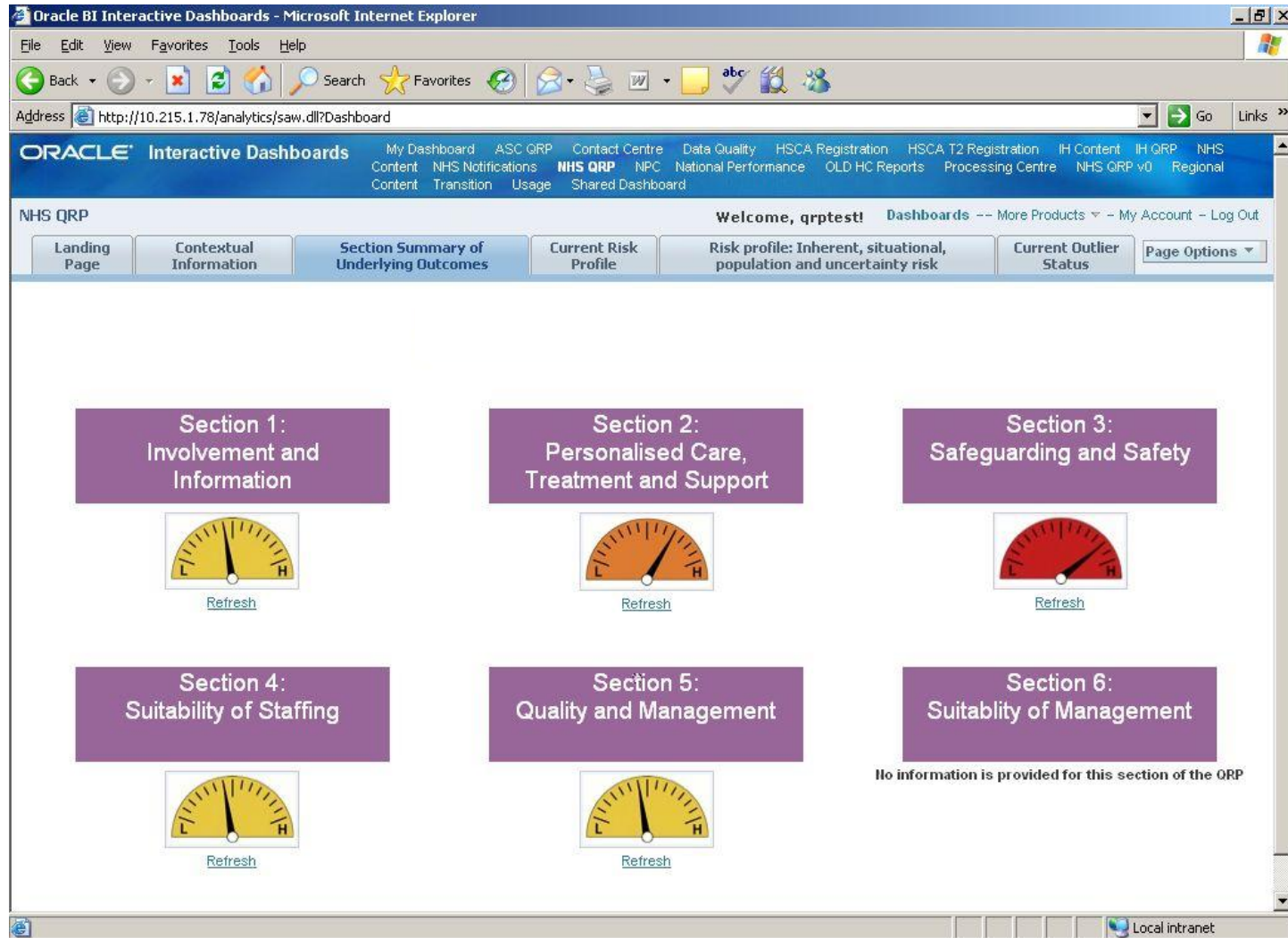
**April
2012**

**Primary medical services
(GP practices and out of hours)**

The five phases for Adult Social Care and Independent Healthcare



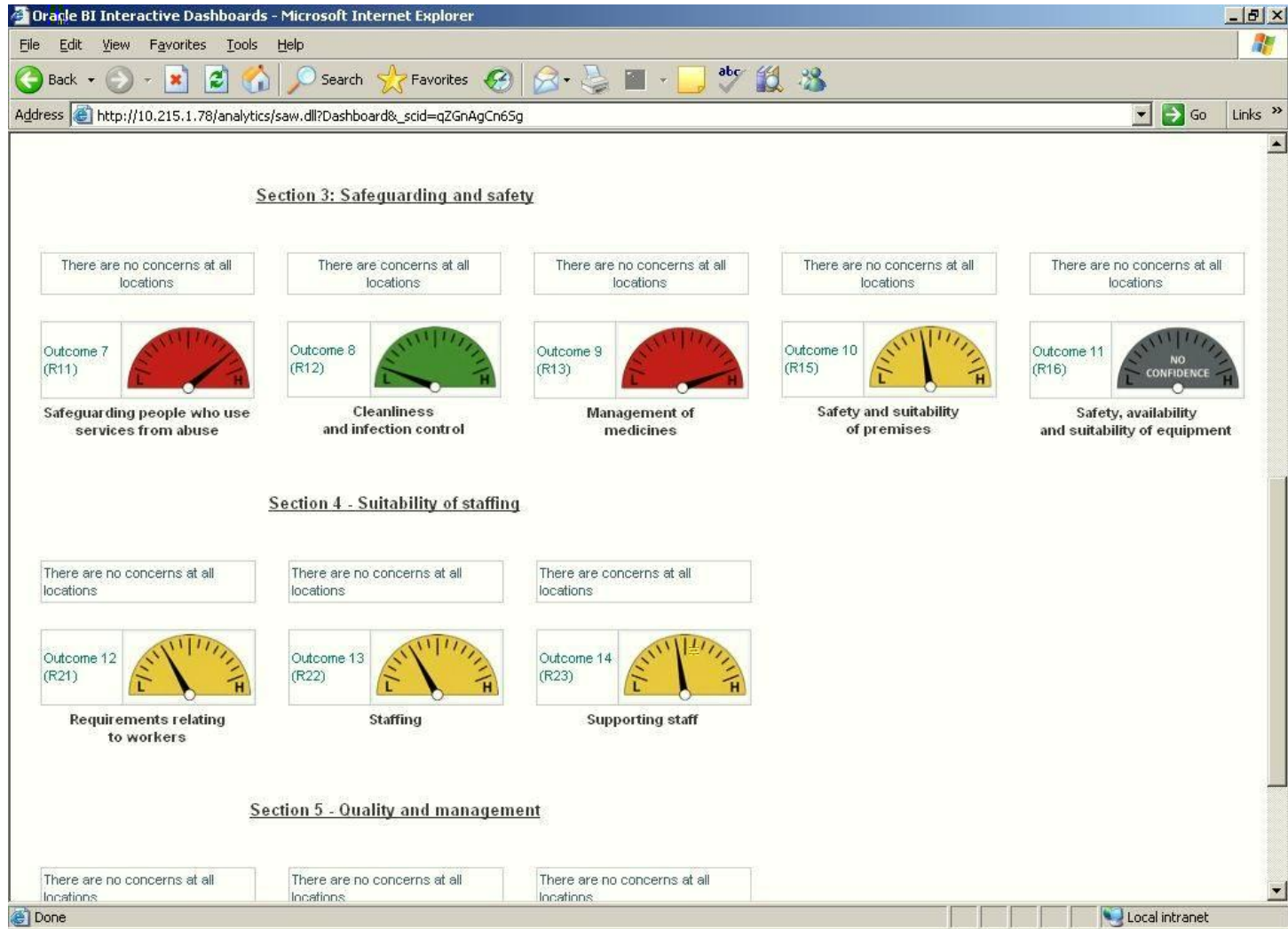




The screenshot shows a web browser window titled "Oracle BI Interactive Dashboards - Microsoft Internet Explorer". The address bar shows the URL "http://10.215.1.78/analytics/saw.dll?Dashboard". The page header includes "ORACLE Interactive Dashboards" and a navigation menu with items like "My Dashboard", "ASC QRP", "Contact Centre", "Data Quality", "HSCA Registration", "HSCA T2 Registration", "IH Content", "IH QRP", "NHS Content", "NHS Notifications", "NHS QRP", "NPC", "National Performance", "OLD HC Reports", "Processing Centre", "NHS QRP v0", and "Regional Content". Below the header, there are tabs for "Landing Page", "Contextual Information", "Section Summary of Underlying Outcomes", "Current Risk Profile", "Risk profile: Inherent, situational, population and uncertainty risk", "Current Outlier Status", and "Page Options". The main content area displays six sections, each with a title, a gauge, and a "Refresh" link:

- Section 1: Involvement and Information** (Yellow gauge)
- Section 2: Personalised Care, Treatment and Support** (Orange gauge)
- Section 3: Safeguarding and Safety** (Red gauge)
- Section 4: Suitability of Staffing** (Yellow gauge)
- Section 5: Quality and Management** (Yellow gauge)
- Section 6: Suitability of Management** (No gauge, text: "No information is provided for this section of the QRP")

The browser window also shows a taskbar at the bottom with a "Local intranet" icon.



Oracle BI Interactive Dashboards - Microsoft Internet Explorer

Address: http://10.215.1.78/analytics/saw.dll?Dashboard&_scid=qZGnAgCn65g

ORACLE Interactive Dashboards

NHS QRP

Welcome, qrpctest! Dashboards -- More Products -- My Account -- Log Out

Page Options

Underlying Information for: Outcome 9 (R13) Management of medicines

Item ID	Description	Data Source	Time Period Start	Time Period End	Comparison with Expected	Weighting of items		
						Data Quality	Patient Experience	Strength of Outcome Mapping
10140	The proportion of respondents to the adult inpatient survey who stated that they were not given clear written information about their medicines. -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Much worse than expected	2	3	3
5699	The proportion of respondents to the adult inpatient survey who stated that a member of staff did not explain the purpose of the medicines they were to take at home in a way they could understand. -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Worse than expected	2	3	2
5700	The proportion of respondents to the adult inpatient survey who stated that a member of staff did not tell them about medication side effects to watch for when they went home. -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Similar to expected	2	3	3
5814	The proportion of respondents to the Outpatient survey who stated that a member of staff did not explain to them how to take new medications. -	Healthcare Commission, Survey of outpatients	01/03/2009	31/05/2009	Tending towards worse than expected	2	3	3
5815	The proportion of respondents to the Outpatient survey who stated that a member of staff did not explain to them the purpose of the medications they were to take at home in a way they understood. -	Healthcare Commission, Survey of outpatients	01/03/2009	31/05/2009	Similar to expected	2	3	3
5816	The proportion of respondents to the Outpatient survey who stated that a member of staff did not explain to them about medication side effects to watch for. -	Healthcare Commission, Survey of outpatients	01/03/2009	31/05/2009	Similar to expected	2	3	3
8824	The proportion of respondents to the adult inpatient survey who stated that they were not told how to take their medication in a way they could understand -	Care Quality Commission, Survey of Adult Inpatients	01/06/2009	31/08/2009	Much worse than expected	2	3	3

Local intranet

- Gathers all we know – from other regulators, people who use services, whistle blowers etc
 - Assesses risk of a provider becoming non-compliant
 - Prompts front line regulatory activity
 - Not a rating, ranking or league table
 - Inspectors make judgements based on information in the QRP – the QRP itself does not give a judgement
 - Constantly updated and builds over time – not a ‘perfect’ state
 - QRP is a prompt – a tin opener, not a dial
-

There are two types of reviews:

➤ Responsive review

- Triggered when information, or information gap raises concern about compliance
- *Targeted* to the area of concern

➤ Planned review

- *Scheduled check* of all core 16 quality and safety outcomes
- Will take place no less than two years

All reviews:

**May include a
site visit**

**All findings
published**

Key questions:

- Have I focused on **people's experience of care**, and the quality of the treatment and support that they receive?
 - *If asked*, could I produce relevant **evidence** to show that my team was compliant with the essential standards of quality and safety?
-

- It is the **duty of providers to ensure compliance** at all times
 - Should a provider **not become compliant** with the standards required, CQC can:
 - give a warning notice
 - Issue a fine
 - prosecute
 - apply restrictions on activities or even
 - close a service.
-



Registration and
quality information
for adult social care

- CQC's biggest priority is registration and compliance
- Registration's focus is on outcomes and experiences of people using care
- This 'licence to provide services' will bring providers of health and social care into one system
- Scale of ASC registration is considerable but we are on target - 13,600 providers applying in batches – April–September 2010.
- On 1 October, we will publish a register of ASC providers on our website. We will communicate Notices of Decision to providers before publication.

- The old quality ratings system existed since 2008
- Nearly all 24,000 services registered under the Care Standards Act 2000 were given a rating of 'poor', 'adequate', 'good' or 'excellent' (some newly registered services will not have a rating)
- We stopped awarding ratings under the current system in summer 2010
- We will continue to display each service's quality rating on our website, but have made clear that these relate to an old system that is no longer running
- We have asked commissioners to consider whether they need to alter their policies for commissioning and have also explained the changes on our website

- We are designing a new information scheme on adult social care quality, which we aim to begin in spring 2011
- Our aim is to provide information about the quality of services to help people who use and commission them to make choices and decisions
- We also hope to:
 - Motivate providers to improve the quality of care to give people using services the best possible outcomes and experiences
 - Reinforce the need for compliance with essential standards at all times
 - Recognise and reward services that are providing care of a higher quality

- The views of people using services and those of their carers will be important evidence used in new information system
- Part of the scheme will provide information on the provider's record of compliance with essential standards – so registration, compliance and the quality information scheme will work together to form an overall picture of performance
- Beyond this, we will also recognise 'excellent' care

- The new design requires a collaborative effort - stakeholder talks have started
- We are working with providers, commissioners, the ADASS and people who use services and their carers to develop the new scheme
- The Social Care Institute for Excellence (SCIE) is working with us to define how we can measure an excellent quality of care
- We will launch a formal consultation on our proposals in winter 2010/11, which will run for 12 weeks
- We also expect to conduct some pilots as part of our development work

- We will be engaging with the ASC sector during next year – I encourage you to get involved
- You can join our Provider Reference Group – through this, we collect providers' opinions and request feedback on our ideas and draft documents
- To join, email cqc@nunwood.com
- Also, subscribe to our monthly newsletter – go to 'news and events' section of CQC website
- For questions, call our contact centre on 03000 61 61 61 or email enquiries@cqc.org.uk

- CQC – Helping make care better for people
- Questions?
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