

## Building a comprehensive approach to reviewing the quality of care: *Supporting the delivery of sustainable high quality services*

### Consultation response form

#### About you

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<b>I am responding as: (mark 'x' where relevant)</b>	Member of the public		Carer
	Healthcare professional	x	Social care professional
	Voluntary /community sector representative	x	Other stakeholder

Please return this form by **Wednesday 30 September 2015** to: [hcis.QoCR@nhs.net](mailto:hcis.QoCR@nhs.net)

If you would prefer to write to us then please send your response to:

#### Quality of Care Review Team

Scrutiny and Assurance Directorate  
Healthcare Improvement Scotland  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

#### Using your Personal Information

Personal information which you supply to us will be used for the purposes of processing your attendance at our consultation events and providing you with feedback following the close of consultation in September. Further information on how we manage personal information can be found on:  
[http://www.healthcareimprovementscotland.org/footer/nav/respecting\\_your\\_privacy.aspx](http://www.healthcareimprovementscotland.org/footer/nav/respecting_your_privacy.aspx)

## Consultation questions

<p><b>Question 1:</b></p> <p>The paper describes a number of principles that are guiding our approach; an approach that:</p> <ul style="list-style-type: none"> <li>• drives improvement</li> <li>• is person-centred</li> <li>• is open and honest</li> <li>• is fair, transparent and risk based</li> <li>• is flexible</li> <li>• is developed in partnership</li> <li>• is owned by all those involved</li> <li>• is proportionate and practical, and</li> <li>• is adaptable for a variety of care settings.</li> </ul> <p>Do you agree with the principles that guide our approach?</p>	<p>YES/NO</p> <p>If yes, why? If no, why?</p> <p>UKHCA views these component issues as being self-evidently important in any equitable approach to the evaluation of care services.</p> <p>As the list (above) unfolds it becomes progressively more obvious to us that you are moving towards a system of Place Based Assessment in preference to institutional based reviews and we applaud this direction of travel, if that is the long term or planned intention. We presume the scheme will embrace the full spectrum of integrated health and social care providers and activities.</p> <p>We would, however, welcome the explicit inclusion of commissioning practices at the outset of this exercise, appreciating that there is scope in the ensuing questions herein to develop that position further.</p> <p>UKHCA would welcome the opportunity to work with HIS in the development of culturally sensitive outcomes and the concomitant key performance indicators that could match the aspirations contained in these guiding principles.</p>
<p><b>Question 2:</b></p> <p>The quality framework is based on seven domains of person-centred care, safety, effectiveness, leadership, governance, workforce and quality improvement.</p> <p>Do you think these are the right core domains, and will the supporting detail within the quality framework support the assessment and improvement of</p>	<p>YES/NO</p> <p>If yes, why? If no, why?</p> <p>UKHCA appreciates the drive to create a cohesive regulatory and inspection regime and we think the seven domains listed are important elements in that approach.</p> <p>We consider that it may be beneficial to add to these a number of system and process issues to reflect the whole spectrum of the health and social care enterprise by including such things as preventative measures, QALYs, arresting premature and inappropriate deterioration in service-users, effective early warning mechanisms, overall effectiveness of the patients</p>

<p>quality care?</p>	<p>journey or integrated care pathway, financial probity and effective commissioning.</p> <p>We consider that devising measurements and audit tools for the seven domains as listed may prove challenging when trying to establish consistency, cohesion, integration and a fully functioning ‘lined up’ service disposition across all elements of the health and social care system: for example, ‘safety’ can be interpreted as ‘risk avoidance’ in some contexts which is not helpful in reablement or rehabilitation schemes.</p> <p>We would not want the benefits of this approach to be lost through some people considering the domains to be too vague or ill-defined.</p>
<p><b>Question 3:</b></p> <p>How reasonable or practical is it to assess care against the domains and categories set out in the quality framework?</p>	<p>UKHCA has viewed other regulatory and inspection regimes attempts to build a workable approach around ‘soft-system’ issues such as ‘flexible’, ‘safe’ and ‘well-led’.</p> <p>We have concerns that an approach confined to ‘soft-system’ issues may not be sufficiently robust over time and could be open to interpretation, variation and inconsistency to the extent that a challenge to the legitimacy of an inspection report based on this approach alone would be almost impossible to avoid or resist.</p>
<p><b>Question 4:</b></p> <p>Should the quality framework form a set of standards that must be met or remain a guide of best practice?</p>	<p>YES/NO</p> <p>If yes, why? If no, why?</p> <p>UKHCA considers that a battery of standards used as a guide to best practice is unlikely to carry the same gravitas that a mandatory or contractual requirement creates. We would be concerned that the standards become diluted unless underpinned by enforcement measures, as guidelines can always be ignored or ‘interpreted’ when convenient.</p>

<p><b>Question 5:</b></p> <p>Would it be helpful to also develop a set of consistent Key Quality Indicators against the quality framework domains for use locally and nationally?</p>	<p>YES/NO</p> <p>If yes, why? If no, why?</p> <p>UKHCA considers the development of a set of <i>consistent</i> KQI's as being essential to the maintenance of the standards and for the protection of the reputation of the quality scheme itself.</p> <p>We would be concerned if there were not any KQI's as this could lead some to consider that the scheme lacks enduring relevance to the sector and that it could be seen as being less important to the Scottish government.</p>
<p><b>Question 6:</b></p> <p>Do you think culture underpins the domains within the quality framework and how might culture be assessed?</p>	<p>YES/NO</p> <p>If yes, why? If no, why?</p> <p>UKHCA agrees that organisational culture is an important factor in persistently successful enterprises but that it is notoriously difficult to establish a universally applicable set of measures sufficiently robust to allow for a 'pass mark' to be awarded.</p> <p>We consider that Place Based Assessments that take the holistic health and social care system into account, including commissioning, lends itself to cultural assay far more readily than an institutional setting: we would suggest a research project to devise a method of applying agreed measures of the culture of governance, competing values, critical decision making structures, capacity for persistency, use of moderating techniques, avoidance and risk management approaches, outcome and values based commissioning, BATNA and Values Based Recruiting as a starting point in looking at how the Whole System of health and social care functions in a given Place. We look forward to assisting in such a project.</p>

<p><b>Question 7:</b></p> <p>The paper proposes that our new approach scrutinises across different levels of an organisation or system of care.</p> <p>This would be reflected at three broad levels:</p> <ul style="list-style-type: none"> <li>• services and systems provided across a provider area, including interfaces between services, for example the interface between health and social care (<b>macro level</b>)</li> <li>• across particular services such as care of older people, accident and emergency or primary care services (<b>meso level</b>), and</li> <li>• at ward level, within a community setting, or any other setting with direct interaction between a care professional and the patient, service user or carer (<b>micro level</b>).</li> </ul> <p>Do you think external scrutiny should focus on these three broad levels across an organisation or system of care?</p>	<p>YES/NO</p> <p>If yes, why? If no, why?</p> <p>In keeping with our views expressed in Q6 above we would commend a Place Based Whole System of Care perspective rather than an institutional approach.</p> <p>Our view is that this would allow a far more effective reading of the cross-boundary impact of decisions and actions and the consequences of these on the various components of the overall health and social care system.</p> <p>For example: connecting the impact of four hour waits in A&amp;E on the patient admission behaviours of medical staff coupled with unplanned bed occupancy, cancelled electives and delayed discharges balanced against the commissioning criteria for transfer to social care will give a very different picture than an isolated review of one function within the care pathway.</p> <p>We are firmly of the opinion that external scrutiny must be based on a ‘deep dive’ approach with the three levels that you list, but that this must apply across the entire Place Based Whole System of Care. We further think that this approach should be undertaken within an integrationist agenda reflecting the ‘methodological holism’ we think is essential in creating a cohesive and ‘lined up’ health and social care enterprise.</p>
<p><b>Question 8:</b></p> <p>Do you think the new approach to scrutiny should include the four dimensions of:</p> <ul style="list-style-type: none"> <li>• Thematic Quality of Care Reviews</li> <li>• Organisational Quality of</li> </ul>	<p>YES/NO</p> <p>If yes, why? If no, why?</p> <p>UKHCA is particularly interested in this form of external scrutiny and we are enthused by the inclusion of a <i>service sustainability</i> component.</p> <p>We are content with the description of these four dimensions in your document “Building a comprehensive</p>

<p>Care Reviews</p> <ul style="list-style-type: none"> <li>• Service Level Reviews, and</li> <li>• Point-of-Care Reviews or inspections?</li> </ul>	<p>approach to reviewing the quality of care: <i>Supporting the delivery of sustainable high quality services</i>” of July 2015</p>
<p><b>Question 9:</b></p> <p>Would it be helpful to include making recommendations for service sustainability as part of the new approach?</p>	<p>YES/NO If yes, why? If no, why?</p> <p>UKHCA emphatically supports this element of your proposed scheme. We consider that it is critical to the sustainability of the whole health and social care system to have an informed and evidence based assessment of every component of the system of care.</p>
<p><b>Question 10:</b></p> <p>Will the proposals set out in the consultation document support the further integration of health and social care?</p>	<p>YES/NO If yes, why? If no, why?</p> <p>UKHCA believes there are very strong lessons to be learned from the experience of other regulatory and inspection regimes that have not been seen to develop a partnership, supporting and developmental approach to external scrutiny. We consider this to be a matter of considerable regret.</p> <p>We are encouraged by the ethical approach adopted in your various public position statements and the documentation as quoted in our response to Q8 above. We look forward with optimism to supporting the drive to full integration of health and social care services underpinned by your proposals.</p>
<p><b>Question 11:</b></p> <p>Do you feel that care will be safer and better for people as a result of the proposed changes?</p>	<p>YES/NO If yes, why? If no, why?</p> <p>UKHCA sees the proposed changes as providing a good foundation for the development of safer and better care.</p> <p>We remain convinced that a whole systems approach is an improvement on previous methods and consider that your inclusion of service sustainability is an important</p>

	contribution to improving the quality of care.
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**Any other comments?**

UKHCA remains concerned that any external scrutiny of the quality of care should pay close attention to the quality of commissioning of care services with particular emphasis on defining values-based outcomes and the development of cross-boundary functionality and inter-operability throughout the holistic health and social care system.

**Thank you for your response.**