

Care Quality Commission
reviews in 2009/10

Consultation



About the Care Quality Commission

The Care Quality Commission (CQC) was established to regulate the quality of health and adult social care and look after the interests of people detained under the Mental Health Act.

Health and social care touches everyone at some point. This gives CQC a powerful and highly responsible role in people's lives. CQC will, from 1 April 2009, bring together the work of the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission, creating for the first time an independent regulator of health, mental health and adult social care in England.

Our vision is of high-quality health and social care that supports people to live healthy and independent lives, empowers individuals, families and carers in making informed decisions about their own care, and is responsive to individual needs.

We will be a leading and innovative regulator and will:

- Focus on outcomes for people.
- Harness a range of regulatory approaches to drive improvements in quality.
- Prioritise on the basis of risk.
- Champion a joined-up approach to care across services, centred on the individual.
- Be transparent and open.
- Be tough and fair.
- Be independent.
- Be proportionate.
- Coordinate our work with other regulators.

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Foreword

The new Care Quality Commission will bring together independent regulation of health, mental health and adult social care in England for the first time.

Health and social care touches everyone at some point in their lives and increasingly, people move between different services in both sectors when they need help. The Care Quality Commission therefore has the scope to break new ground and the opportunity to be a truly exceptional regulator. We will have our own distinctive style and important new powers compared to our predecessors.

Our primary aim is to put the people who use services first. We will always champion their interests, particularly where services are provided to people who are less able to speak for themselves.

We will be responsible for registering and reviewing health, adult social care and mental health services. We will work with providers to encourage them to improve the quality of their services. Where providers of services let people down, we will take action, including issuing warnings and fines and ultimately cancelling their registration. We will hold primary care trusts and councils to account for the considerable sums of money that they spend on services, checking that they are achieving the best possible outcomes for local people – especially those in vulnerable circumstances.

We will be a modern, transparent, tough and fair regulator. We will be consistent in how we apply our principles across the whole system – in health, mental health and adult social care, and across the public, private and voluntary sectors.

We will communicate openly about our proposed approach to our reviews of health and adult social care organisations in 2009/10. We recognise that it will be a transitional year, before the full registration system comes into force in April 2010. The first Comprehensive Area Assessment will also be published in late 2009. As a result, we propose a progressive approach to 2009/10 and we will continue our discussions about 2010/11 and beyond over the coming months.

In this consultation document, we invite your views on the principles and broad approach to our periodic reviews, special reviews and studies in 2009/10, and introduce our dimensions for assessing quality. When the consultation is over, we will finalise and publish our policy, explaining in more detail what this means for commissioners and providers of health and adult social care.

We see this as the start of an ongoing conversation about how we can all work together to help ensure better care for everyone.

Barbara Young
Chairman

Cynthia Bower
Chief Executive

Introduction

- 1.** We are the first regulator to launch an integrated consultation on the regulation of both health and adult social care, on both commissioning and providers and on the proposals for special reviews and studies. This demonstrates the inclusive approach that will be characteristic of the Care Quality Commission.
- 2.** The Care Quality Commission will bring together independent regulation of health, mental health and adult social care in England for the first time. Few regulators across the world bring together services in this way.
- 3.** Crucially, we will involve the people who use services in our work and take into account their views, together with those of their carers and families, and the staff that work in health and adult social care. Health and social care touches everyone at some point in their lives. Increasingly, people move between health and social care systems when they need care. A high quality experience is not about just one service, but about how they work together.
- 4.** The Care Quality Commission will build on the excellence of three existing bodies – the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission – to bring together the best inspection and regulation methods. We can link intelligence systems with on-the-ground inspection.
- 5.** This new powerful body can also offer an independent, authoritative view on the contribution that care makes to preventing illness and promoting ongoing healthy, independent living and wellbeing.
- 6.** The reviews detailed in this document will take place or commence during our first year of operation. For the first time, the reviews of health and adult social care commissioning and of health and adult social care providers are in the same document and consultation. Although there will inevitably be differences between approaches based on history and on the legal context, you will see how we intend to move to an integrated framework over time and we signal where further developments are intended.
- 7.** In addition, our proposed topics for special reviews and studies demonstrate our plans to look across health and adult social care, breaking new ground and consistently championing people's interests.

Our consultations

8. This document is part of a series of Care Quality Commission consultation documents on plans for our work in 2009/10 and 2010 onwards. We are already consulting on our enforcement policy, which you can read more about at:

http://www.cqc.org.uk/consultation/enforcement_policy-1.aspx.

Over the coming year we will be launching further consultations on our strategy, registration guidance and others. The timetable for these consultations is given below.

Consultations	Time period
Enforcement policy	October 2008 – January 2009
Periodic reviews and special reviews and studies in 2009/10	December 2008 – March 2009
Statement of user involvement	January – March 2009
Five-year strategy	Spring/summer 2009
Registration guidance for 2010/11	Summer 2009
Reviews in 2010/11	Summer 2009

This document

9. Section 1 of this consultation describes the policy context, our vision and values and our approach to our regulatory responsibilities.

10. Sections 2 to 4 give an overview of our three types of review, with proposals for how we will carry them out in 2009/10. The three types are:

- Periodic reviews assessing health and adult social care **commissioning** by primary care trusts (PCTs) and adult social care departments within councils (section 2).
- Periodic reviews of health and adult social care **providers**, such as hospitals and care homes (section 3).
- Special reviews and studies on particular aspects of health and adult social care (section 4).

We ask for your views about each of these areas and have provided a set of questions at the end of each section for you to consider.

11. Section 5 summarises what will happen next and outlines some areas of future development.

1. The Care Quality Commission

About us

12. We have been set up by the Health and Social Care Act 2008 to regulate the quality of health and adult¹ social care and look after the interests of people detained under the Mental Health Act 1983. We will bring together the work of our predecessors: the Commission for Social Care Inspection, the Healthcare Commission, and the Mental Health Act Commission.

13. The 2008 Act sets out what we must do:

Section 3: The Commission's objectives

- (1) The main objective of the Commission in performing its functions is to protect and promote the health, safety and welfare of people who use health and social care services.
- (2) The Commission is to perform its functions for the general purpose of encouraging:
 - (a) The improvement of health and social care services;
 - (b) The provision of health and social care services in a way that focuses on the needs and the experience of people who use those services; and
 - (c) The efficient and effective use of resources in the provision of health and social care services.

(From the Health and Social Care Act 2008)

14. We became a legal body in October 2008 and will take up our responsibilities for regulating the quality of health and adult social care on 1 April 2009.

¹ Ofsted inspects and regulates social care for children and young people.

Our vision and values

15. Our vision is of high-quality health and adult social care which:

- Supports people to live healthy and independent lives.
- Helps individuals and their families and carers make informed decisions about their care.
- Responds to individual needs.

16. Our mission is ensuring better care for people by:

- Regulating health and adult social care services to ensure quality and safety, drive improvement and remove bad practice.
- Protecting the rights of people who use services, particularly the most vulnerable, including those detained under the Mental Health Act 1983.
- Providing accessible, trustworthy information on the quality of care and services, so that people can make better informed decisions, and to help commissioners and providers of services improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

The policy context

17. Improving quality has always been a central motivation for all who work in health and social care settings. It is led and delivered by teams of health and social care staff working together as part of a whole system. The role of other parts of the health and social care system is to enable these teams to deliver improvements.

18. National organisations, including the Department of Health, the Care Quality Commission, Monitor, and the National Institute for Health and Clinical Excellence, have a major role to play in continuing to shape the system that enables quality to be improved locally.

19. For the NHS, *High Quality Care for All*² set out an ambitious vision for making quality improvement the organising principle of everything it does. The White Paper, *Our Health, Our Care, Our Say*³ described the framework that is now used for promoting quality in adult social care services and set out seven outcomes for health and adult social care. And the Ministerial concordat and protocol *Putting People First*⁴ confirmed the collaboration of various parties, including the regulator, in radically changing people's experience of adult social care.

20. It is in this context that the Care Quality Commission is being established. We will have an essential role in encouraging, supporting and ensuring quality improvement. The NHS Next Stage Review² set out seven key aspects that are needed to improve the quality of services. These are:

- Bringing clarity to quality – ensuring there is a coherent approach to setting standards.
- Measuring quality – ensuring quality improvement can be measured at every level.
- Publishing quality performance – making information about quality widely available to staff, patients and the public.
- Recognising and rewarding quality – ensuring the right incentives are in place to support quality improvement.
- Raising standards – ensuring quality improvement can be driven by strong clinical leadership at every level.
- Safeguarding quality – providing assurance that care is of a high quality.
- Staying ahead – supporting innovation to foster a pioneering NHS.

21. While these were focused on NHS care, they are generic steps that can be applied to all health and adult social care. The Care Quality Commission will contribute to each of these across health and adult social care, through our registration of providers, our programme of regular (periodic) reviews of commissioning and providers, and our special reviews and studies.

² *High quality care for all: NHS Next Stage Review final report*, Department of Health (DH), June 2008.

³ *Our Health, Our Care, Our Say: A New Direction for Community Services*, DH, January 2006.

⁴ *Putting people first: a shared vision and commitment to the transformation of adult social care*, DH, December 2007.

Assessing quality in health and adult social care

22. The Care Quality Commission has a significant role in encouraging improvement in the quality of the delivery and commissioning of health and adult social care through its work on assessing performance.

23. We believe that quality of care should be broadly defined and should reflect the outcomes of care for people and their experience. Across health and social care there are different sets of criteria, outcomes or competences related to each sector. We have looked carefully at all of these, at the registration requirements the Department of Health are consulting on, together with the definitions of quality in the NHS described in *High Quality Care for All*, at the *World Class Commissioning* competences⁵, at the seven outcomes used in *Our Health, Our Care, Our Say* and those in *Putting People First*. Tables 1a and 1b set out the aspects of quality in two of these documents.

Table 1a: Aspects of quality in High Quality Care for All

Patient safety:

- Ensuring the environment is clean.
- Reducing avoidable harm.

Patient experience:

- How personal care is, including treating patients with dignity, respect and compassion.

Effectiveness of care:

- Good-quality outcomes of care, including from the patient's own perspective.

Table 1b: Aspects of quality in Our Health, Our Care, Our Say

Improved health and emotional wellbeing.

Improved quality of life.

Making a positive contribution.

Increased choice and control.

Freedom from discrimination.

Economic wellbeing.

Maintain personal dignity and respect.

⁵ *World class commissioning: competencies*, DH, December 2007.

24. From these we have developed six dimensions for the assessment of quality in health and adult social care (table 2). We have done so, not to replace other approaches but to focus on where we can describe health and adult social care in a common language and present our findings across different settings in a consistent, inclusive way. This integrated view will be a hallmark of the Care Quality Commission's approach.

Table 2: Assessing quality in health and adult social care

Safe

- Making sure people are not put at unnecessary risk of harm in receiving care.
- Safeguarding people when they are vulnerable.

A good experience for people

- Ensuring dignity and respect.
- Empowering people to exercise choice and control.
- Involving people, their families and carers in shaping the services they use, so that the services are built around their needs and what is important to them.

Improving outcomes for people

- Ensuring care is effective with the right outcome for people.
- Making sure care is integrated in meeting individual needs.

Focus on healthy, independent living and quality of life

- Helping people to achieve the best possible health and quality of life.
- Ensuring independence.

Access to services

- Available to those who need it when they need it – ensuring appropriate, fair and timely access to services in relation to individual needs.
- Planning and organising services so that they reflect the needs of all the community.

Value for money

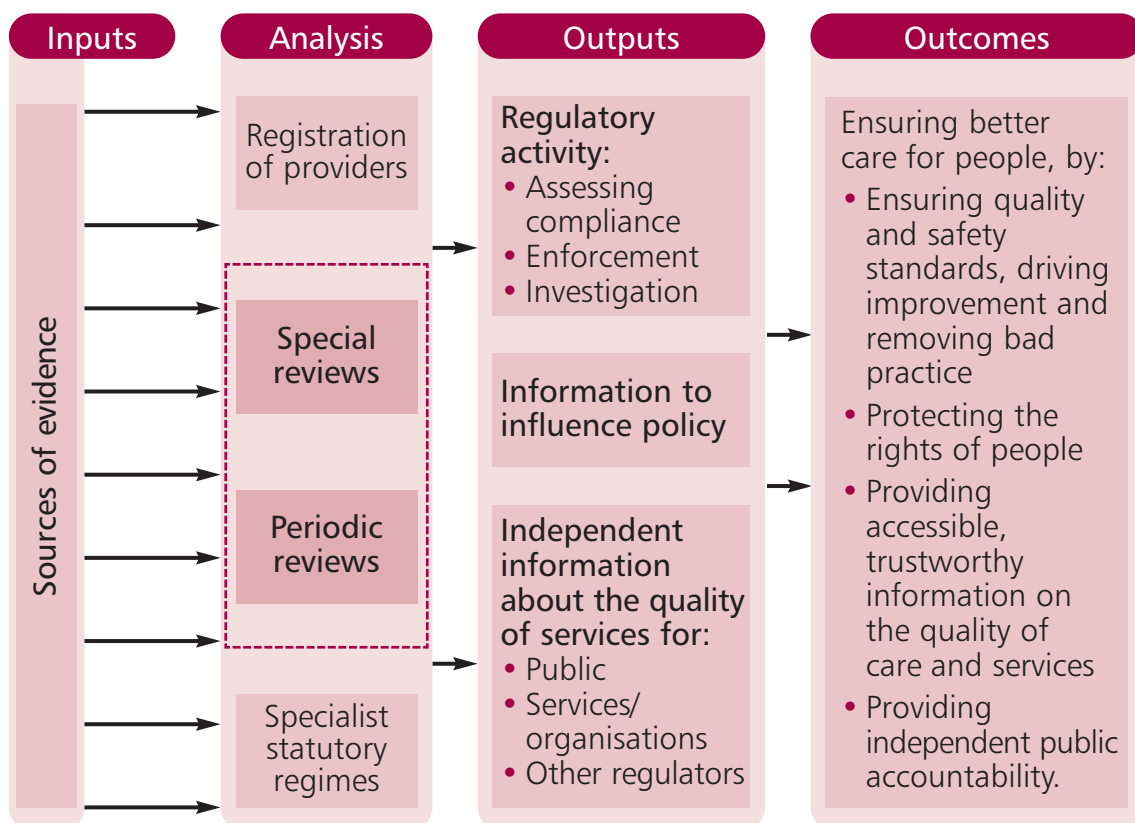
- Offering good value for money.

How will we encourage improvement in the quality of services that people experience?

25. One of the key ways in which we will promote improvement is by publishing independent, accessible and relevant information for people who use services, the public and both commissioners and providers of services. We will use our periodic reviews of health and adult social care commissioning and providers of services, with our special reviews and studies, to help services improve and to identify good practice.

26. Figure 1 demonstrates how periodic and special reviews and studies (highlighted) fit with our other regulatory responsibilities.

Figure 1: Summary of our regulatory responsibilities



Note: See glossary for definition of specialist statutory regimes

27. In 2009/10, we will continue to carry out the registration of health and adult social care providers under the Care Standards Act 2000, and will also begin the registration of NHS trusts which provide services. This registration will be focused on healthcare associated infections. From April 2010, we expect the following to register under the Health and Social Care Act 2008:

- NHS trusts.
- Services previously registered under the Care Standards Act 2000.
- Any other services that the Department of Health may bring within the scope of registration.

28. The Department of Health is developing the regulations that will define registered activities. These will be published for consultation early in 2009. Following this, we will consult on how the registration system will work in practice.

The purpose of periodic reviews, special reviews and studies

29. The term 'review' describes our assessment of the quality of a service, using the information we hold about it, including people's views. The review may also include a site visit to the service, sometimes called an inspection.

30. The key objectives of periodic reviews are to regularly:

- Assess how organisations in England have performed against key measures of quality to deliver the right outcomes for people.
- Encourage organisations to seek improvement and provide value for money.
- Bring together information on performance and make it available to people who use services, people who provide services, including clinicians, and the public so that they can make better informed decisions.

31. A special review or study is a one-off review to look at a specific topic or area and can be about virtually any aspect of health and adult social care. We will use special reviews and studies to report on how services are commissioned or provided across organisations, areas or care pathways, either across both health and adult social care or within one sector.

What difference will this make for people?

32. At the end of a review, we will publish a report giving our assessment. For some assessments, we will also award a rating, which we will include in the report, with other relevant information.

33. This will allow people to have:

- Meaningful information to make choices and exercise greater control.
- Assurance about safety and quality.
- Assurance that poor practice will be identified.
- Information about how well services:
 - Put people first and deliver the right outcomes to meet their needs.
 - Have made improvements in the quality of service they provide.

34. Our assessments will also give us information that will help us form judgements as to how we should seek to influence health and adult social care policy at either local or national level.

Our approach in 2009/10

35. We recognise that 2009/10 will be a year of transition. For periodic reviews of commissioning, autumn 2009 will see the first publication of the Comprehensive Area Assessment (CAA) to which CQC will be a major contributor. This experience of aligning assessment frameworks more closely will inform the further development of the CAA and of the specialist assessments – like our own – that contribute to it.

36. From April 2010, new registration requirements for all health and adult social care providers will come into force and providers need to be able to concentrate on preparation for this. We have carefully considered a range of options that would allow a focus on registration and an assurance to the public on services throughout 2009/10, while minimising the burden of regulation on the service. Following conversations with people in the service and their representatives, we put forward in this document the best option that balances the above within the existing legislation.

37. We propose to keep the current annual nature of periodic reviews of health and adult social care commissioning and providers during 2009/10 and, working with Government, we will consider whether to change this in the future.

38. Our proposals for 2009/10 are described in detail in the following sections:

- Health and adult social care commissioning (section 2).
- Providers of health and adult social care services (section 3).
- Special reviews and studies (section 4).

39. In each section we say:

- What will remain the same and what will change.
- Our rationale for the changes proposed.
- What this will mean for the organisations in the sector affected.
- What this will mean for the public and those who use services.
- The consultation questions that we would like you to answer.

2. Periodic reviews of health and adult social care commissioning

Introduction

40. We have a responsibility to assess how well primary care trusts (PCTs) and adult social care departments of councils have commissioned services for the people in their area. This will be done through periodic reviews of their performance.

41. Our proposals are shaped by our integrated approach, reflecting people's experience of moving between health and adult social care along pathways of care. We have also considered the recent developments of World Class Commissioning and Comprehensive Area Assessments.

What is commissioning?

42. Commissioning by PCTs and councils assesses the needs and wishes of local people in order to make sure that they receive timely and good-quality services and programmes that:

- Meet their needs.
- Promote their independence.
- Provide choice.
- Are cost effective.
- Support the whole community by promoting health and wellbeing.

43. Our understanding is that both PCTs and councils in their commissioning capacity will ensure that:

- The assessment of current and projected future needs is reflected in the way they commission.
- People who use services have good information so that they can make better informed choices about the care they receive.
- People can make decisions about their care, regardless of whether they are entitled to financial support from the state.
- Assessments are carried out and opportunities are given to people to control their care.
- A range of services are available that are of high quality, improve outcomes for the people using them, and represent value for money.
- They work in partnership with people who use services, their carers and families, and other stakeholders.

- They monitor and review commissioning decisions and services in relation to improving health and wellbeing outcomes and, where appropriate, make changes.

44. In 2009/10, we will be looking at how well PCTs and councils are achieving the above, separately and together.

Why is review of commissioning important?

45. In commissioning health and adult social care PCTs and councils both spend very large amounts of money on behalf of local people. We have a responsibility to help ensure that they are accountable for how they use those funds.

46. People using health and social care services must be confident that commissioning ensures that:

- Services are capable of delivering the personalised and high-quality care that people expect.
- Care is safe, and people whose circumstances may make them vulnerable are protected from harm and abuse.
- Priority is given to prevention and early intervention so that people can maintain their health and independence.
- Services are joined up to ensure a smooth pathway from one service to another.

We will reflect these priorities in our assessments.

What are our plans for 2009/10?

47. PCTs and councils are currently assessed separately as organisations. Our predecessors, the Healthcare Commission and Commission for Social Care Inspection, developed different methods for how they approached the assessment of commissioning, based on the wider availability of healthcare-related data.

48. We will begin the process of aligning our assessment of PCTs and councils from 2009/10. This will lay the foundation for a future common assessment of PCT and council commissioning from 2010/11 onwards. In doing so, we have made sure that our proposals are aligned with other assessments carried out by the Department of Health and strategic health authorities through the World Class Commissioning (WCC) assurance process and also the Comprehensive Area Assessment (CAA) undertaken jointly by public service regulators.

49. Our proposals for 2009/10 will:

- Continue to have separate assessments of PCTs and adult social care, which build on the approaches taken by our predecessors for 2008/09.
- Implement an overarching assessment framework, spanning both health and adult social care commissioning, that reflects our dimensions for assessing quality during 2009/10, drawing from a range of evidence sources.
- Form part of our continuing contribution to the CAA.
- Use the findings of others (including outputs from World Class Commissioning and the Audit Commission's use of resources assessment).

50. Commissioners have new statutory responsibilities, under the Mental Capacity Act 2005, as the supervisory bodies to whom providers, as the managing authorities, apply for authorisation in order to be able to deprive someone of their liberty. We will have a statutory responsibility to monitor their performance, as this is a very important issue in terms of human rights.

51. Table 3 shows you what will stay the same and what will be different in 2009/10.

How will the assessment link with the Comprehensive Area Assessment?

52. As well as an organisational assessment of council performance, CAA looks at how well local services are working in partnership. This area assessment includes PCTs.

53. In 2009/10, we will pull together evidence across PCT and council commissioning to provide integrated information into the CAA process. The periodic review is the only organisational assessment of PCTs and will be incorporated within the CAA process. We will also ensure an appropriate profile for adult social care is reflected in the CAA process and that we publish a separate assessment of adult social care.

How will the organisational assessment of primary care trusts link with World Class Commissioning assurance?

54. It is clear that there is a need to continue to ensure alignment with the other systems that consider commissioning, which for the NHS means the World Class Commissioning assurance system. Following discussion with the Department of Health, we propose the following approach.

Table 3: How assessment will be different in 2009/10

2008/09	2009/10
For primary care trusts	
<ul style="list-style-type: none"> • Assessment of assurance of compliance with Standards for Better Health (Department of Health) • Assessment of performance against a range of national priorities (tier 1 and 2 of Vital Signs indicators and existing commitments) • Assessment of financial management (based on the Audit Commission's use of resources assessment) 	<ul style="list-style-type: none"> • Assessment of commissioning processes using information from the World Class Commissioning assurance system • Assessment of performance against a range of national priorities (tier 1 and 2 of Vital Signs indicators and existing commitments) • Value for money (including Audit Commission's use of resources assessment)
For councils in relation to adult social care	
<ul style="list-style-type: none"> • Assessment of whether outcomes for people are being achieved using the <i>Our Health, Our Care, Our Say</i> framework • Assessment of the leadership of elected members, directors of adult social services and their senior teams • Assessment of the levels of engagement with people who use services and their carers • Assessment of commissioning and use of resources – ie, market shaping, partnership working, eligibility and accessibility to services and expenditure on workforce and services 	<ul style="list-style-type: none"> • As now, but additionally hold councils to greater account in terms of market shaping by giving enhanced weighting to the regulatory data we have for home care and care home provision
For both primary care trusts and councils	
<ul style="list-style-type: none"> • Thematic joint assessments, for example: <ul style="list-style-type: none"> • Joint review of community mental health services • Review of learning disability services 	<ul style="list-style-type: none"> • Implement an overarching assessment framework to span both health and adult social care commissioning, which will be part of our input to the Comprehensive Area Assessment • Monitor PCTs' and councils' roles as supervisory authorities under the Mental Capacity Act 2005

55. Our organisational assessment of PCTs will focus on outcomes. This will be based on the dataset of existing commitments plus Vital Signs tiers 1 and 2. It will not take into account the outcomes that have been chosen by PCTs locally to be their priorities, as part of World Class Commissioning assurance. This is because performance on them would have already been incorporated within World Class Commissioning. As part of the Comprehensive Area Assessment, however, we will look at how local priorities are being set in partnership.

56. Our organisational assessment of PCTs will take into account the results of the World Class Commissioning assurance system on competencies and governance. The ratings for competencies and governance will be shared with us, and be considered in summary form in our overall judgement on PCTs as commissioners.

A common framework for assessing commissioning?

57. Councils and PCTs have commissioning responsibilities for the whole population in the areas they serve. As a result a common framework (see below) could assess the range of potential commissioning activities for a whole population. The key purpose of the common framework would be to provide a focus on people's experience of health and adult social care in an area. It would mainly draw on existing information, making sure that we are maximising the potential of the information we will hold and using this to inform the Comprehensive Area Assessment.

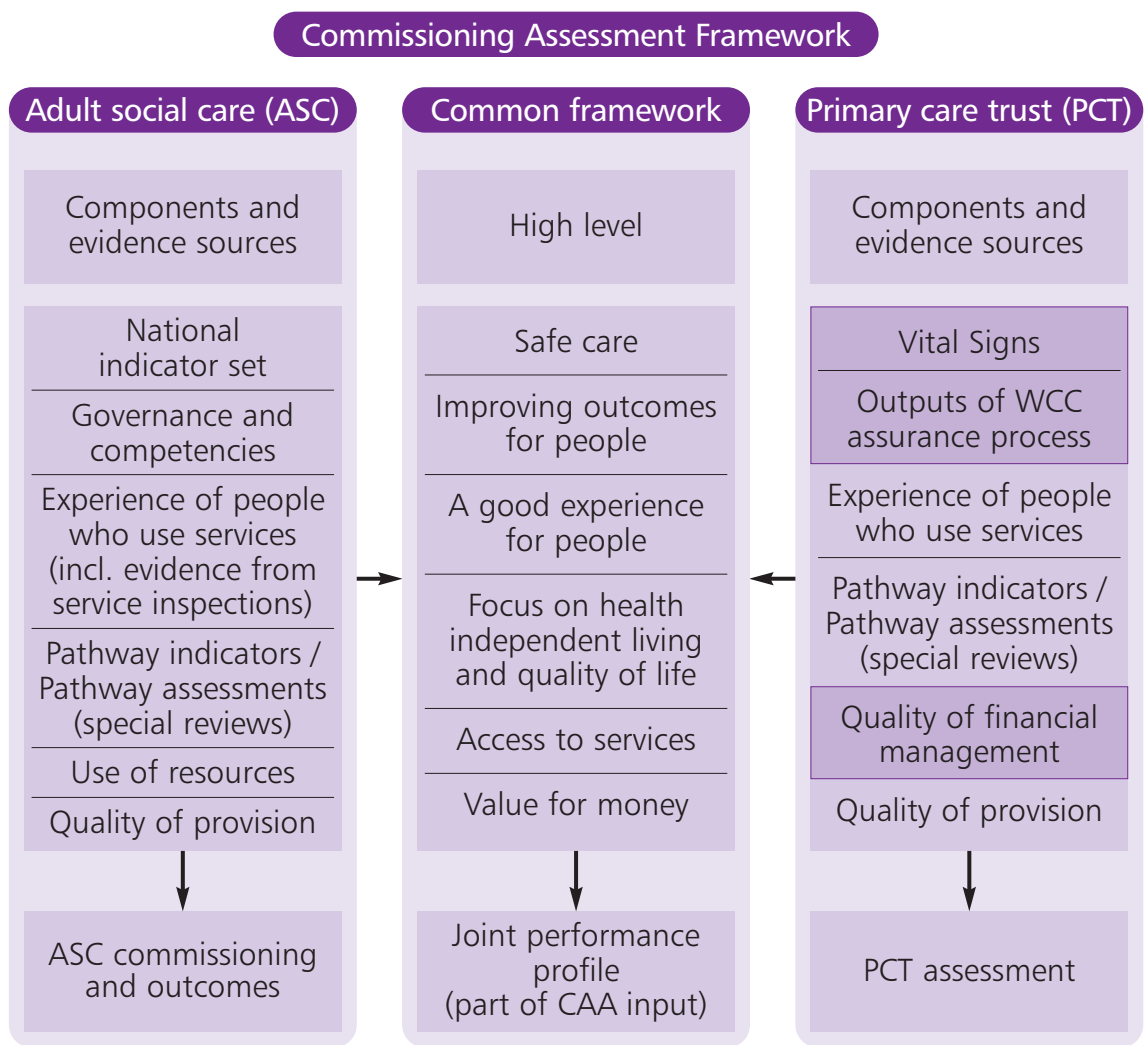
58. One of our priorities in designing the framework will be to map the existing outcomes-based framework used in the adult social care assessment onto our dimensions of quality assessment. We will be developing this further in 2009/10.

59. In our assessment, we will make use of other information we hold about the quality of the providers (such as hospitals and care homes) from which PCTs and councils are commissioning services.

60. We will also assess how well commissioning is improving outcomes for people who use both health and adult social care services across a care pathway. We will be bringing together information on how well services in an area are serving the particular needs of people: for example, children and older people, people with mental health problems, and people with learning disabilities. This will allow us to identify where there is poor practice and publish comparative information.

61. Figure 2 gives a summary of how such a common assessment framework would work in 2009/10.

Figure 2: Our approach to the commissioning assessment framework for 2009/10



Components of PCT organisational assessment for 2009/10 Review

What does this mean for primary care trusts?

62. For the performance year 2009/10, we will publish a scorecard for primary care trusts which brings together assessments of:

- The outcomes of the commissioning process in the form of an indicator set based on tiers 1 and 2 of Vital Signs (plus existing commitments carried forward).
- Commissioning processes such as needs assessment, partnership working and public consultation, using information from the World Class Commissioning assurance system.
- Value for money, based on the Audit Commission's use of resources assessment.

63. The assessment using indicators will be consistent with 2008/09 (as set out above), with the incorporation of the new cancer strategy priorities. These are within Vital Signs indicators, but their introduction has been phased so that the breast and bowel screening commitments will be new for 2009/10. We will also report the results of any scored assessments that we carry out.

Next steps for primary care trusts

64. Further discussion will be taking place with stakeholders about the extent to which the components of the assessment might be brought together into an overall graded rating for the PCT. The scorecard may also include the outcome of any scored thematic assessments we may carry out.

65. PCTs as commissioners will not need to fill in a self-declaration form. Data on national priorities (ie, tiers 1 and 2 of Vital Signs and existing commitments) will be gathered through the same routes as previous years. We will access information from the World Class Commissioning assurance system via strategic health authorities. This will include some information previously covered in self-declarations against Standards for Better Health. The assessment will be published in Autumn 2010, in line with publication of the CAA and adult social care assessment.

What does this mean for adult social care?

66. For adult social care there will be no change in 2009/10. We will continue to look at:

- Outcomes.
- Leadership.
- Commissioning.
- Use of resources.

67. We will make the assessment against the same set of performance characteristics that were used for the 2008/09 adult social care performance assessment.

68. In 2009/10, we will therefore continue to grade the assessment of the delivery of outcomes for adult social care as we have done for 2008/09 and will ensure that this graded assessment also informs the CAA.

69. What will be different is that the graded assessments made against the performance characteristics for the outcomes, and the ungraded evidence on the leadership, commissioning and use of resources will, where appropriate, be aligned with the assessment of PCT commissioning to form an overall joint position. This aligned assessment will then be used to inform the relevant components of the CAA organisational assessment of councils.

70. We envisage that the adult social care assessment will be published on the same day as the CAA publication, which in the case of 2009/10 will be in the autumn of 2010. We anticipate that our performance profile for council and PCT commissioning will be published at the same time.

71. We therefore plan to publish the adult social care assessments for 2009/10 both on their own and as part of the CAA publication, and to align the publication of the PCT commissioning assessment with both.

72. Later in the year local councils can expect to:

- Complete the template capturing their use of regulated services and return it to the Care Quality Commission in November 2009.
- Complete and return the self-assessment template to the Care Quality Commission during May 2010.
- Take part in annual reviews of their performance for the 2009/10 year between May and August 2010.

Common assessment of primary care trust and council commissioning

73. Through the use of our dimensions for assessing quality we will bring together the assessment of PCT and adult social care commissioning by councils.

74. We plan to report the results as common performance profiles for PCT and council commissioning, and to use this assessment as part of the evidence we contribute to the CAA. As part of the consultation process we will be exploring what the most effective method of presenting this information would be: for example, whether the output should be graded.

What does this mean for people who use services and the public?

75. All our assessments for PCTs and councils will be published on our website. In 2009/10, we will also say how well PCTs and councils are working together to meet the needs of the community.

76. We will also work with organisations such as local involvement networks (LINKs), whose role it is to bring together information about the views people have about their local services, to ensure that we include the people's views in our assessments.

Consultation questions

- 1.** Do you agree with our proposals for assessing health commissioning processes using information from the World Class Commissioning assurance process?
- 2.** Do you agree with our proposals for assessing the commissioning of adult social care by councils?
- 3.** How should we present our common assessment of primary care trusts and councils – should this be in the form of a 'grade' that can be used to inform the Comprehensive Area Assessment?

3. Periodic reviews of health and adult social care providers

Introduction

77. We have a responsibility to assess the performance of NHS bodies that provide services. We will do this through periodic reviews which replace the Annual Health Check for NHS bodies.

78. For independent providers of health and adult social care we will continue regular reviews in 2009/10 to ensure they are appropriately registered under the Care Standards Act 2000, in the same way as our predecessors.

What do we mean by providers?

79. A provider is a person, partnership or organisation that directly provides a service to people. For example:

- Hospitals – NHS or private
- Care homes
- Primary care trusts (PCTs) as a direct provider of services
- Ambulance trusts
- Home care agencies
- Mental health services.

Why is review important?

80. People need good information to help them understand the quality of care or treatment provided. This helps them to make choices about, and exercise greater control over, the services they may need to use.

81. In line with our assessment of quality, we will expect providers to make sure that their services:

- Are safe.
- Provide the right outcomes for people.
- Provide a good experience of care and meet peoples' expectations of personalised and individualised care.
- Support people to live healthy independent lives, improving their quality of life.
- Promote appropriate, fair and timely access to services.
- Provide value for money.

What are our plans for 2009/10?

82. The operating year 2009/10 will be a transition year. For NHS providers our review in 2009/10 will replace the Annual Health Check. NHS providers will need to apply to be registered under the Health and Social Care Act 2008 in relation to the new requirements which will come into force on 1 April 2010. Until then, Standards for Better Health⁶ will continue to apply.

83. For providers registered under the Care Standards Act 2000 (independent healthcare and adult social care providers), in 2009/10 the existing registration and inspection arrangements will continue.

84. Table 4 shows you what will stay the same and what will be different in 2009/10. It includes some aspects relating to registration.

Table 4: How assessment will be different in 2009/10

2008/09	2009/10
For NHS trusts	
<ul style="list-style-type: none"> • Assessment of performance against Standards for Better Health at the end of the year • Performance against a range of indicators based on national priorities • Aggregated quality of services score • Assessment of financial management (based on the Audit Commission's auditors' local evaluation or financial risk ratings from Monitor for foundation trusts) • Annual feedback on their operation of powers under the Mental Health Act 	<ul style="list-style-type: none"> • Assessment of performance against Standards for Better Health mid-year • Performance against a range of indicators based on national priorities – as for 2008/09 but with a small change to the indicators • Assessment of financial management – as for 2008/09 subject to any changes introduced by Audit Commission/Monitor • Start integration of monitoring use of the Mental Health and Mental Capacity Acts
For independent healthcare (Care Standards Act 2000)	
<ul style="list-style-type: none"> • Registration, inspection and enforcement against Care Standards Act 2000 • Annual feedback on their operation of powers under the Mental Health Act 	<ul style="list-style-type: none"> • As 2008/09 with refined inspection and enforcement processes to ensure work is proportionate and targeted, and start integration of monitoring use of Mental Health and Mental Capacity Acts

⁶ *Standards for Better Health*, DH, 2004.

Table 4: How assessment will be different in 2009/10 (continued)

2008/09	2009/10
For adult social care (Care Standards Act 2000)	
<ul style="list-style-type: none"> • Registration, inspection and enforcement against Care Standards Act 2000 	<ul style="list-style-type: none"> • As 2008/09, continuing refined inspection and enforcement processes to ensure work is proportionate and targeted, and start integration of activity monitoring use of Mental Health and Mental Capacity Acts

What does this mean for NHS providers?

85. Our proposals reflect a balance between stability and taking steps towards the new framework of registration in 2010/11. This reflects early feedback that NHS trusts have given us on their concerns about making any unnecessary changes ahead of the implementation of further reform.

86. We recognise that 2009/10 is a challenging year for NHS providers to prepare for the introduction of the new registration system. The new registration requirements in 2010/11 will incorporate and build on relevant Standards for Better Health. Current Standards for Better Health will continue to be in force throughout 2009/10. Because we want to help providers start to prepare for the new registration requirements that will come in for 2010/11, but also be assured that current Standards for Better Health will continue to be met throughout the year, we propose to:

- Ask trusts to make a declaration in early November 2009 on their performance against Standards for Better Health during the period April to September 2009.
- Continue to carry out assurance on Standards for Better Health for the remainder of the year, using other qualitative and quantitative information we will hold.
- Follow up with the trust any significant areas of risk that we identify, linking with Monitor or the relevant strategic health authority.
- Publish the results of the declaration alongside other information that we hold relevant to the Standards for Better Health, including information on healthcare associated infection registration for 2009/10.
- Make information available in a timely manner to help people who use services make choices and service providers and commissioners make decisions.

- 87.** An indicative timeline for both the preparation for registration and the periodic review cycle is given in Appendix A.
- 88.** We will continue to use a set of indicators to assess performance on the national priorities set out in the *NHS Operating Framework*, published by the Department of Health, tailored to the services provided by each trust sector.
- 89.** We propose to add an indicator that seeks to respond to the recommendations made in the report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities, led by Sir Jonathan Michael. It has been identified during a substantial programme of engagement earlier this year with the NHS, clinical bodies and clinicians, and representatives of people who use services and the public. This indicator will be for all NHS providers except ambulance trusts. It relates to the collection of data and information necessary to allow people with a learning disability to be identified and the arrangements trusts have in place to ensure the views and interests of people with learning disabilities and their carers are included in the planning and development of services.
- 90.** We will continue to use the work of Monitor and the Audit Commission to reach our assessment of the quality of financial management. Both organisations will consult shortly on the detail of their proposals. For PCTs the assessment of the quality of financial management will be at an organisational level, thus covering both commissioning and provision of services.
- 91.** We will work towards integrated reporting about the use of the Mental Health Act 1983 and other activity of mental health service providers.
- 92.** Special organisations (NHS Direct, NHS Blood and Transplant and the Health Protection Agency) will be updated on how the periodic review relates to them during the consultation period.

What does this mean for independent healthcare and adult social care providers?

93. We do not propose to make major changes to the way we regulate and inspect services registered under the Care Standard Act 2000. This is because the Act will continue to apply until 31 March 2010.

94. However, we think it is important to make sure that our vision and values are reflected in the way we review these services. We also want to help them prepare for registration under the Health and Social Care Act 2008 when it comes into force on 1 April 2010.

95. We therefore propose the following changes:

- We examine and develop the range, quality and robustness of information available to provide us with wider information about the performance of these services.
- We work towards integrated reporting about the use of the Mental Health Act 1983 and other activity of mental health service providers.

What does this mean for people who use services and the public?

96. You will be able to see our assessments for NHS trusts, and information about independent healthcare and adult social care providers on our website.

97. Our assessment will set out how NHS providers performed in relation to the basic expectations that patients have of the healthcare they receive. They will cover areas of real importance to patients, such as the safety and quality of care and the accessibility of services. Our assessment of indicators is focused on outcomes in key priority areas where improvement can be measured over time. Our assessment of financial management will provide information on how trusts are using public money.

98. For 2009/10 – under the current Care Standards Act 2000 registration framework – we will publish a regulatory report for every independent healthcare provider. This will reflect provider self-assessment against National Minimum Standards, our appraisal of compliance based on the self-assessment returns and, where an inspection is completed, our judgment of compliance following that visit.

99. For 2009/10, after we have reviewed a social care service, registered under the current Care Standards Act 2000 registration framework, we will publish a report on our findings on our website. Our reports will tell you which services have done well and what they need to improve, with a quality rating ranging from zero stars (poor) to three stars (excellent). As before, the quality rating will influence how often we review a service. An excellent service currently receives a full review every three years, a good service every two years, an adequate service once a year and a poor service at least twice a year.

100. These reports will help people who use services, their families and carers to make informed choices about their care.

Consultation questions

- 4.** Do you agree with our approach on the assessment of standards for NHS providers?
- 5.** Do you support the additional indicator on learning disability?
- 6.** Do you agree with our proposals for health and adult social care providers registered under the Care Standards Act 2000?

4. Special reviews and studies

Introduction

101. The Care Quality Commission can undertake special reviews and studies on virtually any aspect of health and adult social care. We intend to create a programme in our first year that takes advantage of our distinctive integrated approach and reflects our dimensions for assessing quality in health and adult social care. Most importantly, we have included a number of joint health and adult social care topics because we now have the opportunity to gather more evidence about people's experiences of using those services and to examine the way health and adult care services work together.

102. At all times, we will look at the outcomes for people using services and ensure that our reviews and studies are informed by their experiences and those of their carers, and families.

103. In addition, we will have a statutory responsibility to report annually on our findings on health and adult social care and on the operation of the Mental Health Act. In doing so, we will provide a comprehensive overview of the health and adult social care sectors.

What do we mean by reviews and studies?

104. There are different types of reviews and studies. Some might involve scored assessments across all organisations or inspections of individual bodies. Others might be national studies that lead to general, rather than specific, recommendations for services, practice and policy. We also have specific powers to look at value for money and will be focusing some reviews on this.

Why is this important?

105. Our special reviews and studies will support our work to improve the quality and value for money of health and adult social care and make the best use of our unique evidence about the performance of services. We will also want to use our evidence to draw attention to specific national issues or concerns that arise in the course of our work.

What are our plans for 2009/10?

106. Table 5 shows you what will stay the same and what will be different in 2009/10.

Table 5: How reviews will be different in 2009/10	
2008/09	2009/10
<ul style="list-style-type: none"> • The Commission for Social Care Inspection and Healthcare Commission produce individual “State of adult social care” and “State of healthcare” reports • The Mental Health Act Commission produces a biennial report on the Mental Health Act • The Commission for Social Care Inspection and Healthcare Commission carry out sector specific reviews and a small number of joint reviews and studies, occasionally involving The Mental Health Act Commission 	<ul style="list-style-type: none"> • A single state of health and adult social care report • An annual report on the operation of the Mental Health Act will be published either as a separate report, or as part of a single state of health and adult social care report • Conduct and publish a number of joint health and adult social care reviews and studies, as well as continuing sector specific work on health, mental health and adult social care

107. We will present our first state of health and adult social care report, and report on the operation of the Mental Health Act (together or separately) for 2009/10 to Parliament.

108. Table 6 shows a list of topics we are considering for special reviews and studies. We will select a limited number from these topics to carry out in 2009/10, maintaining some flexibility in being able to add any new topics of immediate concern that arise during the year. We will also review the topics in light of the outcome of the Audit Commission’s studies’ consultation, including considering whether any joint work would be appropriate.

109. The list has been developed from information from our predecessors, including previous consultations. We are proposing a balanced programme that reflects the Care Quality Commission manifesto values and covers a range of issues relating to many people. We have chosen topics:

- That are of public concern.
- Where services and practice need improving.
- That have national policy implications.
- That build on earlier work by our predecessors and others, as we are keen to see continuous improvement in the quality of services.

110. In addition, we will be looking to take stock of and strengthen the approach both to safeguarding issues for adults and the health aspects of child safeguarding.

111. We will strengthen our approach to safeguarding the rights of adults in vulnerable circumstances, taking into account any recommendations from the Department of Health’s consultation reviewing the ‘No Secrets’ guidance.

Table 6: Proposed topics for special reviews and studies	
Topic	Description
Meeting the healthcare needs of people (adults of all ages) in care homes	A review of whether people (adults of all ages) living in care homes have choice and control over their healthcare and equal access to NHS services.
Meeting the physical health needs of people with mental health problems and learning disabilities in hospital and residential settings	Health outcomes for these two groups of patients are generally poor. This review would focus on ensuring that physical health conditions are appropriately acknowledged and addressed in hospital and residential settings.
How well is the health and social care ‘pathway’ working for: a) people who have a stroke and their carers b) people with dementia	a) A review of how the national stroke strategy has been implemented and people’s experiences of joint working between councils and PCTs. b) A review that builds on the previous work by the National Audit Office and Commission for Social Care Inspection to assess this important and growing area of care.
The impact of commissioning and health promotion on health inequalities	This review would assess how well PCTs, working with local councils and involving the public, are planning to reduce future demand on health services. Good practice can be shared with less well performing PCTs and councils.
How well are health and adult social care services addressing equality and human rights – focusing on commissioning in two or three service areas?	This would include a review of the commissioning processes to ensure services are appropriate for a diverse range of people.
How well are councils responding to people’s first contact with them (to assess progress since the review of eligibility criteria)?	This review would help to ensure that everyone who has contact gets the advice needed to make choices about their care. It would also help to ensure that information about people seeking support informs local strategic needs assessments and commissioning plans.

Table 6: Proposed topics for special reviews and studies (continued)

Topic	Description
What measures and good practice are in place to ensure the safety of surgery and anaesthetics?	This review would develop measures and good practice to ensure safety of surgery and anaesthetics, working with the relevant bodies.
A review of health and social care for families with disabled children and young people	A review of how different health service arrangements impact on the experience of families. It would look at access to assessment and treatment and the quality of planning and interfaces between agencies.
Child and adolescent mental health services	A review of the care pathway provided to children and adolescents with severe mental disorder, focusing on the quality of care and outcomes for children and adolescents who come into contact with mental health services.
Develop a specific review or study focused on value for money, that covers both quality and cost of care in the areas of: a) diagnostic services in acute hospitals b) commissioning c) multi-agency inspection of services for older people (MAISOP)	a) The proposed work on diagnostic services would build on the Healthcare Commission's review of this area, published in 2006, and provide an opportunity to assess progress as well as current performance. b) The proposed work would review the relationship between spending by commissioners of care and the outcomes secured for local communities in a small number of high-spending areas. c) The proposed work would draw on learning from the Scottish inspection of social and healthcare for older people.

Consultation questions

7. Do you support a single, integrated report on the state of both health and adult social care?
8. Should this also include our annual report on the operation of the Mental Health Act?
9. From the list of potential topics for special reviews, which would you consider to be the highest priority?
10. What specific issues would you want us to address for any of these topics and how would we best do this?
11. What other topics would you want us to address in future years?

5. What happens next?

112. This consultation runs from 18 December 2008 and **closes on 12 March 2009**, during which time we would welcome all feedback from both individuals and organisations. Please visit our website (www.cqc.org.uk) for other documents related to the consultation.

113. You can respond to our consultation in the following ways:

- Email your response, headed 'CQC reviews' to consultationresponses@cqc.org.uk
- Use the hard copy reply sheet inserted inside this document to send your details and comments (attach extra pages if necessary). Please detach it from the document and send it (no stamp needed) to: **CQC reviews consultation, Care Quality Commission, FREEPOST LON15399, London EC1B 1QW**
- Use the web version of the reply sheet on our website (www.cqc.org.uk).

114. Once the consultation period has ended, we will complete an analysis of the feedback we have received and carefully consider whether we need to make any changes to the proposals listed in this document. We will publish our response to the consultation comments.

115. Our Board of Commissioners will then agree our final approach to periodic reviews and special reviews and studies in 2009/10. We will develop detailed guidance reviews for those who will need to respond to us as we commence the reviews.

116. This consultation follows the Cabinet Office *Code of Practice on consultation* (see www.berr.gov.uk/files/file44364.pdf). In particular we aim to:

- Consult widely throughout the process, allowing 12 weeks for written consultation at least once during the development of the policy.
- Be clear about what our proposals are, who may be affected, what questions we want to ask and the timescale for responses.
- Ensure that our consultation is clear, concise and widely accessible.
- Ensure that we provide feedback regarding the responses received and how the consultation process influenced the development of the policy.
- Monitor our effectiveness at consultation, including through the use of a designated consultation coordinator.
- Ensure our consultation follows better regulation best practice, including carrying out a regulatory impact assessment if appropriate.

117. If you have concerns or comments that you would like to make relating specifically to the consultation process itself, please use the same contact details as in paragraph 113 above.

Confidentiality of information

118. Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

119. If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding.

120. We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Future developments

121. There are two areas that we would like to consider during 2009/10 and will discuss further with the service, Government and other stakeholders.

Information on services

122. The reviews we undertake will provide useful and important information about organisations. However, we wish to explore whether we can carry out an assessment of the quality of care provided by the individual services within an organisation. This fits with the new registration requirements, which will focus on the services provided by the organisation to be registered. By producing assessment of services, we believe this will enable us to:

- Publish more meaningful information for people who use services.
- Provide greater comparability of assessment between individual organisations across the state and independent sectors.
- Provide an additional powerful incentive for providers to improve their services.

123. This will mean that people can look at the assessment of an overall organisation when making choices and have more detailed information about some of the specific services they provide. We will work with key stakeholders to test this proposal during 2009/10.

Assessments of care pathways

124. Care pathways are about joining up care across services that are centred on the individual. In our unique position of independently regulating health, mental health and adult social care, we can see how organisations work together to focus on the people who use services. We will look into linking information on elements of the whole of the care pathway, to see how we can make assessments throughout care pathways and incorporate the results into our scored assessments.

Glossary

- **Adult social care**

Adult social care refers to the responsibilities of local social services authorities for adults and their carers. This includes the range of services that may be provided or arranged to be provided by social services departments, and in some cases by health authorities and other organisations or individuals. Examples of such services include care homes, day centres, equipment and adaptations, meals and home care.

- **Audit Commission**

The Audit Commission is an independent public body responsible for ensuring that public money is spent economically, efficiently, and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services. It is responsible for the use of resources assessment of organisations.

- **Access**

The extent to which people are able to receive the information, services or care that they need.

- **Annual health check**

The annual health check has been used by the Healthcare Commission as its assessment of the performance of all NHS organisations in England.

- **Care pathways**

A care pathway is a discrete set of steps a patient takes when they are treated for a condition. Often a document is produced that lays down best practice templates to guide providers and commissioners on how a care pathway should be delivered.

- **Commission for Social Care Inspection (CSCI)**

The Commission for Social Care Inspection (CSCI) was set up to regulate, inspect and review all adult social care services in the public, private and voluntary sectors in England. It gives a star rating to councils and, from 2008, a quality rating to care services. CSCI is independent and was set up by the Government to improve social care and stamp out bad practice.

- **Commissioning**

Commissioning is the process of translating the needs and wishes of local people into timely and good-quality services, which provide the right outcomes, promote independence, provide choice, are cost-effective, and support the whole community.

- **Comprehensive Area Assessment (CAA)**

The Comprehensive Area Assessment (CAA) is a new approach being implemented from 2009/10 that will provide the first independent assessment of the prospects for local areas and the quality of life for people living there. It will assess and report how well public money is spent and will ensure that local public bodies are accountable for their quality and impact. Combining the perspectives of the

seven partner inspectorates, CAA will provide a joint assessment of outcomes for people in an area and a forward look at prospects for sustainable improvement.

- **Equality**

This means recognising that while people are different and need to be treated as individuals, everyone is the same in terms of having equal value, equal rights as human beings and a need to be treated with dignity and respect.

- **Foundation trusts**

NHS foundation trusts are free from central government control and performance management from strategic health authorities. Foundation trusts are authorised by Monitor, the independent regulator of NHS foundation trusts, and have more financial and managerial freedom than other organisations in the NHS.

- **Healthcare associated infection (HCAI)**

An avoidable infection that occurs as a result of the healthcare that a patient receives.

- **Healthcare Commission**

The Healthcare Commission is the independent regulator of healthcare in England, which assesses and reports on the quality and safety of services provided by the NHS and independent organisations. Its ratings for NHS and registration of independent organisations, focus on services and making care safer.

- **Independent healthcare**

Independent healthcare includes private, voluntary, and not-for-profit healthcare organisations.

- **Indicators**

Indicators are measures that tell us how well a particular service or aspect of care is being provided.

- **Inpatient**

A person who needs to stay in hospital, overnight or longer, to receive care and treatment.

- **Inspection**

A check or visit to assess whether an organisation is meeting particular standards of care. It is sometimes carried out in response to serious concerns by patients, healthcare professionals or members of the public. Inspections may be scheduled, unannounced or carried out at short notice.

- **Local area agreement**

Local area agreements are a new way of working to build a more flexible and responsive relationship between central government and localities on the priority outcomes needing to be achieved at a local level.

- **Local involvement network (LINK)**
 Local involvement networks (LINKs) are new organisations that bring together information about the views of people concerning their local services, so that they can make an impact on the way services are delivered.
- **Mental Capacity Act 2005**
 The Mental Capacity Act Deprivation of Liberty safeguards (formerly known as the Bournewood safeguards) were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. The Mental Capacity Act provides for the deprivation of liberty of people who lack the capacity to consent to arrangements proposed for their care in care homes and hospitals where authorisation under section 4A and Schedule A1 to the Act exists.
- **Mental Health Act 1983**
 The Mental Health Act 1983 provides for the detention and compulsory treatment of people who have a mental disorder that means they are at risk of harm to themselves or others. The Act includes safeguards to make sure people's rights are maintained in such circumstances.
- **Mental Health Act Commission (MHAC)**
 The Mental Health Act Commission provides a safeguard for people who are detained in hospital under the powers of the Mental Health Act 1983. It is a monitoring body rather than an inspectorate or regulator. Its concern is primarily the legality of detention and the protection of individuals' human rights.
- **Monitor**
 Monitor regulates NHS foundation trusts, making sure they are well-managed and financially strong so that they can deliver excellent healthcare for patients.
- **National Institute for Health and Clinical Excellence (NICE)**
 An independent organisation that provides national guidance on the promotion of good health and the prevention and treatment of ill health.
- **National Minimum Standards (NMS)**
 The National Minimum Standards for social care are sets of standards for each type of service, designed to ensure that care provision is fit for purpose and meets the assessed needs of people using social care services.
- **Performance indicators (PI)**
 Data items that are considered of particular importance in assessing performance.
- **Primary care**
 Primary care is the first point of contact with the NHS for most people. In primary care you receive treatment for routine injuries and illnesses from a range of healthcare professionals, including GPs, nurses, dentists, pharmacists

and opticians. You can also gain access to preventative care, such as services to help you stop smoking.

- **Primary care trusts (PCTs)**

Primary care trusts are responsible for commissioning health services for their local communities. For example, they must make sure that there are enough GPs to service the community and that they are accessible to patients. PCTs must also guarantee the provision of other health services, including hospitals, dentists, mental healthcare, walk-in centres, NHS Direct, patient transport (including accident and emergency), population screening, pharmacies and opticians. Most PCTs also provide a range of community health services, for example district nursing and health visiting.

- **Quality of service**

Quality of services is one part of the annual performance rating given to each NHS trust. It is made up of the Healthcare Commission's assessments of performance in meeting core standards, existing national targets and new national targets.

- **Resources**

The things needed to carry out a task or a piece of work. Resources can include appropriately qualified staff, suitable buildings and sufficient equipment.

- **Self-declaration**

As part of the Healthcare Commission's annual health check it asks boards of trusts to make a public declaration of their performance in meeting government standards.

- **Specialist statutory regimes**

The Care Quality Commission will be responsible for operating a number of specialist regulatory regimes set out in other legislation, including in relation to:

- Ionising radiation.
- Controlled drugs.
- Deaths Review.
- Safeguarding children.
- Safeguarding adults.
- Second Opinion Advisory Doctors.

- **Strategic health authority (SHA)**

An organisation responsible for developing plans for improving healthcare services in a particular region; making sure that local healthcare services are of a high quality and performing well; increasing the capacity of local healthcare services; and making sure that national priorities are a part of local plans for healthcare services.

- **Standards for Better Health**

Requirements that should be met by all organisations in the NHS. The Government published 24 standards for the NHS in 2004 (updated in 2006). They cover all aspects of health and healthcare, including safety, clinical effectiveness, cost effectiveness and public health.

- **Trusts**

NHS trusts provide healthcare services in England and Wales.

The main trust types are:

- Primary care trusts (PCTs).
- Hospital or acute trusts.
- Ambulance service trusts.
- Care trusts.
- Mental health service trusts.

- **Vital Signs**

A new approach to planning and managing priorities both nationally and locally. Organisations can use the Vital Signs to develop local operational plans to deliver against national priorities and understand how to select, or even create, local priorities.

Tier 1 National Requirements (ie 'must dos')

These requirements are set nationally and cascaded to either SHA or PCT level. PCTs' plans for them are agreed by SHAs and signed-off by the Department of Health. SHAs monitor and performance manage all PCTs centrally.

Tier 2 National Priorities for Local Delivery

These priorities are agreed locally and signed-off by SHAs. PCTs' plans for them are signed-off by SHAs. There is a risk-based approach to performance management for them, which focuses on weak areas or organisations only.

- **World Class Commissioning**

World Class Commissioning is a statement of intent, aimed at delivering outstanding performance in the way the NHS commissions health and care services. World Class Commissioning encourages commissioners to actively shape local services to deliver a wider choice of more personalised, high-quality, health and care solutions. Greater patient choice, coupled with more clinical involvement in the design of services, will drive dramatic improvements in quality and safety, while also ensuring that waiting times are reduced and services are delivered in the most effective way possible.

Appendix A: Indicative dates for registration and periodic review of NHS providers from December 2008 to April 2010

Periodic reviews	Registration	Likely dates
We publish consultation proposals for reviews in 2009/10		December 2008
Regional workshops to explain the consultation proposals and obtain feedback		January – March 2009
	Date from which NHS providers must be registered with the Care Quality Commission regarding HCAI	1 April 2009
NHS trusts submit declaration to Care Quality Commission for assessment of standards in 2008/2009 We publish the final design of reviews in 2009/10		May 2009
	We publish consultation guidance for full registration system for the NHS, independent healthcare and adult social care Regional workshops to explain the consultation proposals and obtain feedback	May – July 2009
We undertake inspections of NHS providers for the assessment of standards in 2008/09		June – July 2009
We publish the annual health check 2008/09 results for NHS providers	We publish the final design of full registration system	October 2009
NHS providers submit their declaration to the Care Quality Commission for the assessment of standards in 2009/10		November 2009
	Providers apply for overall registration	December 2009
	Registration system for all providers in scope is in place	April 2010

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