

The Annual Health Check

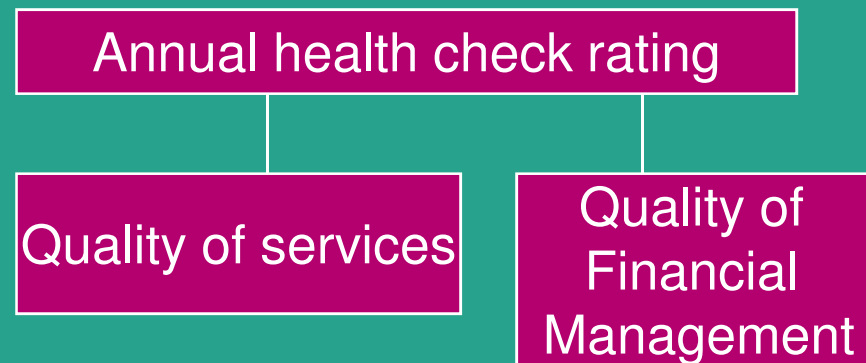
Adam Brown 24th November 2008

AHC - overall objectives

- Provide assurance on performance
- Provide information to patients and the public
- Promote improvement in health and healthcare
- Reinforce trust boards' accountability for performance
- Reduce the overall costs of regulation

What is the annual health check?

We have a statutory responsibility to rate all NHS organisations in England (both providers and commissioners of care). The annual health check enables us to fulfil that duty.



Why standards and indicators?

Compliance with standards:

- Shows that trusts have laid foundations for good performance
- Provides broad-based assurance

Indicators:

- More focused on outcomes
- Can measure improvement over time

Services and topics

- The annual health check also includes work on services and topics
- These are particularly important to patients
- They can help to evaluate pathways of care (stressed by Lord Darzi in his interim report)

How does the annual health check work?

We use an information-led, risk-based system to assess performance

Trust boards declare compliance with the standards (and representatives of patients and public provide commentary)



We use information to target our inspections where analysis indicates there may be cause for concern



We bring this together with performance based on indicators



We publish information that supports decision making by patients, the public, and NHS staff including clinicians

Evaluation of the first two years

More trusts are meeting the Government's standards and targets

- Over 90% of trusts consulted thought the assessment of core standards had a positive impact on patient care
- Over 80% thought the process focused trusts' attention on safety
- 75% were confident in the ability of the Commission's regional teams to provide information about assessment

But lessons are being learned. For the AHC in 2007/2008, we

- Focussed on whether trusts were meeting the objective of the standards, not the detail
- Made better use of the information held by others
- Fed the views of patients and the public into our assessments throughout the year

Our aims in 2008/2009

- Remain focused on issues that matter most to patients & the public - especially safety and the quality of clinical care
- Take the experiences of patients, the public and staff increasingly into account in our assessments
- Increase our efforts to investigate and follow up areas of non-compliance with the Government's standards
- Tailor our assessments further to each of the different healthcare sectors and types of service
- Improve the assessment of commissioning of healthcare services – as a prime driver of effective and locally responsive provision
- Remain cost-effective and risk-based in our approach and reduce wherever possible overlap with other regulators

The biggest change in 2008/2009

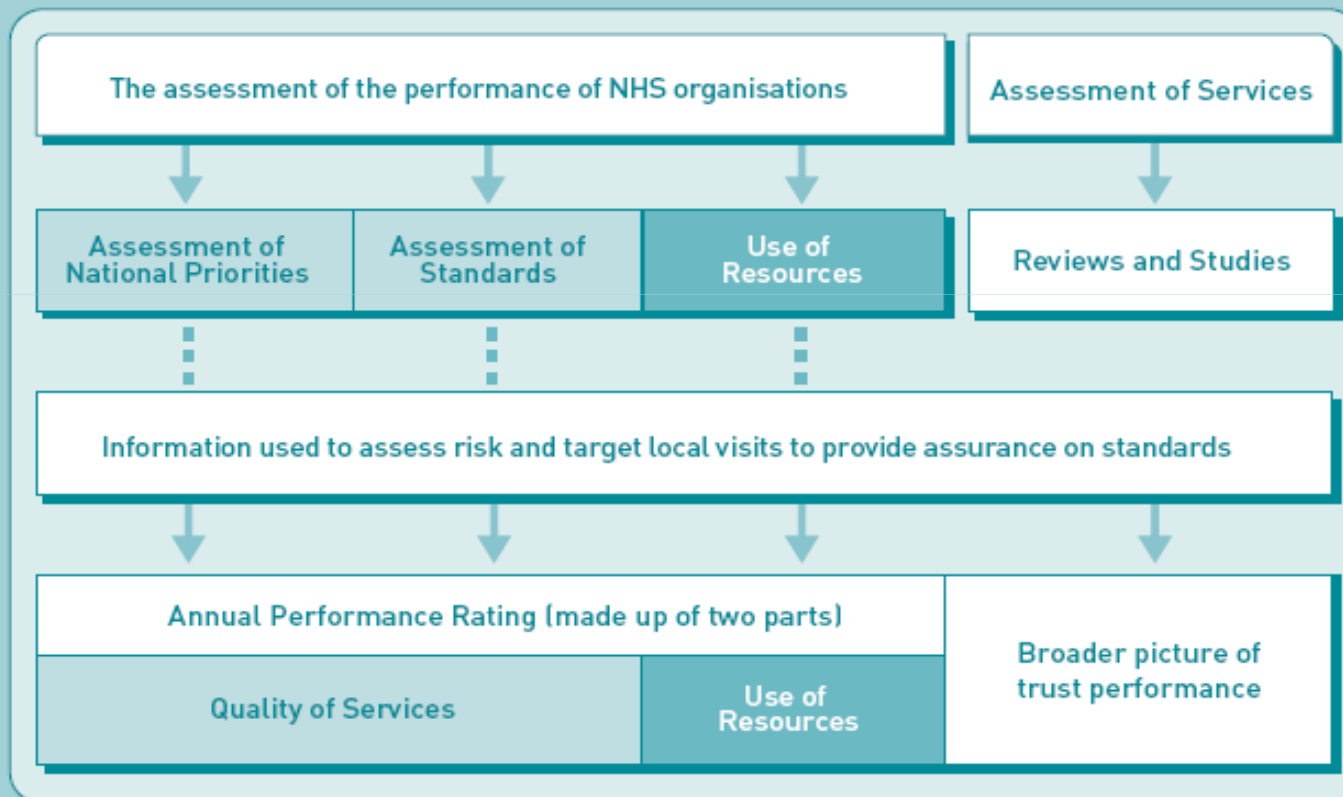
- An assessment of national priorities will replace the assessment of existing and new national targets which were part of the quality of service score.

Why?

- We want to assess whether primary care trusts are delivering on national priorities set out in the Operating Framework
- We want to reflect these national priorities and develop a more tailored assessment for provider trusts
- Many targets are fully met or no longer applicable

The proposed structure in 2008/2009

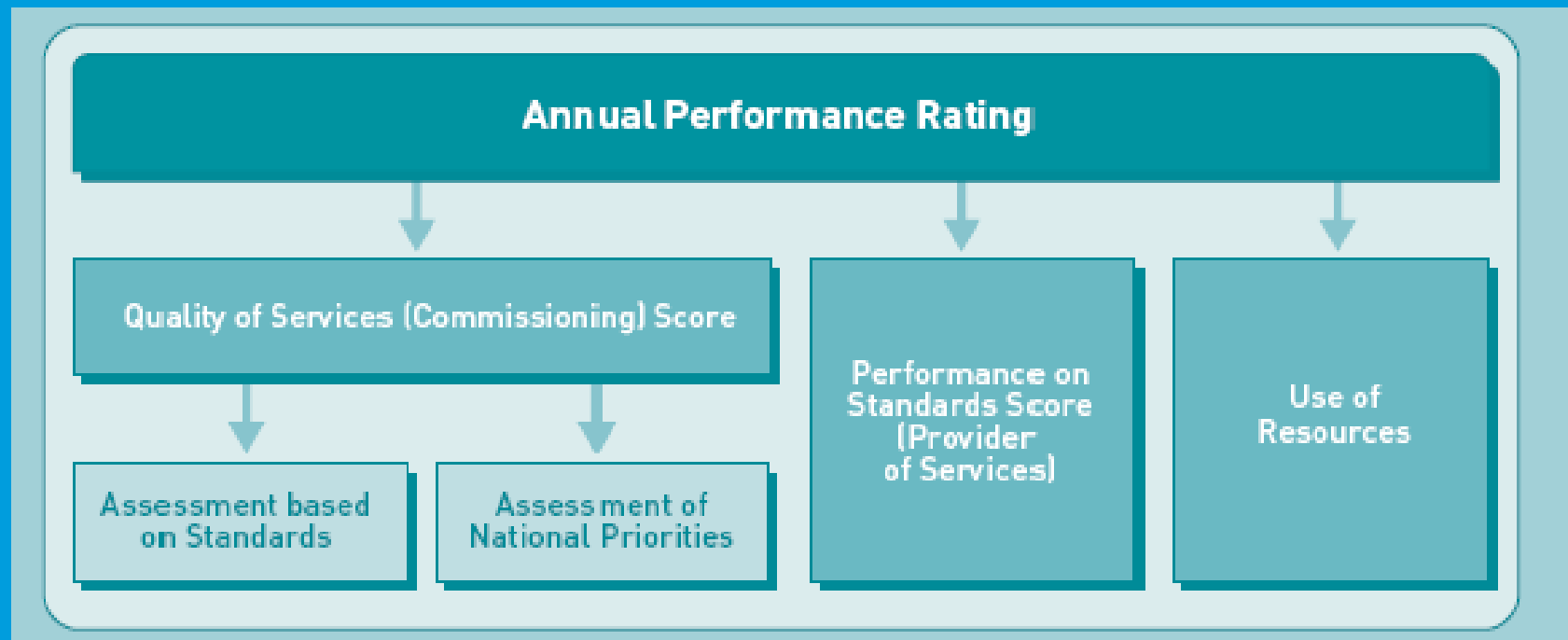
Figure 3: The basic overall structure for the annual health check



NB: PCTs will have a quality of services score (commissioning) and a performance on standards score for their provider services (see Figure 2)

Primary care trusts (PCTs)

We are proposing a change to the structure to the annual performance rating allowing us to report separately on the provider and commissioning (contracting) functions of primary care trusts.



Why?

- Commissioning and contracting are different to provision – separate scores will give a clearer picture of performance for local communities
- Reflects increasing emphasis on the importance of effective commissioning
- Reflects requirement in the operating framework for internal division within primary care trusts
- All provider services expected to be subject to registration – but not commissioning

Other factors to consider

- We will continue to work with partners to ensure our proposals reflect key developments, including
 - > Department of Health's compliance framework for world class commissioning
 - > Audit Commission new Use of Resources assessment for the Comprehensive Area Assessment (CAA)

Quality of commissioning – assessment of standards

Standard	Healthcare organisations:
C6	cooperate with other healthcare and social care organisations to ensure that patient's individual needs are properly managed and met
C7e	challenge discrimination, promote equality and respect human rights
C17	seek and take into account the views of patients, carers and others in designing, planning, delivering and improving healthcare services
C18	enable all members of the population to access services equally and offer choice in access to services and treatment equitably
C22	promote, protect and demonstrably improve the health of the community served, and narrow health inequalities, by: cooperating with other healthcare organisations, local authorities and other organisations; ensuring that the local Director of Public Health's annual report informs their policies and practices; making an appropriate contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships
C23	have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections
C24	protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

Format of the assessment of standards

Boards will only make one declaration on their performance on standards. But within the declaration, they will identify:

- Areas of insufficient assurance or non compliance related to their provider services
- Areas of insufficient assurance or non compliance related to their commissioning services

Quality of commissioning- assessment of national priorities

- We have developed a set of indicators in consultation with trusts.
- The set will replace existing and new national targets
- It is based on the 'Vital Signs' outlined in the NHS operating framework

Primary care trusts

Use of resources

- This will be based on the Audit Commission's judgements. They are currently consulting on their methods

Three reviews of services/topics:

- Commissioning of learning disabilities
- Medicines management following discharge from hospital
- Palliative and end of life care

Acute, mental health and ambulance trusts

Standards

- Minimal change in the criteria for the assessment of standards (there was a major revision to make them more sector specific for 2007/2008)
- For 2008/2009 we will provide a small set of benchmarking indicators (we will consider feedback on the 2007/2008 indicators before finalising our plans for 2008/2009)
- Acute trust boards will also make a declaration of their compliance with the hygiene code

*We have been asked by the Secretary of State to visit all **acute** trusts to directly assess their compliance with the code. This will impact on their rating*

Indicators

- We have developed, in consultation with trusts, a set of indicators that will constitute a more rounded assessment of performance.
- They have been selected to be compatible with the national priorities set out in the operating framework for primary care trusts.
- They will cover four themes:
 - Health and wellbeing
 - Clinical effectiveness
 - Safety
 - Patient focus and access

Use of resources

As in previous years:

- for foundation trusts, this will be based on the work of Monitor
- for non-foundation trusts, this will be based on the work of the Audit Commission

Monitor and the Audit Commission will consult on any changes to their assessments

Topic based work

- There will not be any reviews for these types of trusts.
- There will be a small piece of work on psychological therapies.
- Work on disability equality and on patient and public involvement will apply to all trust types

All trusts with learning disability services (1)

For this first time, we are developing indicators in the following areas:

- The planning of care with and around people with learning difficulties
- Individual health action plans
- Progress towards the closure of NHS campuses
- Progress towards implementing the mental health national service framework for people with learning difficulties
- Progress on improved specialist learning disability health services as set out in the recent good practice commissioning guidance

All trusts with learning disability services (2)

- These areas were identified in the recent learning disability audit
- We will also explore how best to assess the provision of independent advocacy services and arrangements for safeguarding
- the small number of learning disability trusts will also make a declaration on standards and will have a use of resources assessment

Other organisations

- Health Protection Agency
- NHS Blood and Transplant
- NHS Direct

These trusts will have a standards based assessment. We are exploring whether they can also have an indicator based assessment

Children's services

- Follow up to review of hospital services for children
- Develop new benchmarking indicators to provide information about services provided to children in the community