

The Annual Health Check 2008/2009

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Agenda

- Overall objectives
- Understanding the annual health check
- Influences upon our thinking
- Our aims in 2008/2009
- The annual health check in 2008/2009
 - our assessments by sector
 - key aspects of our assessments

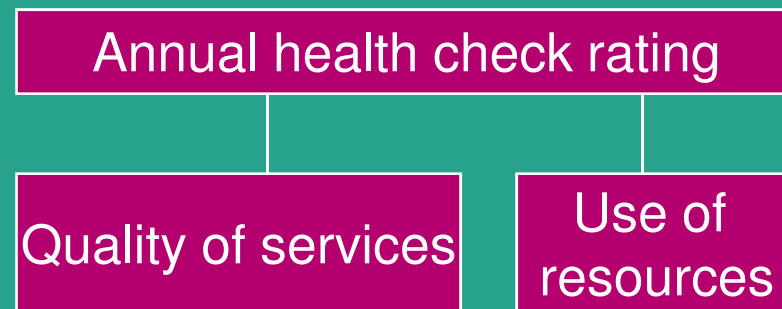
AHC - overall objectives

- 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

Understanding the annual health check

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
- New indicator - Engagement in clinical audit

Services and topics

- The annual health check also includes work on services (eg LD review informed by audit)
- 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 2008/2009, we will

- Focus on whether trusts are meeting the objective of the standards, not the detail
- Make better use of the information held by others
- Feed the views of patients and the public into our assessments throughout the year

Key influences on our thinking

Stability

- track real progress over time
- minimise the impact of change on the NHS

But – take into account

- changes to the future regulation of health & social care
- new NHS Operating Framework
- Lord Darzi interim review - care that is safe, personal, effective and fair
- feedback from patients & the public and trusts in 2007

The annual health check in 2008/2009

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

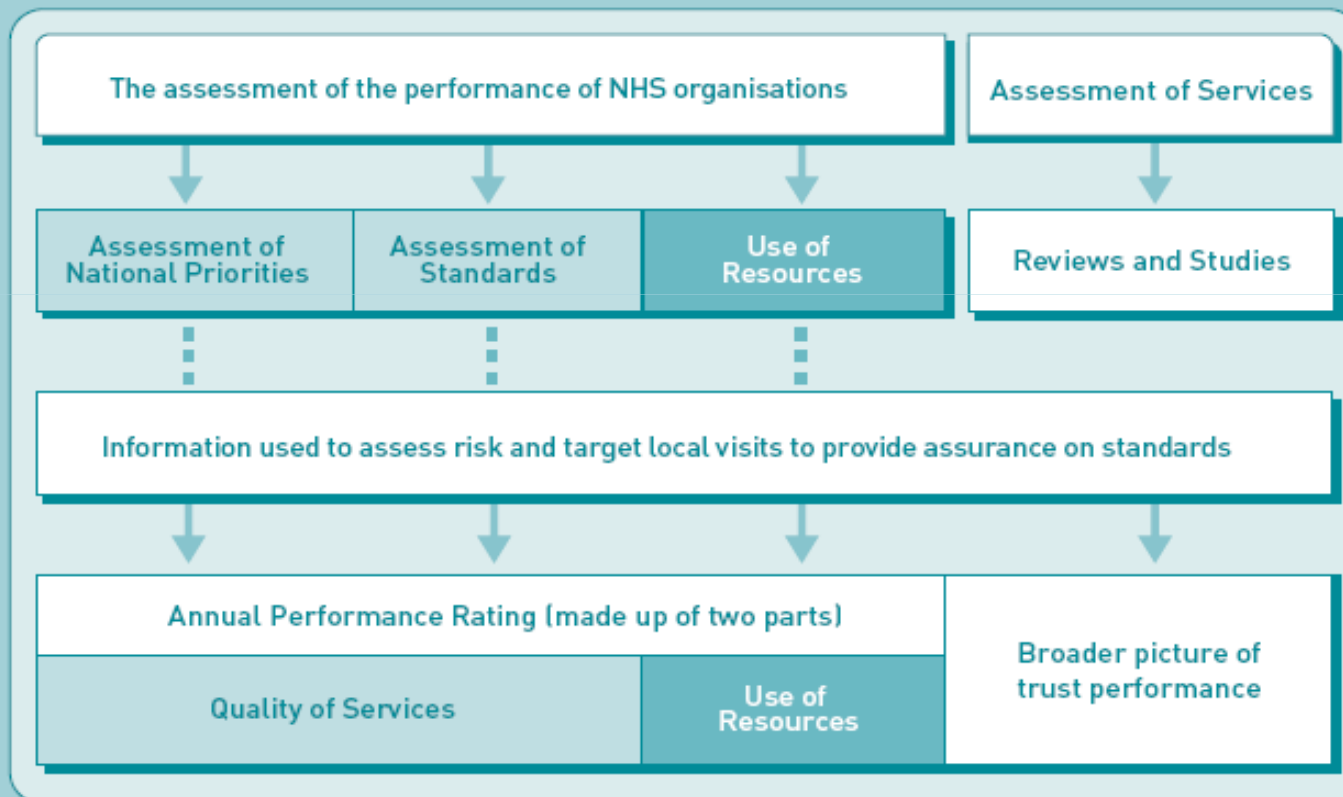
- An assessment of national priorities will replace the assessment of existing and new national targets which were part of the quality of service score.

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



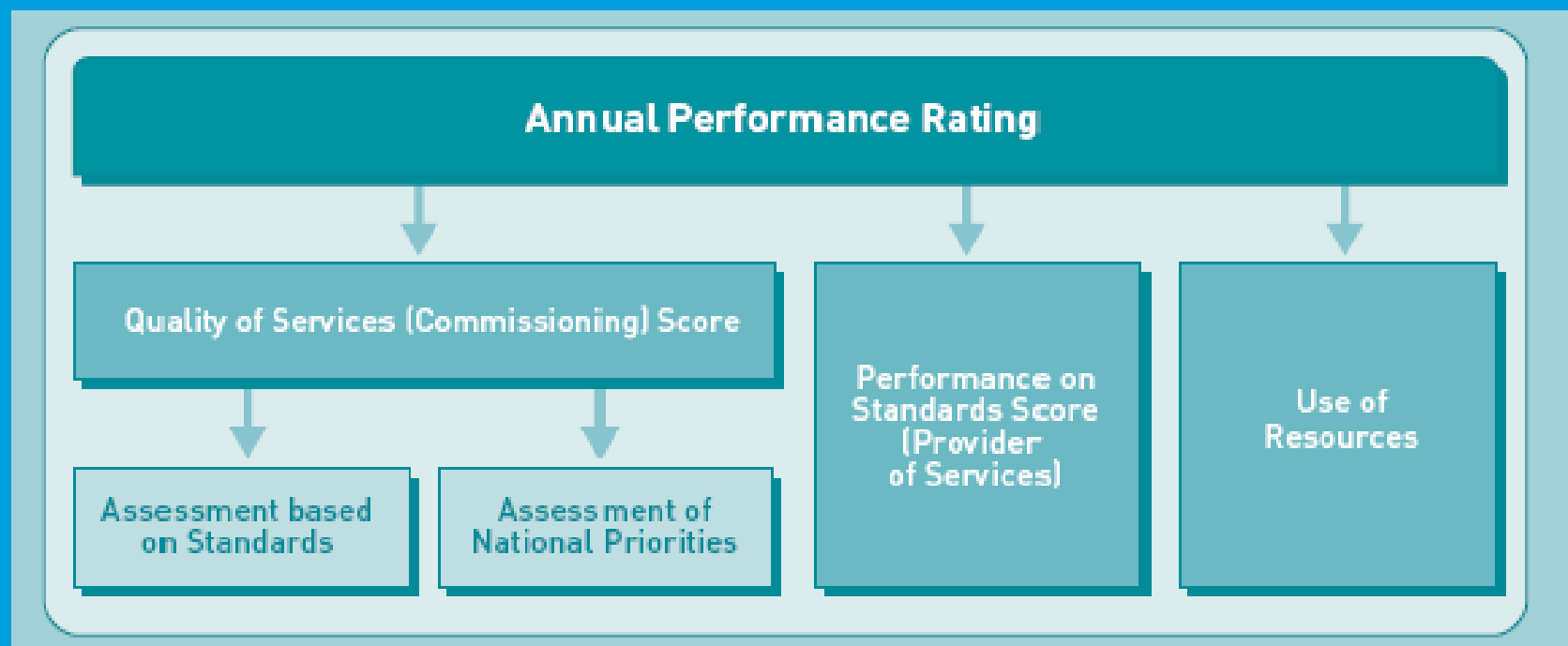
NB: PCTs will have a quality of services score (commissioning) and a performance on standards score for their provider services (see Figure 2)

Our assessments by sector

Primary care trusts

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.



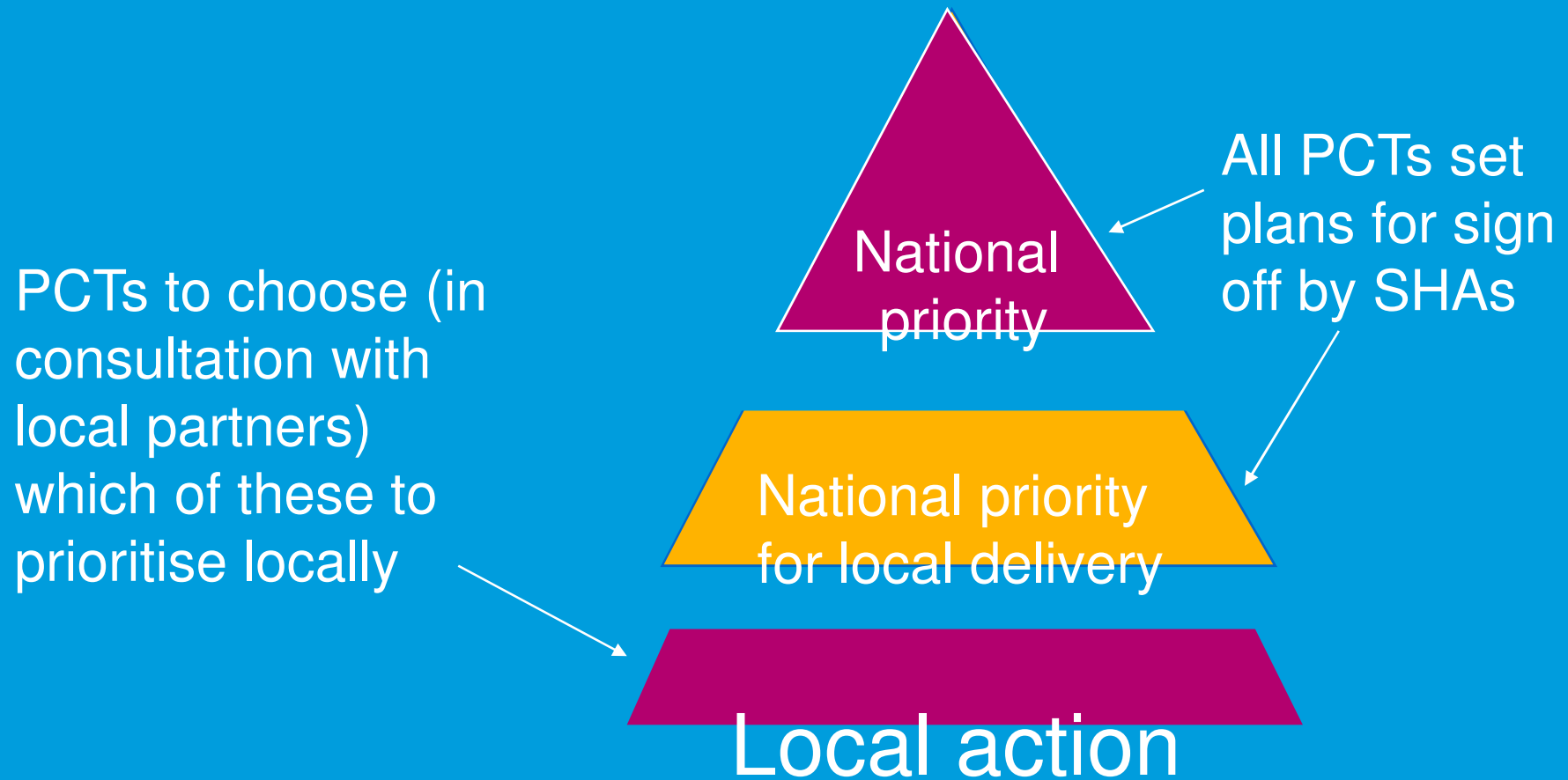
Why?

- 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

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

Quality of commissioning- assessment of national priorities



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

Key aspects of our assessment

Safety in 2008/2009

Standards

- Strengthen our approach looking both at trusts' corporate approach and outcomes in areas presenting the greatest level of risk, such as:
 - falls, use of medical devices, management of medicines, infections, implementation of actions required in Safety Alert Bulletins (SABS)

- Visits will focus not just on processes, but on follow through and outcomes

Indicators

- Develop indicators - both rated and benchmark (acute, mental health & ambulance trusts)

Topic based work

- Review the management of medication in primary care

Clinical quality

Standards

Indicators

Topic based work

- Our assessment in relation to Standard C5 will continue
- Indicators of clinical quality developed and will be used to rate trusts for the first time
 - We are working with the Academy of Medical Royal Colleges, RCN and NICE etc
 - May still add rated indicators (if data available) – since important and will have backing of clinicians
 - Further specialty specific indicators will be developed and, wherever possible, used in the set of benchmarking indicators
- Reviews of end of life care and medicines management after discharge will assess aspects of clinical quality

The experience of patients and the public

Standards

- We gather views of patients and the public through:
 - The national programme of surveys of patients
 - Commentaries received from overview and scrutiny committees (OSCs), foundation trust board governors & LINKs
 - New local involvement networks (LINKs), to be established in April 2008 to provide a conduit for local voices
 - Engagement with national and local voluntary organisations, community-based and patient-led organisations & marginalised groups
 - We seek information throughout the year, allowing us to respond quickly to concerns
- Patient survey data feeds directly into rating
- National study on patient and public engagement

Indicators

Topic based work

