

UKAS, BSI and HQIP¹ – joint statement of intent regarding clinical service accreditation and health service improvement² JUNE 2019

Executive summary

Accreditation enables clinical services to be independently measured against national standards. This means we can identify what is being done well and where leadership teams can focus their efforts to improve patient care. It provides an integrated and sustainable framework, coordinating quality improvement initiatives and embedding improvement into the everyday practices of clinical teams and clinical services. Clinical service accreditation encourages teams to work collaboratively together with patients to improve care and outcomes. There are real opportunities for UKAS, HQIP and BSI to collaborate closely, share knowledge and expertise and maximise the opportunities from shared research. This will in turn increase confidence and engagement with clinical communities, scheme providers and regulators. This statement provides a clear outline of a shared ambition and how to achieve it.

Executive summary

This statement sets out a shared intent to improve clinical services through accreditation. It details practical steps that UKAS, HQIP and BSI will take together to drive improvement in healthcare services. All three organisations share a common purpose in improving the quality of healthcare services through standards and accreditation. The interface with regulators is equally important and they need to be reassured that all schemes are operating to an agreed standard if the information is to contribute towards the inspection process.



SCOTT STEEDMAN
Director of Standards
British Standards
Institution



JANE INGHAM
CEO
HQIP on behalf
of the Clinical
Service Accreditation
Sponsor Group



MATT GANTLEY
CEO
UK Accreditation
Service

Improving the quality and value of healthcare

UKAS, BSI and HQIP have already demonstrated close working in supporting the Clinical Service Accreditation Alliance (CSAA). This is because, in the context of healthcare, UKAS, BSI and HQIP share a common purpose/intent to:

- improve the quality and affordability of healthcare by providing clinical services with an infrastructure and a set of requirements that enables a structured approach to quality improvement against which they can be assessed using the BSI publicly available specification PAS 1616 *'Healthcare – Provision of clinical services – Specification'*.
- encourage further development of certification schemes in clinical services and to have the providers of those schemes accredited against national standard BS EN ISO/IEC 17065 utilising the guidance developed by CSAA *for the accreditation of Certification Bodies providing clinical service certification schemes*.
- integrate these initiatives with regulatory bodies (such as the Care Quality Commission (CQC) and equivalents within the devolved nations) and other improvement processes so that commissioners, service providers and service users have a robust and seamless mechanism that supports quality improvement and provides assurance.

Background

Many industries beyond healthcare work to national and international standards that they use with the intent of improving what they do and against which they can be assessed. Standards contain specifications, guidelines or characteristics that can be used consistently to ensure that materials, products, processes and services are fit for their purpose. This reassures healthcare organisations and the general public that processes, goods and services that they purchase are safe and of a given quality.

In healthcare there are many and varied descriptions of quality. Some clinical services undertake assessments against these descriptions, however there is no consistency of language and approach to quality improvement or assurance. In other instances, there is no description of what good looks like. Providers of healthcare are faced with a confusing blend of terms and approaches that complicates their efforts to improve and comply with requirements. The general public is also confused because the service user is unable to:

- make informed choices of where to access healthcare,
- give thorough feedback on quality (because there is no reference point),
- have a meaningful role in the shaping of clinical services.

The original intent of the CSAA was to address these challenges with the primary goal of bringing a more consistent set of criteria and approach to the assessment of services that supported quality improvement and provided assurance, whilst at the same time recognising that the process a service goes through to achieve compliance with a certain standard is also formative.

Background

The specification³ created by BSI ([PAS1616](#)) on behalf of the CSAA as a generic framework for assessment is in itself a road map for services to follow to improve. PAS 1616 can be used as a benchmark and as the basis of criteria against which the independent evaluation of a service can be made. It can additionally be used as a framework that stimulates quality improvement in clinical teams outside of a formal assessment process.

The CSAA was originally funded to develop an overarching strategy for clinical service accreditation. Following completion of the initial work, HQIP has been commissioned by a core group of the original membership to support the continuation of the work. This group contributes matched funding to support, prioritise, and direct this activity on an annual basis.

HQIP's programme of work does not deliver accreditation schemes. HQIP's approach is to influence and negotiate with senior clinical leadership to gain buy-in to clinical service accreditation, as part of the national NHS quality improvement agenda (using the tools produced as part of CSAA's initial work). More detail can be found [here](#).

Use of the word 'Accreditation'

A continuing challenge to building on the constructive working relationship between UKAS and HQIP has been the use of the word 'accreditation'.

HQIP, acting as part of the Sponsor Group Membership, recognises EU law concerning the use of the word 'accreditation' and that UKAS, as the official UK accrediting body, is the only organisation that can use the word 'accreditation' in the context of quality assurance. However, the word 'accreditation' is used in many situations within and beyond healthcare by organisations other than UKAS. HQIP recognise that current healthcare 'accreditation' schemes also use the term 'accreditation' to describe the award that they provide, and that in due course the providers of these schemes may also wish to themselves become accredited as scheme providers by UKAS.

However, currently, many organisations consider it an unacceptable risk to change their scheme name to replace the reference to 'accreditation'. It is recognised that the multiple use of the term 'accreditation' could cause confusion; it is also recognised that changing the descriptors and identities of these schemes cannot be made 'overnight' and any changes must be phased and well managed.

At the point where the leverage of the word accreditation is no longer perceived to be necessary, HQIP will fully endorse the removal of the term 'accreditation' and a move to change scheme names to 'certification' in line with the current CSAA [guidance](#)⁴. It will be critical for HQIP, UKAS, BSI and the CQC to have a common view on this important issue and work closely together to achieve the desired goal as quickly as possible.

Interface with the regulator

The English regulator (CQC) supports the use of current accreditation schemes to inform its inspection and regulation of healthcare providers. It is currently working on the detail of exactly how it uses information from schemes to reduce the burden and improve the quality of inspection. Currently, in England, a Trust's participation in accreditation schemes is reflected in the CQC's well-led key question at provider level as evidence of a commitment to quality improvement and assurance. Achieving accreditation under a specific scheme is reflected in the effective key question for the relevant core service. As a regulator, it will only recognise an accreditation scheme in this way if it meets key standards that assure them of its quality and rigour. The CQC will use accreditation schemes that relate to a particular core service to inform, and in some cases reduce, their inspection activity. They only do this if they are assured that a scheme meets key standards and:

- there is adequate uptake among NHS organisations, to enable benchmarking
- the scheme's standards can be mapped to, and cover the breadth of, CQC's assessment framework

To ensure alignment with the CQC, BSI PAS 1616 has been fully mapped across to the CQC Key Lines of Enquiry. BSI also intend to map the standard to the corresponding regulations from the devolved UK regions in the future.

Roles and responsibilities



The shared intent of all parties to drive improvement in services and healthcare means that there are real opportunities for each to maximise the return on each other's respective roles and at the same time give a clear outline of shared ambition. Through this there is the opportunity to increase the clinical communities' (and their respective regulators⁵) engagement with and participation in related improvement activity.

Roles and responsibilities

This can be achieved by:

- UKAS, BSI and HQIP prepare a joint statement of intent in support of clinical service accreditation and service improvement that lays out each other's respective roles and contributions (this statement)
- Jointly developing an influencing strategy that promotes our shared intentions
- Developing a shared communications strategy that is suited to different audiences and that speaks to respective roles and shared ambition
- UKAS will contribute towards the costs to develop UKAS accreditation of scheme providers to national standard BS EN ISO/IEC 17065 in order to demonstrate its value
- BSI and HQIP to work with CQC and other improvement stakeholders to pilot the broader application of PAS1616 in improving healthcare services
- Research to understand the value of accreditation in clinical services

HQIP is well placed to facilitate and support clinical leadership and engagement with the above and lead on engaging with other stakeholders such as the CQC and the Academy of Medical Royal Colleges to support or become partners in the statement of intent.

Sponsor group membership 2019

Royal College of Physicians
Royal College of Anaesthetists

Royal College of Nursing
Healthcare Quality
Improvement Partnership

Footnotes

1. On behalf of the Clinical Service Accreditation Sponsor Group (See Glossary).
2. This statement does not relate to the activity that UKAS undertakes to directly accredit scientific and diagnostic services. For scientific and diagnostic healthcare services there are existing and mature systems of accreditation using national and international standards. UKAS has accredited over 750 services including pathology, diagnostic imaging and physiological sciences.
3. Standards provide agreed organisational good practices that can be used to provide assurance and improve outcomes. Many industries (beyond healthcare) work to national and international standards with the intent of improving what they do, and against which they can be assessed. This reassures the general public that products and services they use or purchase are safe, effective and of a desired quality.
4. Requirements and guidance for the accreditation of Certification Bodies providing clinical service certification schemes.
5. Including Health Inspectorate Wales and Health Improvement Scotland.

Glossary

1. **Academy of Royal Colleges** – The Academy of Medical Royal Colleges (the Academy - AoMRC) is the coordinating body for the UK and Ireland’s 24 medical Royal Colleges and Faculties. They ensure that patients are safely and properly cared for by setting standards for the way doctors are educated, trained and monitored throughout their careers. <https://www.aomrc.org.uk/>
2. **BSI** – BSI is appointed by government as the UK national standards body to provide the infrastructure for UK stakeholders to develop national, international and European standards which are then adopted as British Standards. BSI produces consensus standards on a wide range of products and services and also supplies standards-related services and certification to businesses www.bsi.com
3. **CSAA** – Clinical Service Accreditation Alliance, the remit of the CSAA since its 2013 inception, has been to ensure all affiliated schemes are patient-focused and clinician-led. The CSAA’s original work is now complete, a continuing role has been assumed by The Healthcare Quality Improvement Partnership (HQIP) sponsored annually by a range of professional groups. The original membership consisted of:
 - a. The Royal College of Psychiatrists
 - b. Allied Health Professions Federation
 - c. Academy for Healthcare Science
 - d. Royal College of Nursing
 - e. Royal College of Physicians
 - f. Royal College of Surgeons
 - g. Royal Pharmaceutical Society
 - h. HQIP
4. **HQIP Sponsor Group** – a governance group with membership from the Royal College of Anaesthetists, the Royal College of Nursing, Royal College of Physicians and HQIP.
5. **CQC** – Care Quality Commission. The independent regulator of health and adult social care in England. They make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. www.cqc.org.uk
6. **CQC Key lines of enquiry** – A set of five key questions broken down into a further set of questions called key lines of enquiry. Different key lines of enquiry are used in different sectors.
7. **HQIP** – Health Quality Improvement Partnership. HQIP aims to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve healthcare services. www.hqip.org.uk
8. **National standard BS EN ISO/IEC 17065** – standard requirements and guidance for the accreditation of bodies or organisations providing clinical service assurance schemes.
9. **PAS 1616** – BSI publicly available specification – Provision of healthcare services – specification. A common framework of standards for accrediting clinical services, produced by the BSI.
10. **UKAS** – United Kingdom Accreditation Service. UKAS is the UK’s National Accreditation Body, responsible for determining, in the public interest, the technical competence and integrity of organisations such as those offering testing, calibration and certification services.
11. **QI** – Quality improvement.