

Healthwatch Birmingham's response to CQC's Consultation: "our next phase of regulation"

Introduction

Healthwatch Birmingham welcomes the opportunity to respond to the CQC's 'Our next phase of regulation' consultation. As one of a national network of Local Healthwatch, Healthwatch Birmingham is mandated by Government through the Health and Social Care Act 2012 to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in their community.

At Healthwatch Birmingham we are passionate about putting patients, public, service users and carers (PPSuC) at the heart of service improvement in health and social care in the city of Birmingham. In line with our strategy, we are focused on helping drive continuous improvement in (PPI) and patient experience. We also seek to champion health and social care equity so that PPSuC consistently receive care which meets their individual and collective needs. We have therefore focused our comments on aspects of the consultation which are relevant to these issues.

General Comments

Although there are some references to service users and Patient and Public Involvement (PPI) in the document, this is not a main theme of the consultation. For example, in the Foreword, there is only one reference "we will continue to work with people who use services....". The references in the document to service users are mainly about recognising that it is the quality of services to users that CQC should be focusing on. Although this is important, it is not the same as recognising the value of working with and involving service users in the inspections, which is a theme that is sparsely referred to in the document.

Some more examples that illustrate this are as follows:

- The CQC strategic priorities do not refer to PPI or service users
- The four bullets on page 4 which set out the aims of the proposals also do not refer to the importance of involving service users in the inspection and regulation regime
- Although the CQC's new set of principles (pp 6 and 7) have some references to service users, they don't refer to seeking and understanding the views of service users
- The proposals to change the assessment framework (p 10) do not refer to service users nor PPI. Healthwatch Birmingham would like the CQC to



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incorporate service user feedback into strengthening their assessment framework.

- The CQC introduce “new and strengthened themes” (p15) - although there are some good references to service users and PPI in these, none of them are specifically about service users. A theme specifically focusing on the experience of service users and the importance of involving service users might be helpful. This should not only include a statement on involving patients but also an emphasis on the impact this has had on patient experience.

On the positive side:

- One of the CQC’s principles is about reporting “in a way that is meaningful to the public and people using services”
- The focus in the “caring” question is clearly on service users -the bullet points are about how services impact on people and on their involvement in decision-making. However, the key issue is whether there is sufficient focus in the CQC approach to finding out from patients whether they are, in fact, involved in decision-making. What is not clear is the evidence needed to demonstrate that this is actually taking place.
- The section on personalisation, social action and the use of volunteers has good references to people’s lives and involving families and releasing the full potential of communities in supporting people’s health
- In the section “introduction of CQC Insight” (p24) there is a good commitment to “build in qualitative information from people who use services”

Consultation Questions

1. Do you think our set of principles will enable the development of new models of care and complex providers?

Healthwatch Birmingham considered the nine principles that will guide the CQCs approach to regulating services, and we believe that these will enable regulation of services in a way that encourages innovation. The principles present a flexible approach to regulation that is able to respond effectively to the complexity of health and social care services. This helps to address emerging issues as approaches to planning and organisation are changing, and new models of care are emerging with more collaborative working across sectors and services. We note that one of the principles is that the CQC will hold to account those responsible for the quality and safety of care. We believe that where services are provided across a number of organisations there should be clarity on who is ultimately responsible for the quality of care. Integration may be structural, or may involve co-operation between different professionals, teams and providers or integration may be at the point



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of commissioning (with partnership working and pooled funding). These different ways of organising the provision of health and social care will require careful consideration of how they can be regulated so that the needs and preferences of patients, the public and service users are still central. We welcome the approach CQC has taken to support those adopting new ways of organising health and social services in an attempt to address these issues of registration and regulation.

We also note that the CQC will not penalise providers that have taken over poor services because they want to improve them. This is a welcome principle, however, we would like to know how you will ensure that there is continued monitoring of the poorer service even though the overall rating for the service that has taken over the poor service might be good or outstanding, thus requiring less frequent inspections (i.e. which period of monitoring will be imposed on the service).

We welcome CQCs plan for a coordinated approach to inspections as this encourages a focus on the overall pattern and quality of services for specific groups or communities. However, we believe that there needs to be a balance between a broader assessment of services and individual organisations working in an integrated way or collaborating.

Healthwatch Birmingham observes that there is insufficient focus on the need to engage with service users and the public in identifying and understanding how the services provided by health and social care organisations impact on their health and wellbeing. We believe that one of the principles should be to 'always ensure that patient and public insight, experience, engagement and involvement informs all regulation activities'.

2. Do you agree with our proposal that we should have only two assessment frameworks: one for health care and one for adult social care (with sector-specific material where necessary)?

Healthwatch Birmingham agrees in principle with having two assessment frameworks. This will reduce complexity and confusion for providers who provide services across health and social care. In addition it might also simplify the process by closely aligning questions and ratings for different services. However, we hope that this does not defeat the CQC's intent of an inspection that responds to the complexity of the system. It is important that the new KLOEs still capture the uniqueness of some services, especially those that do not neatly fall within these two frameworks. This would ensure that the more subtle nuances in service provision are captured and that the CQC does not fall back into the 'one size fits all approach'. We would like to know how the CQC intends to capture the differentiation that the 11 frameworks provided within these proposed two frameworks.



3. What do you think about our proposed changes to the key lines of enquiry, prompts and ratings characteristics?

The proposed changes to the KLOEs, especially those added under the new themes in the assessment framework are a welcome addition. Healthwatch Birmingham has had a considerable amount of feedback around discharge and coordination of care post-discharge. It is important that enquiries should ascertain the extent to which services are integrated in a way that addresses people's needs. One of the issues our feedback shows is that communication between different services is poor and leads to poor care and treatment. Below is some of the feedback we have received on joined up care:

"Vulnerable 92 year old male discharged from hospital. Was confused and sent home alone. Found on the floor and taken to the QE. No relatives living near. Family believed he was admitted but he had been sent home and left alone again. The Rapid Response Team were supposed to visit, but failed to do so as they thought he had been admitted. Feel lack of concern and care to avoid a Delayed Transfer was inexcusable and are extremely disappointed".

"My 80 year old mother has been under the care of her GP. In January this year she had a 'turn' at home. Ambulance was called and she was taken to Sandwell. She was assessed and discharged late at night, diagnosed low sodium but no follow up. At the end of January she came to Aberdeen to visit me. She once again had a 'turn'. Taken to Aberdeen Royal Infirmary where she was diagnosed with anaemia. Prescribed iron supplements and discharged. She went back to her GP on her return to Birmingham. She was then referred - I think by a new GP at the practice - for a scan as she said needed to urinate frequently. She had the scan in early March - I think at the City Hospital. On Tuesday 29 March - once again visiting me - she experienced rectal bleeding and went to A&E. She was admitted. Aberdeen Royal Infirmary chased the scan results which showed a large mass on the intestine. She had emergency bowel surgery on Friday April 1. This revealed a cancerous tumour. Care was very good in Aberdeen and seemed much more joined up and proactive.

The issue for me and for my mother is lack of joined up care. Why didn't her initial hospital admission result in a call from her GP for follow up review? Why didn't City Hospital flag the results of her scan sooner - surely scans are read within 48 hours".

We also welcome the inclusion of 'determining whether there is learning from investigations, event analyses or reviews by organisations' to the KLOEs. There is a lot of criticism that has been levelled at the NHS for its failure to learn from mistakes, especially from the Parliamentary and Health Service Ombudsman (PHSO) and the public generally. Developing learning focused investigations is essential considering the extent of feedback we receive from the public regarding complaints.



Healthwatch Birmingham would like the CQC to ensure that in determining the extent of learning during its inspections, they should also determine the extent to which families and patients are included in investigations and demonstrate how lessons will be learned as a result of clinical incidents. We would also like to know how the CQC will work with the new Healthcare Safety Investigation Branch (HSIB).

- 4. We have revised our guidance ‘registering the right support’ to help make sure that services for people with learning disabilities and/or autism are developed in line with national policy (including the national plan, Building the right support). Please tell us what you think about this.**

Healthwatch Birmingham broadly agrees that the design of services should reflect national policies and this should be key for determining registration of services that aim to support people with learning disabilities and/or autism. However, it is the outcome for patients and the public that should also be central. Therefore, the views of people with learning disabilities and/or autism on what constitutes good quality care should be central in registering services. Although there is a reasonable focus on service users, this could be strengthened - for example by developing a theme specifically about service users and PPI.

- 5. What should we consider in strengthening our relationship management, and in our new CQC Insight approach?**

This section could be strengthened by more focus on relationships with service users, patient groups and the importance to the CQC of PPI.

- 6. What do you think of our proposed new approach for the provider information request for NHS trusts?**

In principle we believe that this approach is good, but fails to reference service users - i.e. information on patient experience and feedback that the CQC could ask NHS trusts for.

- 7. What do you think about our proposal that our regular trust inspections will include at least one core service and an assessment of the well-led key question at trust level approximately annually?**

No comments

- 8. What do you think about our proposal that the majority of our inspections of core services will be unannounced?**



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In terms of unannounced inspections, what are CQC's plans to ensure that patient and public experience and feedback is captured in unannounced inspections?

9. What do you think about the changes we have proposed to inspecting the maternity and gynaecology core service?

What do you think about the changes we have proposed to inspecting the outpatients and diagnostic imaging core service?

No comments

10. Do you agree with our proposed approach to inspecting additional services (services that we do not inspect routinely) across a range of providers or sectors?

No comments

11. Do you agree with our proposals for using accreditation schemes to both inform and reduce CQC inspections?

No comments

12. What do you think about our current approach to trust-level ratings and how do you think it could be improved (taking into account the new use of resources rating)?

No comments

Yours Sincerely,



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Policy Officer



Andy Cave

Chief Executive Officer



Comments on CQC's Consultation "use of resources and well-led assessments"

Overall

There are only a small number of references in the first part of this consultation document (use of resources) to service users and PPI. The main focus is on the data and information that Trusts can provide, and that CQC can obtain, on financial performance, efficiency etc. and very little reference to any role for patients and the public in assessing use of resources.

Some more examples that illustrate this are as follows:

- The principles that NHS Improvement and the CQC have agreed (p3), which do not refer to service users or PPI
- The scope of the consultation (p5) which, for both the UoR and the well-led framework elements, do not specifically refer to any involvement by patients and the public
- The section on "rating and reporting" (p9) does not specifically refer to service users
- There are no references to PPI metrics in the section discussing metrics for assessing trusts' use of resources (pp11, 12)

On the positive side:

- The document does state that "delivering high-quality care means using resources as efficiently as possible to deliver the best outcomes for patients"
- There is a recognition that trusts are expected to "demonstrate to their patients and the public that they are delivering value for money through optimal use of all available resources".
- One of the principles agreed by NHS Improvement and CQC is "the assessment....must be meaningful for patients and the public"
- The well-led framework KLOE includes (number 7) a focus on engagement with service users.
- There is a reference (p18) to trusts being aware of "established improvement methods and using them in partnership with patients, communities and citizens to improve...."

Consultation Questions

1. Overall, there is insufficient focus on, and inclusion of, the views of service users and the public in the proposed process. Service users will often have insights into how well or badly trusts are using their resources
2. No comments



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3. PPI metrics should be considered
4. As question 3
5. There appears to be nothing in the indicative characteristics about how trusts could/should engage with service users to improve their use of resources - i.e. a good trust should seek the views of service users to identify, understand and address barriers to improved use of resources and value for money
6. No comments
7. The addition of KLOE 7 is good
8. No comments
9. There appear to be no references to service users/PPI in the ways in which trusts are expected to “assure themselves of their leadership and governance” (para 65, p21)
10. No comments
11. No comments
12. Other than a general phrase “engage with a wide range of stakeholders” there are no references in the “next steps and testing” section (p23) to service users/the public being involved in all stages of the process.
13. Yes - with patient groups, Healthwatch and the public

Yours Sincerely,



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Policy Officer



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