



Regulation & the Independent Sector

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FIPO – Quality Assurance in
the independent
sector

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2005
London

Our statutory roles



Assessment of the provision of health care including public health in the NHS & independent sectors	Annual ratings for NHS trusts	Regulation of the independent sector through registration and annual inspections
Consideration of complaints which NHS trusts have not resolved	Investigations into serious service failures	Coordination of healthcare inspection by others

Principles for a new approach

Measuring what matters to patients, public and providers, offering a richer picture of performance looking at standards as well as targets

No unnecessary burden

- self assessment
- intelligent use of information
- partnership with other agencies inspecting, regulating & auditing healthcare: the 'concordat'
- focus inspection where it is most valuable

Fair judgements, reported clearly to each of our audiences



Today in Independent Healthcare

Annual inspections (1,700 establishments)

- hospitals: acute (10%), mental health (10%)
- specialist/clinic services (25%)
- private doctors (15%)
- non clinical services (40%)

... and ever increasing numbers

Risk based annual inspections

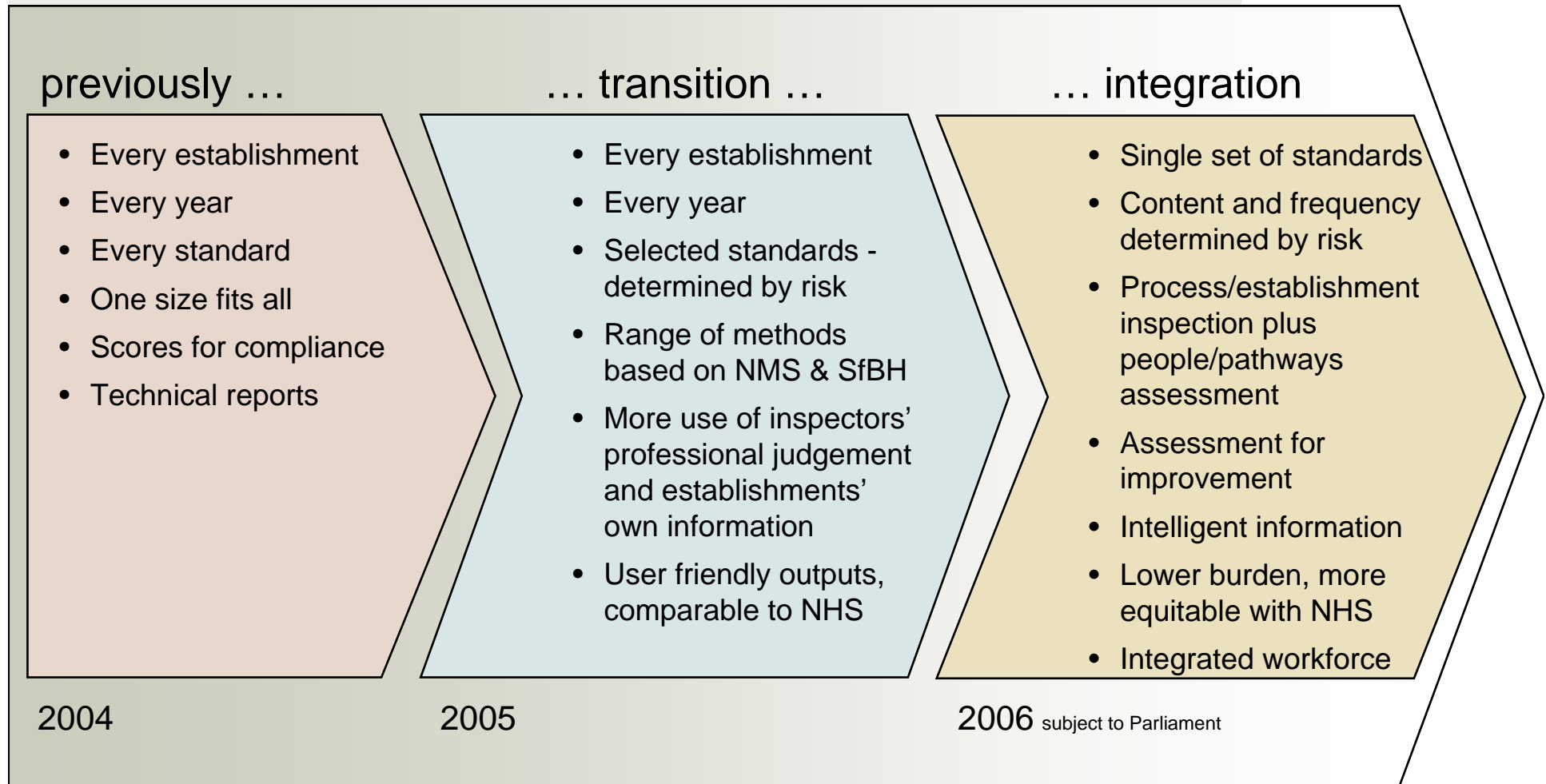
- more time for planning and targeting to risk
- less time for reporting: shorter and simpler

We're improving

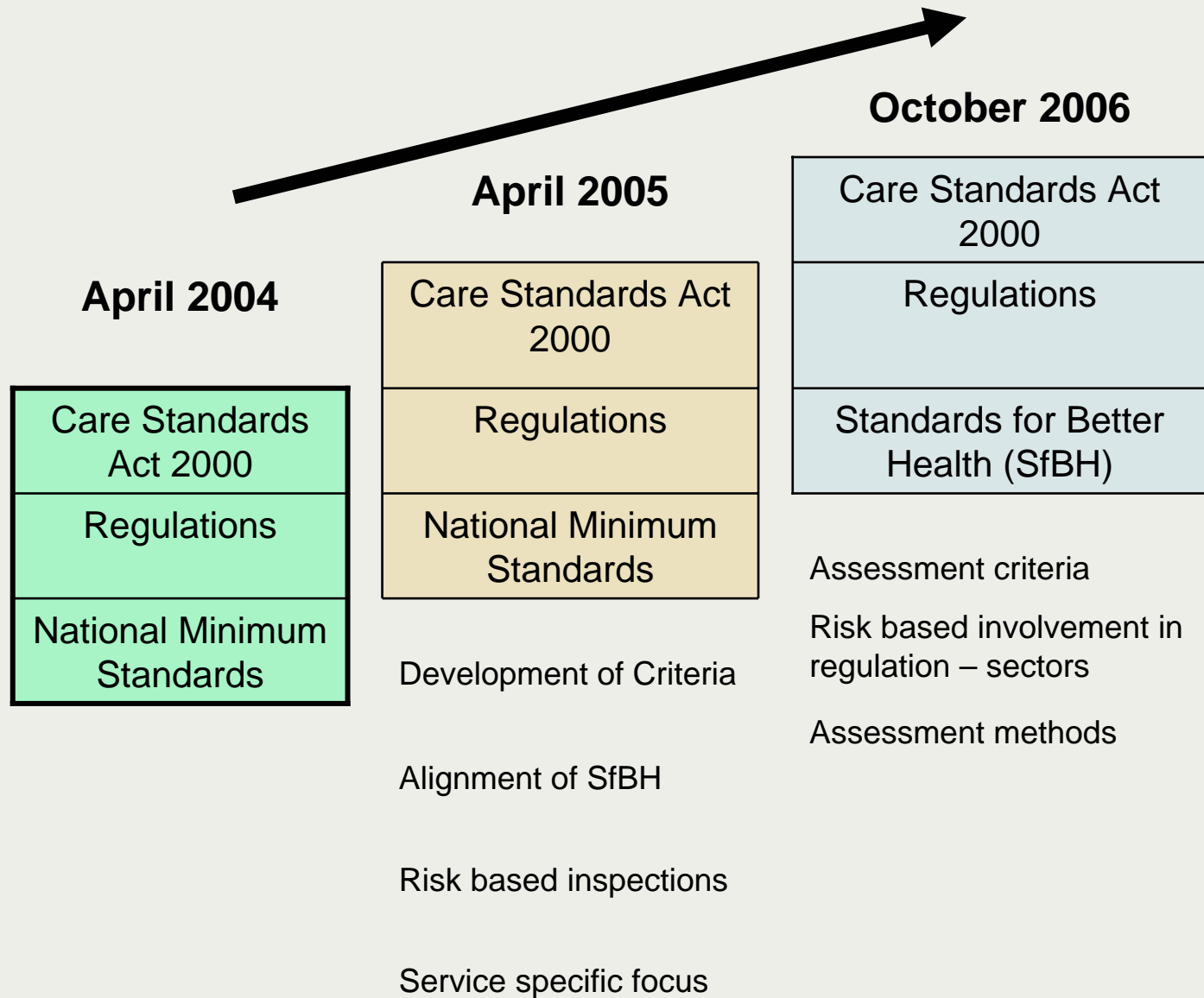
- inspections focus appropriately on risk (85%)
- inspections are less burdensome (74%)



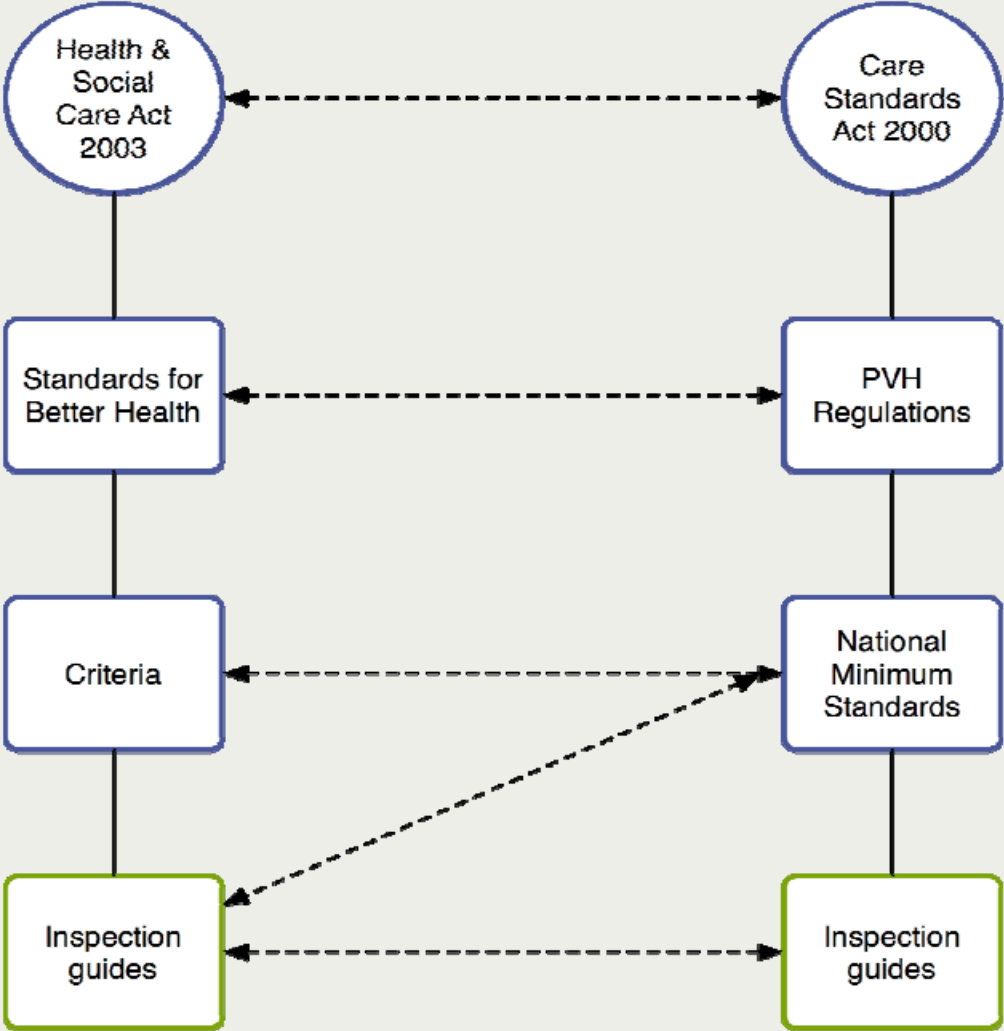
Phased approach



For independent healthcare:



Legislative architecture changes by Government



Standards for better health

safety

clinical and cost effectiveness

governance

patient focused

accessible and responsive care

care environment and amenities

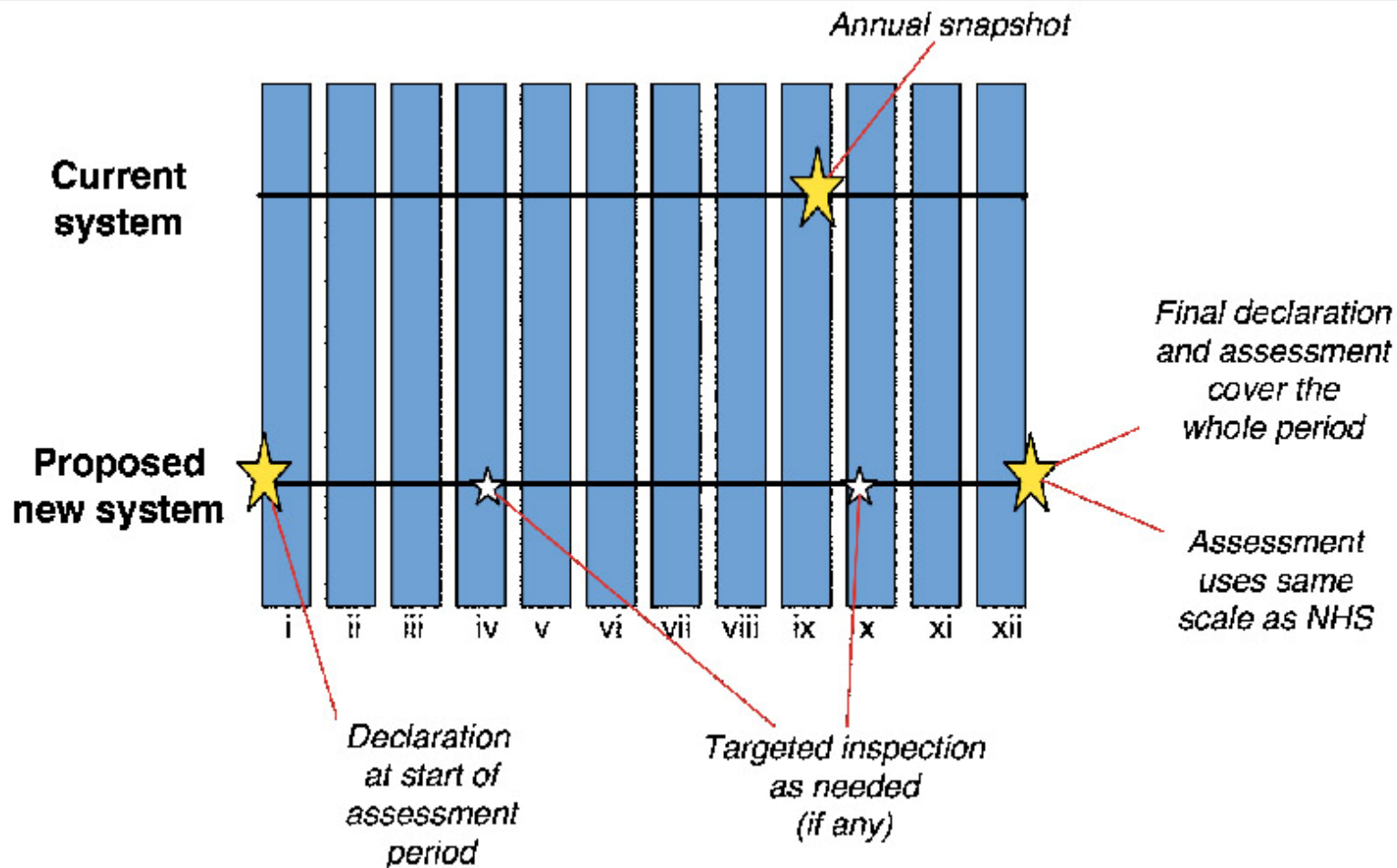
public health

Core standards – must do now

Developmental standards - aspirational



The same assurance...





What is required from the MAC?

Alex Baylis

November 2005

The present...

- Changes to inspection from April 2005
- What we look at
- The nature of our assessments



...and some crystal ball gazing

- Standards for Better Health
- New NMS
- NHS reforms

Before inspection

- Six weeks notice
- or*
- 33% unannounced inspections

Guidance

- www.healthcarecommission.org.uk
- 'quick link' in top right corner of home page



Scheduling

Information collection

Visit

Reporting

Feedback

Pre inspection information

Self assessment

- only for announced inspections
- specific questions

Information request

- documents and data
- used as part of cross checking



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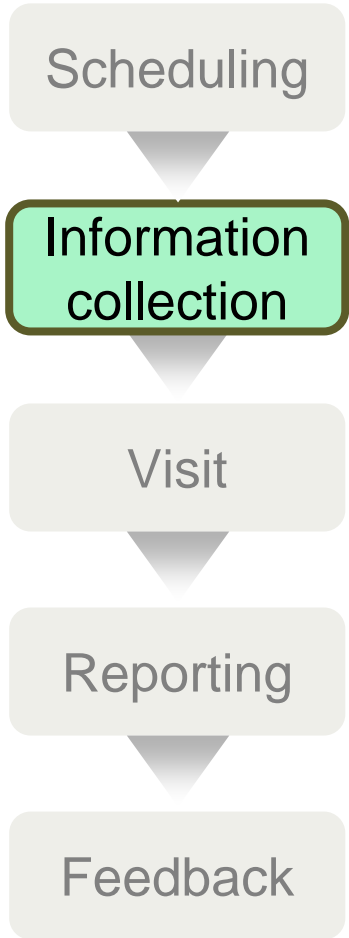
Self assessment

Day case patients are assessed prior to surgery and before discharge

Implementation2	What is the system for selecting patients for day surgery?	
	What evidence do you have that patients are pre-assessed ?	
	What evidence do you have that assessments take place prior to discharge?	
	How do you monitor the appropriateness of discharge and patients' preparedness?	

National Minimum Standard A27: Day surgery

We are looking for evidence of criteria and a selection/assessment process. By patients' preparedness, we mean how well they are informed about what to expect after discharge. Your evidence may be corroborated before the site visit by review of previous findings and clinical indicators.



Information request

Documents

- Progress report
- Governance structure and minutes (including MAC)
- Survey reports
- Complaints
- Other quality reports

Data

- Activity data
- Staff profile
- Clinical indicators
 - infection
 - return to theatre
 - deaths
 - transfers



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The inspection visit

- Focused on areas at risk of non compliance
- Unannounced inspections are no 'harder' - same methodology
- Very unusual for at least MAC chair not to be involved



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The report and evidence

Report

- Shorter, quicker, written for the public
- Only give assessments (not full evidence), and only for those standards assessed
- Requirements explain any non compliance and what must be done

'Evidence trail'

- Additional detail for providers



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Feedback

- Feedback questionnaires with pre-publication copy of report, leading to quarterly updates



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What we look for in a MAC

As a minimum:

Proper constitution

Practising privileges

Review of indicators

New procedures and techniques

The minimum is quantitative



Standards for Better Health

- Higher level
- Include some outcomes and some broad determinants of quality

- Assessment methodology involves:
 - more reliance on self assessment wherever appropriate
 - better data for cross checking
 - less use of visits where self assessment and data are robust

