The Quality Agenda

BY NADA SCHIAVONE
HEAD OF QUALITY AND SAFETY
NORTH WEST LONDON COMMISSIONING SUPPORT UNIT
Context

- **Rationale for reform**
  - Clinical leadership to drive improved outcomes and efficiency

- **Policy**
  - Two white papers
    - “Equity and Excellence: Liberating the NHS” outlines long-term vision for future of the NHS
    - “Healthy Lives, Healthy People: Our Strategy for Public Health in England” focuses on the government’s vision for public health for the next 5 years

- **Economic context**
  - Economic constraints challenging with £20bn national savings for current spending round
  - New system fully operational from April 2013
NHS Reform

4 major, inter-related elements:

- Changes to the commissioning landscape
- Changes to the provider landscape
- Changes to the public health landscape
- Changes to the education and workforce landscape

Supported by a revolution in patient information and involvement and a new role for local authorities
The new NHS landscape in summary

<table>
<thead>
<tr>
<th>Area</th>
<th>Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commissioning</strong></td>
<td>• <strong>NHS Commissioning Board (NHSCB)</strong> with national, regional and local area teams (LATs) which operate within a <strong>single operating model</strong></td>
</tr>
<tr>
<td></td>
<td>• NHSCB will be a non departmental public body and also host a range of bodies including clinical networks and senates, NHS Leadership Academy and CSS. It will have responsibility for some direct commissioning</td>
</tr>
<tr>
<td></td>
<td>• <strong>Clinical commissioning groups (CCGs)</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Commissioning Support Services (CSSs) 18th months contracts, some CCGs in housing services</strong></td>
</tr>
<tr>
<td><strong>Provision</strong></td>
<td>• NHS Trusts and National Trust Development Authority (NTDA)</td>
</tr>
<tr>
<td></td>
<td>• Foundation Trusts (FTs)</td>
</tr>
<tr>
<td><strong>Public Health</strong></td>
<td>• Public Health England</td>
</tr>
<tr>
<td></td>
<td>• Public health teams to Local Authorities</td>
</tr>
<tr>
<td><strong>LAs</strong></td>
<td>• Health &amp; wellbeing boards to produce needs assessment and health and wellbeing strategy and promote integration</td>
</tr>
<tr>
<td><strong>Information and Involvement</strong></td>
<td>• Healthwatch (hosted by LAs)</td>
</tr>
<tr>
<td></td>
<td>• Ten-year framework for transforming information for the NHS, public health and social care. Health and Social Care Information Centre</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>• Health Education England</td>
</tr>
<tr>
<td></td>
<td>• Local Education and Training Boards</td>
</tr>
</tbody>
</table>
Commissioning (CCGs)

- CCGs – 212 nationally
  - Power and responsibility for commissioning the majority of services for local people £60bn nationally
  - Clinically led
  - Membership organisations made up of constituent GP practices
  - £25 per head of population running cost allowance
  - Buy in support from CSSs (provided by NHS or non-NHS)
  - CCGs assessed against their progress on nationally set Clinical Outcomes
Health and Wellbeing Boards

- Health and wellbeing boards in every upper-tier and unitary local authority.
- The boards will:
  - have the flexibility to bring in the expertise of district councils;
  - require local authorities to prepare the Joint Strategic Needs Assessment (JSNA) via health and wellbeing boards;
  - develop a shared view about community needs and support joint commissioning of NHS, social care and public health services;
  - have a proposed minimum membership of elected representatives, CCGs, directors of public health, directors of adults’ and children’s services, local HealthWatch representatives and the participation of the NHS commissioning board; - be able to expand membership to include voluntary groups, clinicians and providers.
Healthwatch launched in October 2012 is the new independent consumer champion created to gather and represent the views of the public. It:

- plays a role at both national and local level
- will be independent of Government through its constitution as a committee of the Care Quality Commission (CQC);
Darzi Definition of Quality

• Patient Safety
  • Safe & Clean
  • Minimising avoidable harm (e.g. drug errors, HAI)

• Patient Experience
  • Compassion, dignity & respect
  • Patient satisfaction

• Effectiveness of Care
  • Survival rates
  • Complication rates
  • Measures of clinical improvement
  • Patient Reported Outcome Measures
Quality in the public domain

- Serious failures
  Breast & Cervical Screening Programs
  Bristol Report
  Mid-staffs Francis Report
- Variations in Standards
- Accountability & responsibility
- Checking and trusting
  Make clinical quality a public confidence issue
Clinical Governance - a Definition

Clinical Governance

“A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”

Donaldson and Scally
Pillars of Clinical Governance

Patient - Professional Partnership

Clinical Effectiveness
Risk Management Effectiveness
Patient Experiences
Communication Effectiveness
Resource Effectiveness
Strategic Effectiveness
Learning Effectiveness

Systems Awareness
Teamwork
Communication
Ownership
Leadership
What might that mean in practice

- Put patients /clients/customers first and last
- Improve standards of working
- Learn from experience
- Enable staff and team
- Use information effectively
Safe and high quality

THROUGH:

- Evidence based health care: locally agreed guidelines
- Dissemination of good practice: national/local forums
- Information Systems & data awareness and access: cochrane collaboration.
- IT support for decision-making
Key components

1. Clinical audit (individual and service)
2. National confidential inquiries
3. Evidence-based medicine (Apply to practice)
4. Clinical standards (NSFs, NICE, local)
5. Manpower planning (including retention)
6. Continuing professional development and lifelong learning
7. Research and development (including evaluation of care)
8. Clinical care quality integrated with organizational quality
Consistency

VARIATION IN THE QUALITY OF ORGANISATIONS

Number of organisations

LEARN FROM FAILURES
Potential problems

SHIFT THE MEAN
'Average'

SPREAD GOOD PRACTICE
Exemplars

QUALITY LOW

QUALITY HIGH

Source: Scally G. Donaldson L.J.
Why Do We Want to Monitor Quality?

- Mix of services - appropriate to scale & nature of local community within available resources
- Engagement - patients, public, other key parties including overview and scrutiny committees, LAs, voluntary sector & where appropriate, private sector
- Services compliant with core standards & improving in line with developmental standards as monitored by the Healthcare Commission
- Value for money for the taxpayer
High Quality Care for All

• Help to stay healthy
• Empowering patients
• Most effective treatments for all
• Keeping patients as safe as possible

Quality at the heart of the NHS

• Raising standards
• Stronger involvement of clinicians in decision making at every level of the NHS
• Fostering a pioneering NHS

High quality care for all

• Empowering frontline staff to lead change that improves quality for patients
• Valuing the work of NHS staff

Freedom to focus on quality
Overview of the Quality Indicators Framework

<table>
<thead>
<tr>
<th>Key purposes</th>
<th>Example product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement against national priorities</td>
<td>NQB Quality Report</td>
</tr>
<tr>
<td>Accountability to taxpayers</td>
<td>Regional quality measures</td>
</tr>
<tr>
<td>International benchmarking</td>
<td>Services from Quality Observatory</td>
</tr>
<tr>
<td>Improvement in quality within the region and progress against the regional vision</td>
<td></td>
</tr>
<tr>
<td>Enable benchmarking</td>
<td></td>
</tr>
<tr>
<td>Service improvement</td>
<td></td>
</tr>
<tr>
<td>Board accountability</td>
<td></td>
</tr>
<tr>
<td>Service improvement</td>
<td></td>
</tr>
<tr>
<td>Provider benchmarking</td>
<td></td>
</tr>
<tr>
<td>Local clinical ownership of indicators</td>
<td></td>
</tr>
<tr>
<td>Subsidiarity</td>
<td></td>
</tr>
<tr>
<td>Team</td>
<td></td>
</tr>
<tr>
<td>Sources of evidence-based indicators include Royal Colleges, specialist societies, NHS Information Centre, universities, commercial sector</td>
<td></td>
</tr>
</tbody>
</table>
Levels of Care Quality Indicators

**Service**
Locally-defined metrics for service level improvement planning

**Local**
Mixture of national and local measures used by provider and commissioners

**Regional**
Optional menu of standardised national metrics

**National**
Standardised Mandatory metrics
You can only spend one healthcare pound or euro once.

Within a fixed budget if a health care system spends more on one thing, it has to do less of something else.

The ‘opportunity cost’ is the value of the best alternative use of resources.
NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. It was established in 1999 as a Special Authority and in 2005 it was expanded to include the functions of Health Development Agency.
The Institute encourages cost effective practice by issuing guidance in three areas

- **Public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector.

- **Health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS including interventional procedures, diagnostics and devices.

- **Clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.
Core principles underpinning all NICE guidance

- Comprehensive evidence base
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process
NICE makes scientific and social values judgements

“God forbid that truth should be confined to mathematical demonstration”

William Blake – English Poet and Artist
NICE’s new role in the NHS Outcomes Framework

NHS OUTCOMES FRAMEWORK

1. Domain 1
   Preventing people from dying prematurely

2. Domain 2
   Enhancing the quality of life for people with LTCs

3. Domain 3
   Recovery from episodes of ill health / injury

4. Domain 4
   Ensuring a positive patient experience

5. Domain 5
   Safe environment free from avoidable harm

NICE Quality Standards
(Building a library of approx 150 over 5 years)

Commissioning Outcomes Framework

Commissioning Guidance

Provider payment mechanisms
- tariff
- standard contract
- CQUIN
- QOF

Commissioning / Contracting
NHS Commissioning Board - Specialist services and primary care
GP Consortia – all other services
“What is the most difficult ethical dilemma facing society and science today?”

Exchange recorded in The Guardian Weekend magazine 11 September 2010

How far do you go to preserve individual human life? I mean, what are we to do with the NHS? How can you put a value in pounds, shillings and pence on an individual's life? There was a case with a bowel cancer drug – if you gave that drug, which costs several thousand pounds, it continued life for six weeks. How can you make that decision?”

Sir David Attenborough, Naturalist

“Yes, that is a good one”

Richard Dawkins, Evolutionary biologist
I won’t let Daddy die

Girl of six raises £4,000 for life-saving drugs the NHS won’t provide

Faced with the prospect of losing her father to cancer, Clymbley Bill raised a little difference to the average five-year-old. A childhood of letting his parents deal with his cancer didn’t mean he was going to die. 

Faced with the prospect of losing her father to cancer, Clymbley Bill raised a little difference to the average five-year-old.

I won’t let Daddy die

Girl of six raises £4,000 for life-saving drugs the NHS won’t provide

Faced with the prospect of losing her father to cancer, Clymbley Bill raised a little difference to the average five-year-old.

Kate Spill has become an unlikely hero. A 36-year-old housewife from Chester, she’s become a life-saver to cancer patients around the country.

Kate is not a doctor, she has no medical training at all, but she’s become successful at obtaining new cancer drugs for patients that have yet to be approved for use on the NHS.

Kate’s journey began when her own mother was diagnosed with kidney cancer at the age of 56. Pamela Northcott was told by her hospital that there was a drug which could extend her life, but

she couldn’t have it because it hadn’t been assessed by the National Institute of Clinical Excellence (Nice).

An American asked why NICE kills people
Patient confidence that they will receive the most effective care

Percent responded, if they became seriously ill, *confident/very confident* they would get most-effective treatment, including drugs and diagnostic tests.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.
Clinical audit

- An audit is an examination or review that assesses and reports on the extent to which a condition, process or performance matches predetermined standards or criteria. It is concerned with resource allocation, financial and general administrative management and, to a certain extent, substantive issues.

Considered as tool not goal
What are PROMs?

- PROMs are measures of health status that come directly from patients.
- They are used by comparing scores before and after treatment or over longer periods.
- They focus on patient outcomes rather than just adverse events.
PROMs are not...

- Clinical measures
  - Diagnostic results
    - Range of motion
    - Blood tests
  
- Patient experience
  - Choice
  - Waiting times

- However, there is likely to be interaction
What are PROMs used for?

- Efficacy and cost-effectiveness of interventions or treatment options
- Referral thresholds, access to care and health inequalities; patient follow-up.
- Relative clinical quality of elective procedures, benchmarking performance; exercising choice.
- Quality of care given to patients with long-term conditions
What can library staff do to support?

- Sharing knowledge and information to make NHS care safe and better
- Supporting staff to plug into the right networks
- Championing patient information on research
- Attendance at Governance Committees
What can NHS Library and Knowledge Services do to promote participation in research?

Develop links with:
- Academic Health Science Networks
- Health Education England
- Comprehensive Local Research Networks
- National Commissioning Board
- Clinical Commissioning Groups
- Local Authorities
- Public Health England
- Clinical Learning Research Networks
- Training & Development – Undergraduates & continuous professional development
- Public Health England
- Champion information sharing with NHS staff about research
- Foster closer collaboration between NHS Library and Knowledge services and provider patient information teams
- Promote the role of patient information librarians
Thank you for your attention