

**Academy of Medical Royal Colleges response to the Care Quality  
Commission Consultation on Reviews in 2009/10**

70 Wimpole Street  
London W1G 8AX

T + 44 (0) 20 7486 0067  
F + 44 (0) 20 7935 9214

[www.aomrc.org.uk](http://www.aomrc.org.uk)  
[academy@aomrc.org.uk](mailto:academy@aomrc.org.uk)

The Academy of Medical Royal Colleges is a charitable organisation that focuses on facilitating the delivery of the best possible healthcare, as do its constituent Medical Royal Colleges and Faculties. We therefore welcome any cost-effective initiative to improve healthcare quality.

The evaluation of quality in healthcare is a complex and difficult task. The increasing emphasis on competition and 'contestability' may be expected to drive up standards, including value for money; but this assumes that high quality healthcare is easily identifiable, obvious for all to see. We believe that some aspects of quality in healthcare are not immediately self-evident and that perceptions of what is important vary considerably. To give simple examples, patient experience is visible to patients but less so to doctors; overall outcome is visible to doctors (if they undertake audit) but is less visible to individual patients; and cost is very visible to managers but less so to doctors and patients who rarely see the actual cost of what they consume. As a result, tensions are generated around the definition of high quality. Good evidence that is visible to all is needed to resolve those tensions.

We therefore welcome the attempt first to define what is meant by quality in healthcare, and second to measure and confirm it. We are committed to assist with improving this process wherever we are able.

Our responses to the specific questions are set out below.

**1. Do you agree with our proposals for assessing health  
commissioning processes using information from the World  
Class Commissioning assurance process?**

Health service commissioning is a developing system, so continuous monitoring of its quality is necessary. To use information from the World Class Commissioning Assurance process is an obvious first step. However, we do not believe that it should be the only route. We fear that this route may not be sufficiently responsive to the onset of sudden problems. We are concerned that commissioners, especially those who as yet have relatively little experience of the role, may on occasion be tempted to cut costs without having a full understanding of the consequences. We are concerned that reliance on the World Class Commissioning process risks a failure to detect problems in small or specialised areas of the service provision.

The Care Quality Commission should therefore retain flexibility in its processes, to permit the input of evidence from any quarter, at any time, with proportionate

responses based on judgement of the evidence rather than using a mechanical, rule-based approach. For example, a single complaint from a single organisation or patient should be capable of generating immediate action if it presents sufficiently solid evidence of cause for concern.

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## **2. Do you agree with our proposals for assessing the commissioning of adult social care by councils?**

We support the proposal to align assessment of health and social care and the move to a common assessment. This is entirely congruent with the 'whole person' approach to mental health, with the Darzi framework developing locally driven care pathways and with personalised budgets. We agree in general with the approach to the commissioning assessment framework but have some concerns that there is little involvement of service users in assessment processes.

## **3. How should we present our common assessment of primary care trusts and councils – should this be in the form of a 'grade' that can be used to inform the Comprehensive Area Assessment?**

The results should be presented in a form that is as simple as possible, but detailed information should also be available for those who wish to see it. A single 'grade' may have value for some users, but risks over-simplification. If used, it should be supported by separate grades for each of the domains that have been assessed. Indeed, to facilitate transparency, we suggest that as much as possible of the evidence that fed into the assessment should be published, together with how that evidence was analysed by CQC. Publication of such large volumes of information is relatively simple if electronic publication is used. Such high-level transparency will not only assist users to identify underlying problems in a service, it will also assist service providers to self-correct and, crucially, to demonstrate that they have corrected any identified problems.

## **4. Do you agree with our approach on the assessment of standards for NHS providers?**

This question can be interpreted in two different ways.

(a) The proposed approach to the collection of data is probably the best available within the constraints of resources and the need to minimise the regulatory burden, given the remit of the CQC to cover the whole of health and social care. Some degree of prioritisation is necessary. However, we are concerned that the broad approach to registration of complex organisations as single entities has risks in two directions.

First, it seems very likely that a complex organisation with a serious problem in one small part of that organisation will obtain registration on the basis of its overall aggregate quality. This will be meaningless to those few patients who are damaged by deficiencies in one small area. We note with approval the interest of CQC in collaborating with agencies that provide accreditation of specific medical services, and we hope that this can evolve into a tool whereby important deficiencies in small components of a complex organisation can be reliably identified.

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Second, will it be possible that a critical deficiency in part of an organisation will lead to the refusal of registration for the whole service? We trust that other tools will be used to drive timely improvements.

(b) We are concerned that the way in which the published standards are assessed is subject to interpretation. Words such as 'appropriate' and 'sufficient' are almost meaningless unless they are accompanied by clear definitions of exactly what is 'appropriate' or 'sufficient'. We anticipate that the precision of the standards will improve with time, but the proposal that on-site inspections will not always occur leads to concerns that local interpretation could generate misleading data.

## **5. Do you support the additional indicator on learning disability?**

Yes we welcome this indicator. However we believe that it should include mild as well as more severe learning disability and that other vulnerable groups such as those with dementia may be another indicator to consider.

## **6. Do you agree with our proposals for health and adult social care providers registered under the Care Standards Act 2000?**

Social care is not within the remit of the Academy of Medical Royal Colleges.

## **7. Do you support a single, integrated report on the state of both health and adult social care?**

There is an important interface between health and social care which clearly justifies a single report. However, the fact that the services are usually delivered by different organisations leads us to question to what extent the report should be 'integrated'? We suggest a single report with three sections: (i) health service provision (ii) Social service provision (iii) The state of interaction between health and social services.

**8. Should this also include our annual report on the operation of the Mental Health Act?**

In principle we consider that the annual report on the Mental Health Act should be a separate report because of the special functions and responsibilities that pertain under the Mental Health Act and the DOLs provisions of the Mental Capacity Act . We acknowledge that other aspects of mental health care within trusts or by social care providers can be dealt with as part of the integrated report.

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**9. From the list of potential topics for special reviews, which would you consider to be the highest priority?**

The constitution of the Academy covers all aspects of medical care. We do not wish to suggest priorities within the list proffered.

We note that the proposal to examine quality and cost in diagnostic services has considerable overlap with Lord Carter's review of NHS pathology services, published in December 2008.

**10. What specific issues would you want us to address for any of these topics and how would we best do this?**

No comment.

**11. What other topics would you want us to address in future years?**

No comment.