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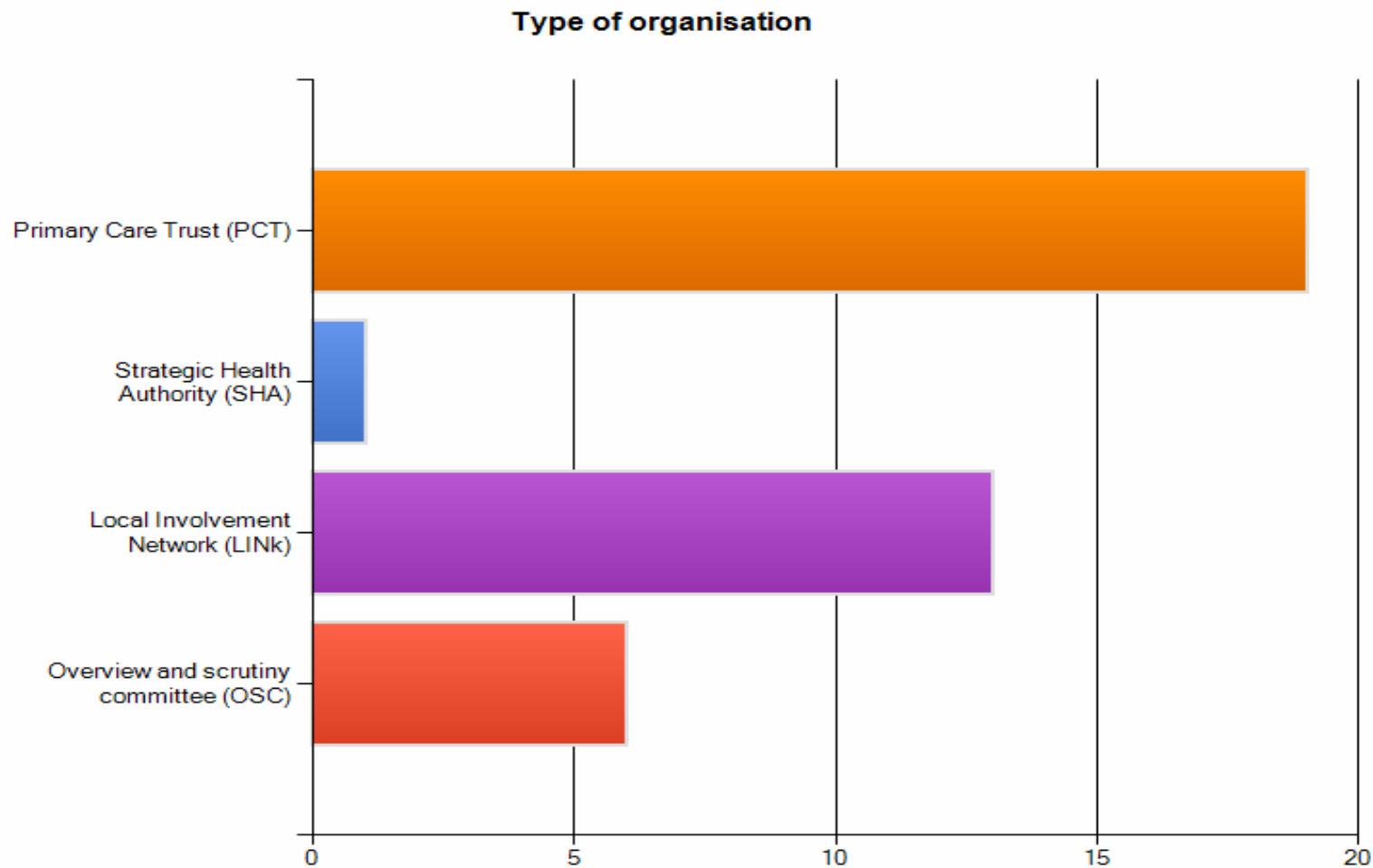
Quality Accounts – Survey of PCTs/SHAs/LINKs/OSCs

Richard Owen

NHS Medical Directorate

Department of Health

Organisations who responded



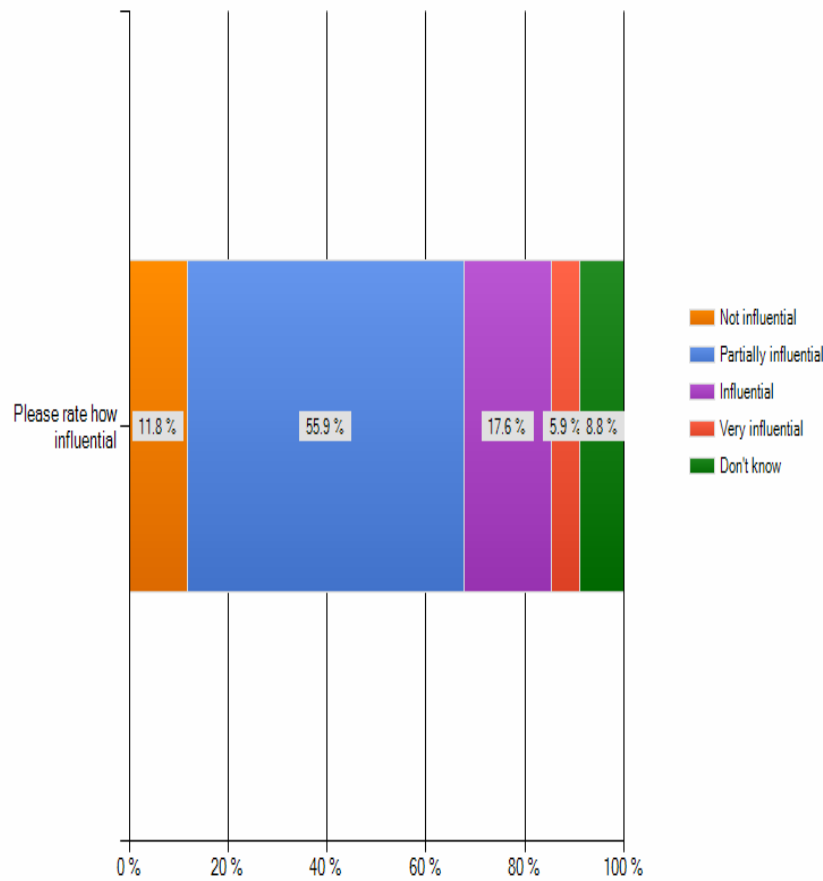
A total of 39 providers responded to the survey.

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Purpose and Objective of Quality Accounts

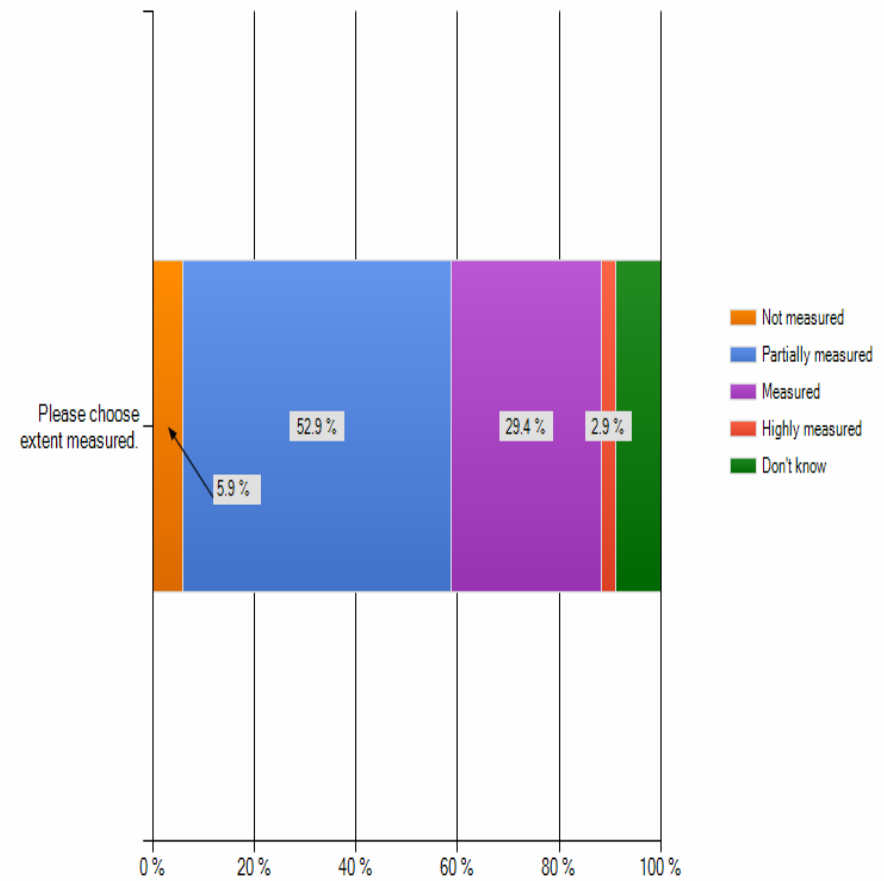
Involvement and patient experience

How influential do you feel your involvement in Quality Accounts has been in shaping quality improvements?



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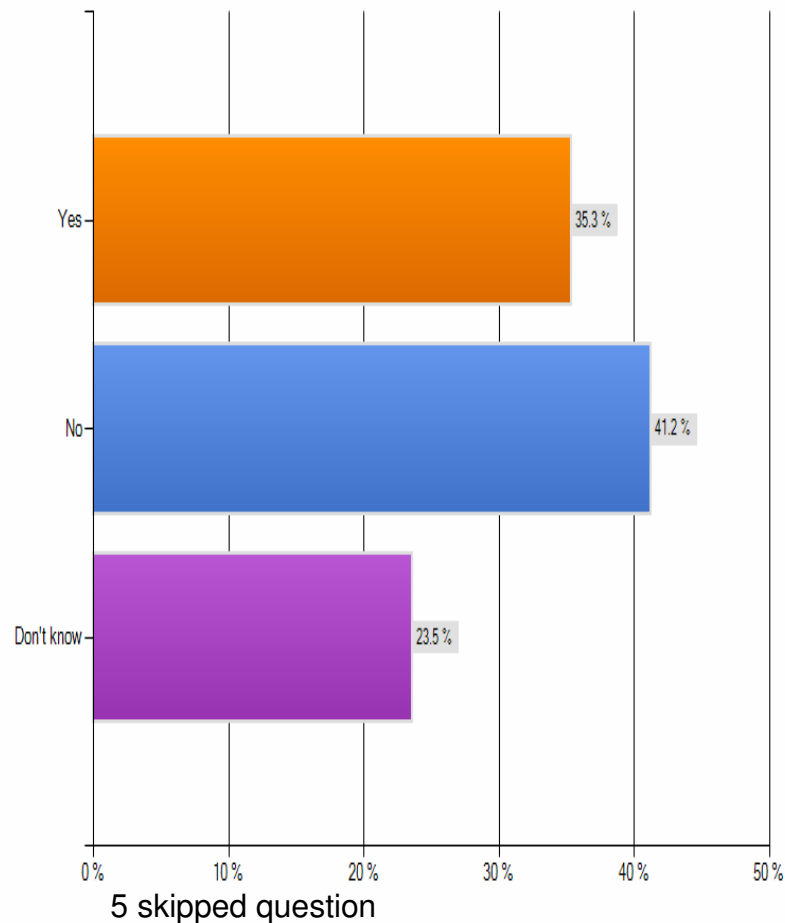
To what extent have providers Quality Accounts measured and recorded patient experience.



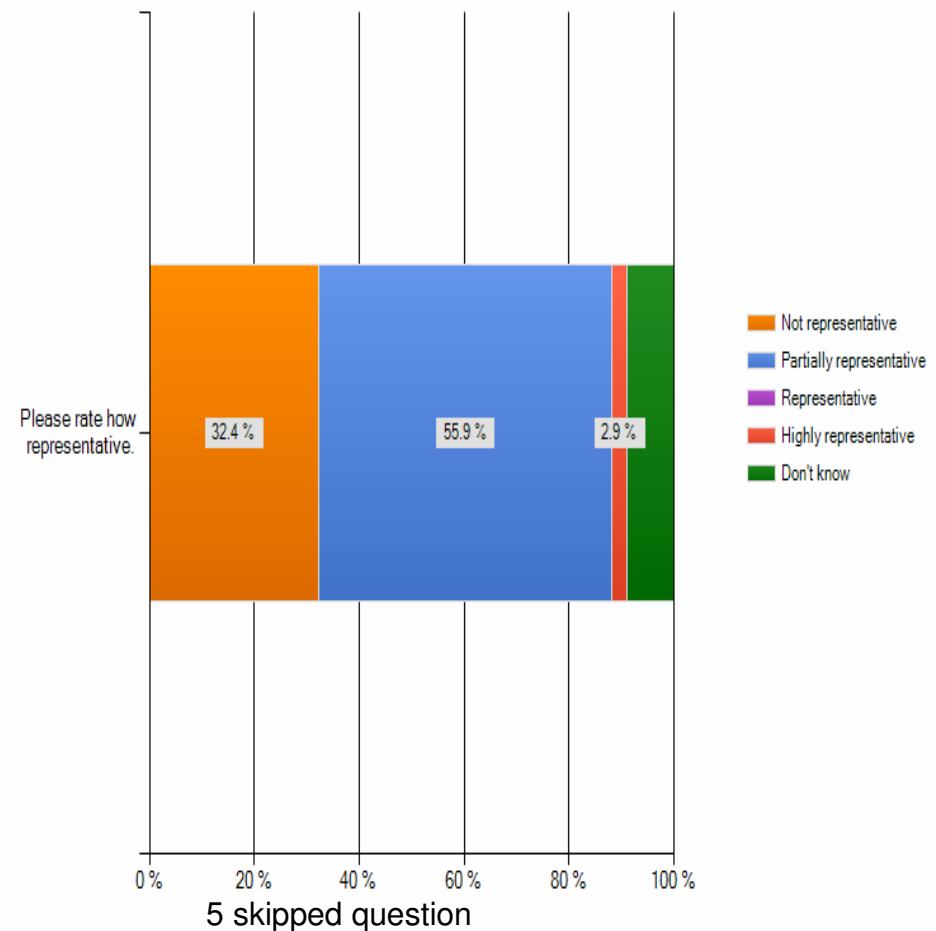
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Did Quality Accounts represent patients' experience?

Have you been able to influence this years reports so that they are more representative of patient experience?



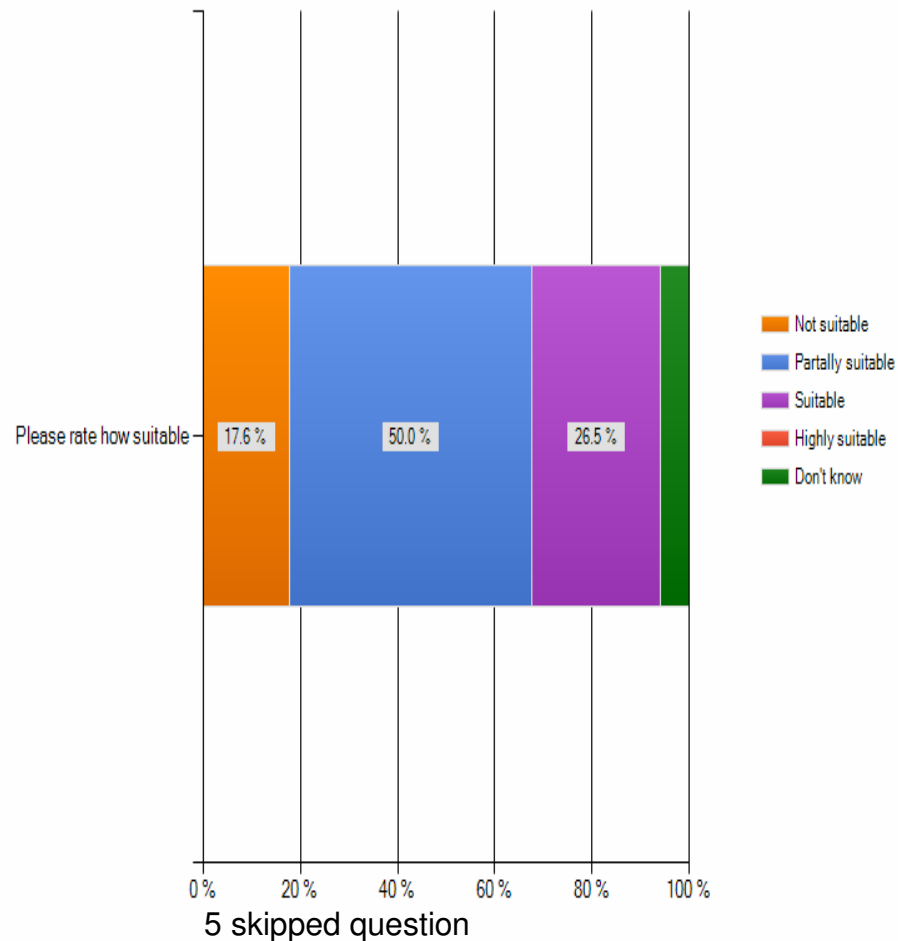
Have providers Quality Accounts representative of hard to reach groups?



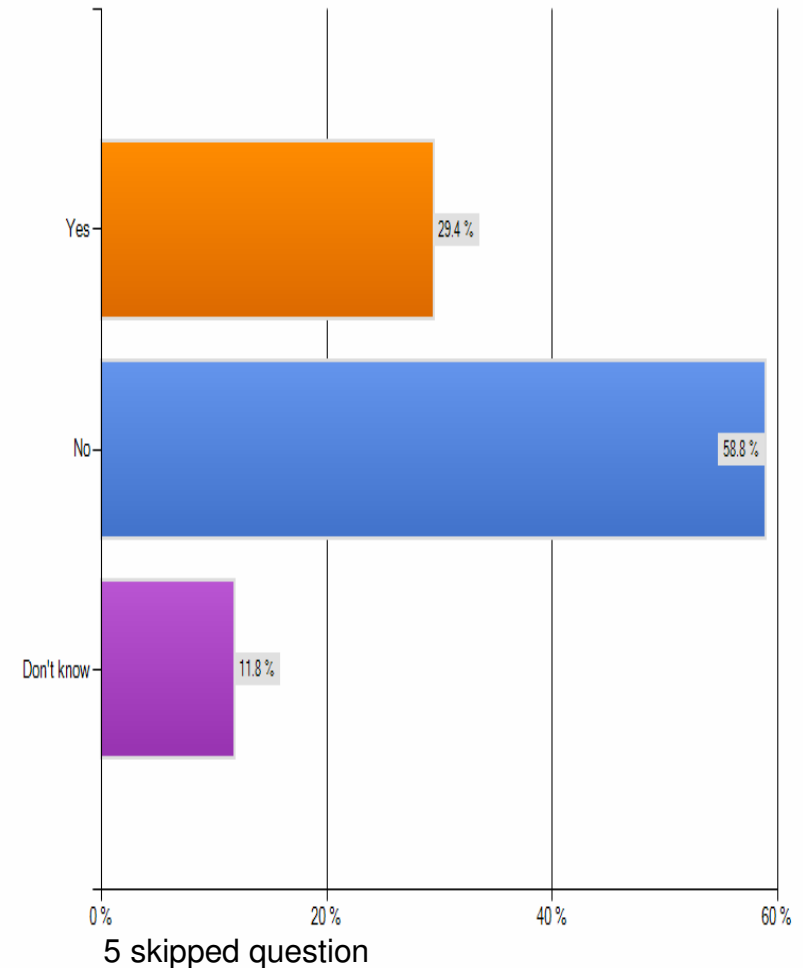
Were Quality Accounts presented in a suitable format for patients'?



Have providers Quality Accounts been presented in a format suitable for patients and the public?

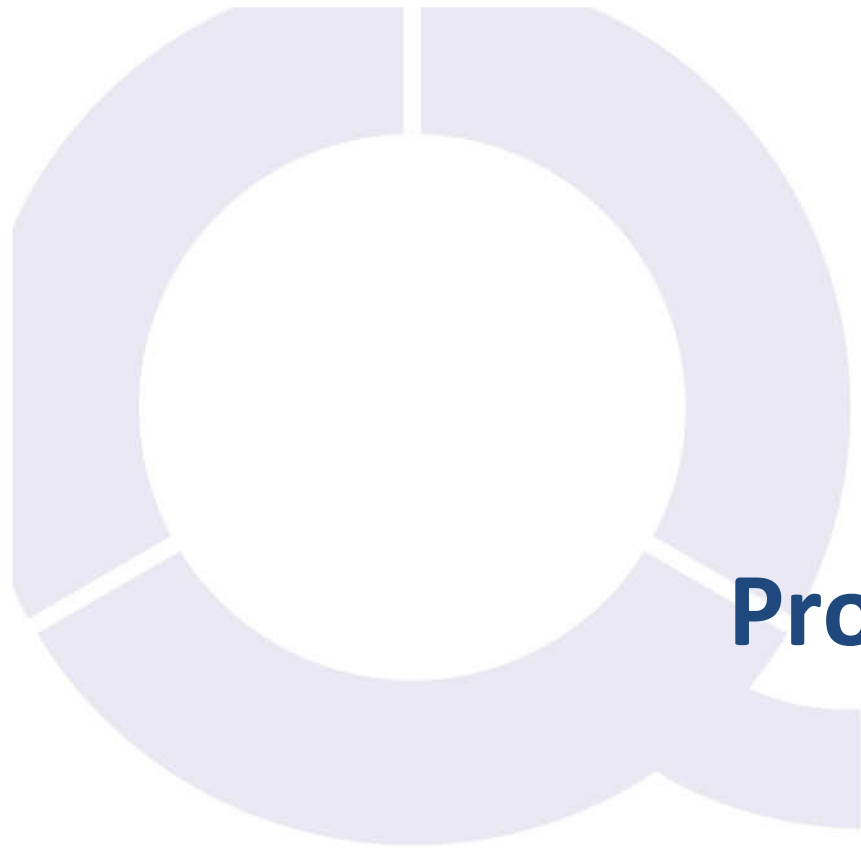


Have you been able to influence this aspect of Quality Accounts?



Comments included;

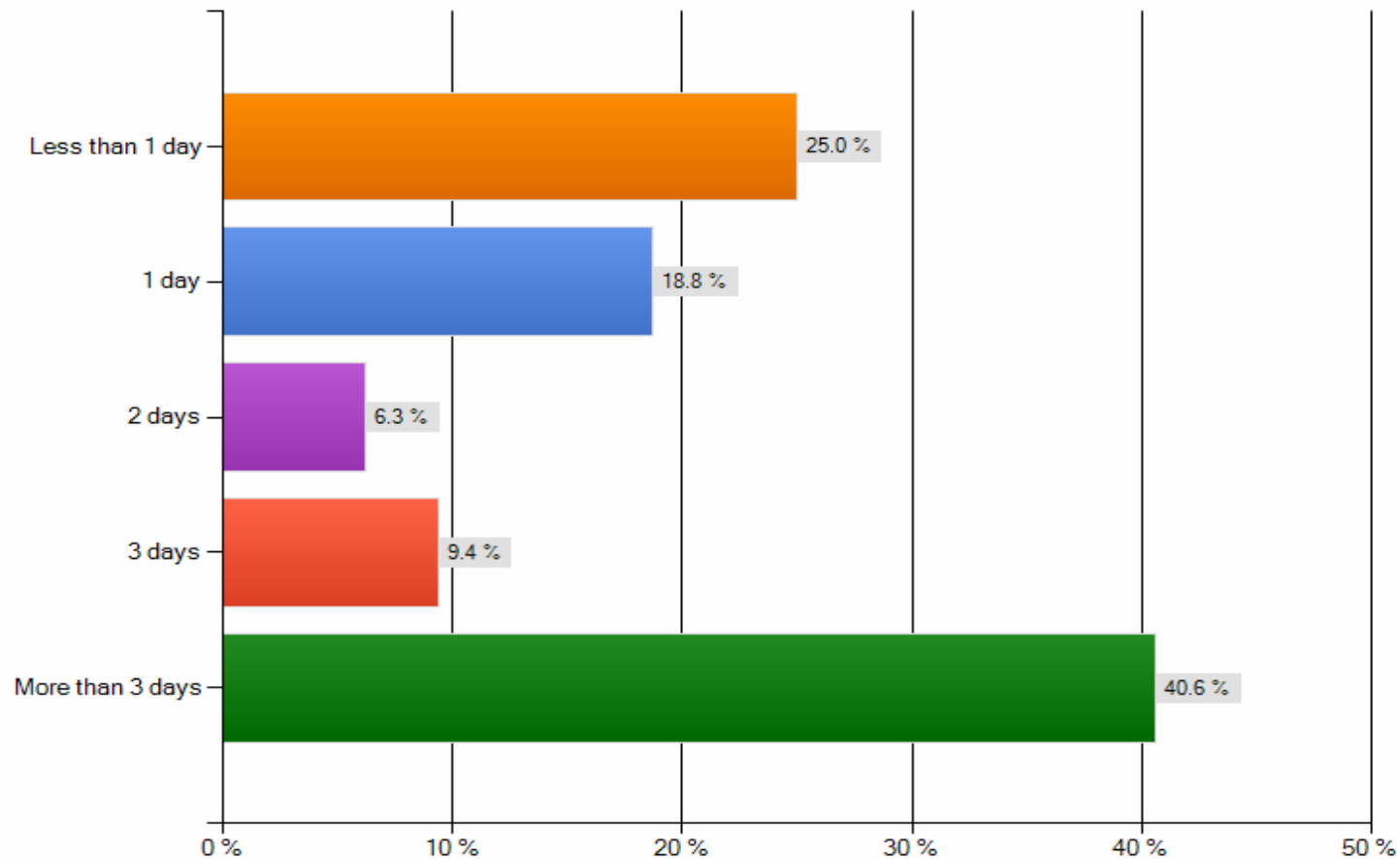
- Quality accounts for our region were highly variable.
- There was a very short lead in time this year for the Quality Account and this has impacted on the ability of the LINK to influence the content of this years Quality Accounts. However the Trusts in Hertfordshire have been very keen to increase the involvement of the LINK in their Quality Accounts and it is expected that next year the ability for the LINK to shape the content of the report from patient and public feedback and hard to reach groups will be greatly enhanced.
- Some providers appeared to approach the accounts very much with the patient in mind whilst others appeared not to have seen any value in the process. We would welcome clearer guidance outlining the role of LINKs next year to ensure that trusts are clear of the role of the LINK as it was clear that some had not been prepared for our involvement.
- As this is the first account published it has been very much dictated by the provider in the first instance as they themselves are learning - areas for quality improvements have been identified by the provider.
- Having a strong relationship with providers enabled the PCT to be able to constructively comment and endorse the Quality Accounts of our main providers
- The emphasis seemed to shift from intended for patients to more Board level focus



Production

How long did it take to assure a Quality Account?

How long on average did it take you to assure a Quality Account?

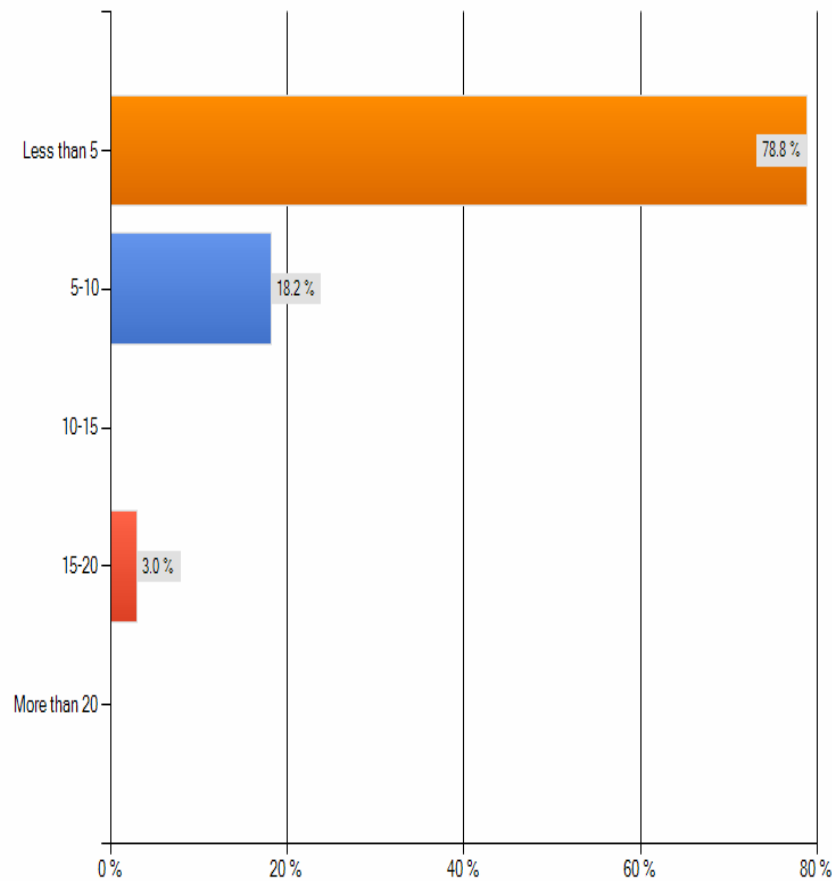


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Amount of Quality Accounts received and responded to.

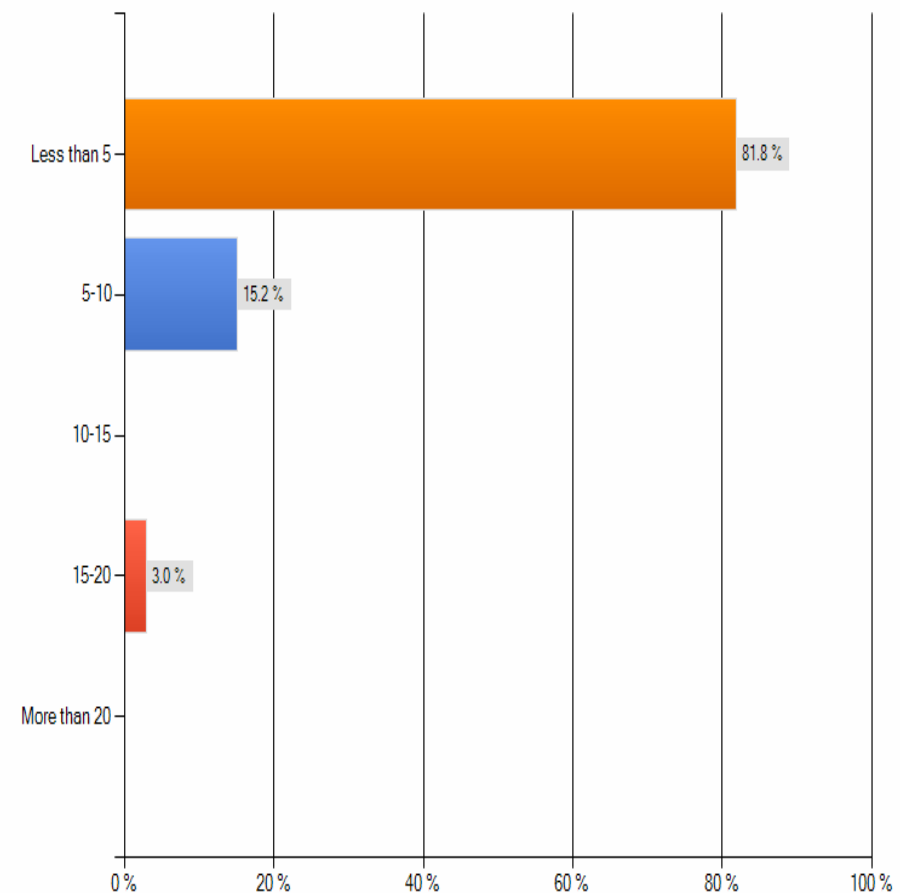


How many Quality Accounts did you receive this year?



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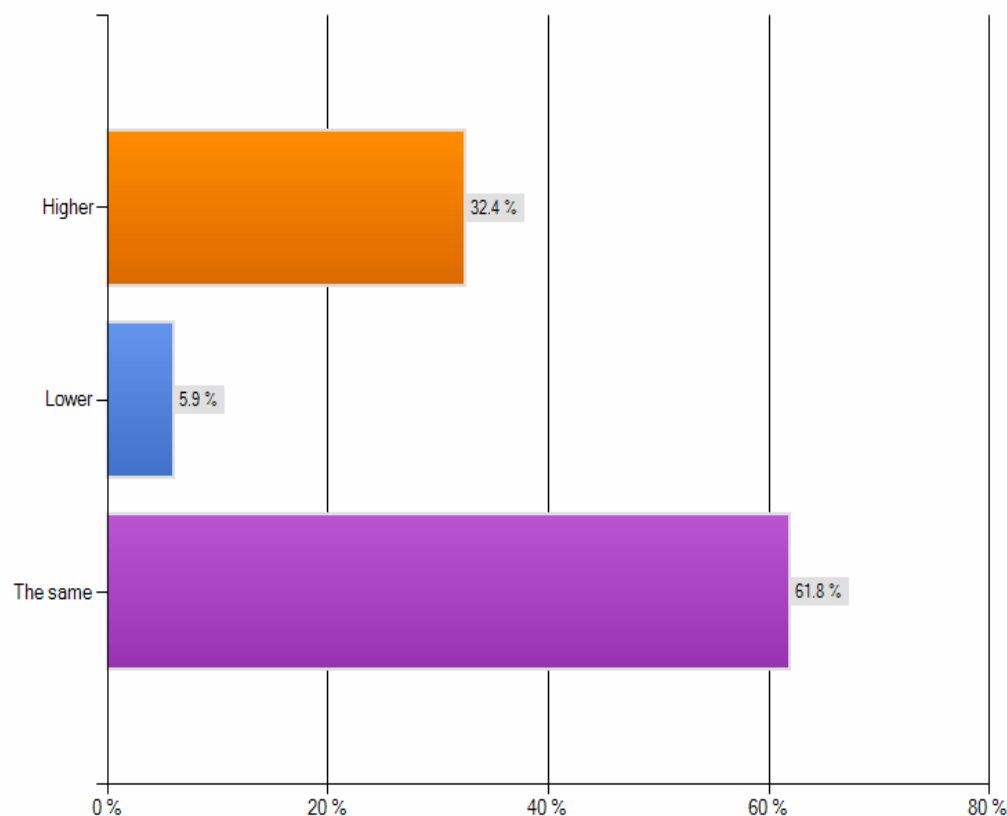
How many Quality Accounts did you comment on?



6 skipped question

Is a 500 word statement sufficient?

Is a 500 word statement sufficient? Should it be higher or lower?



5 skipped question

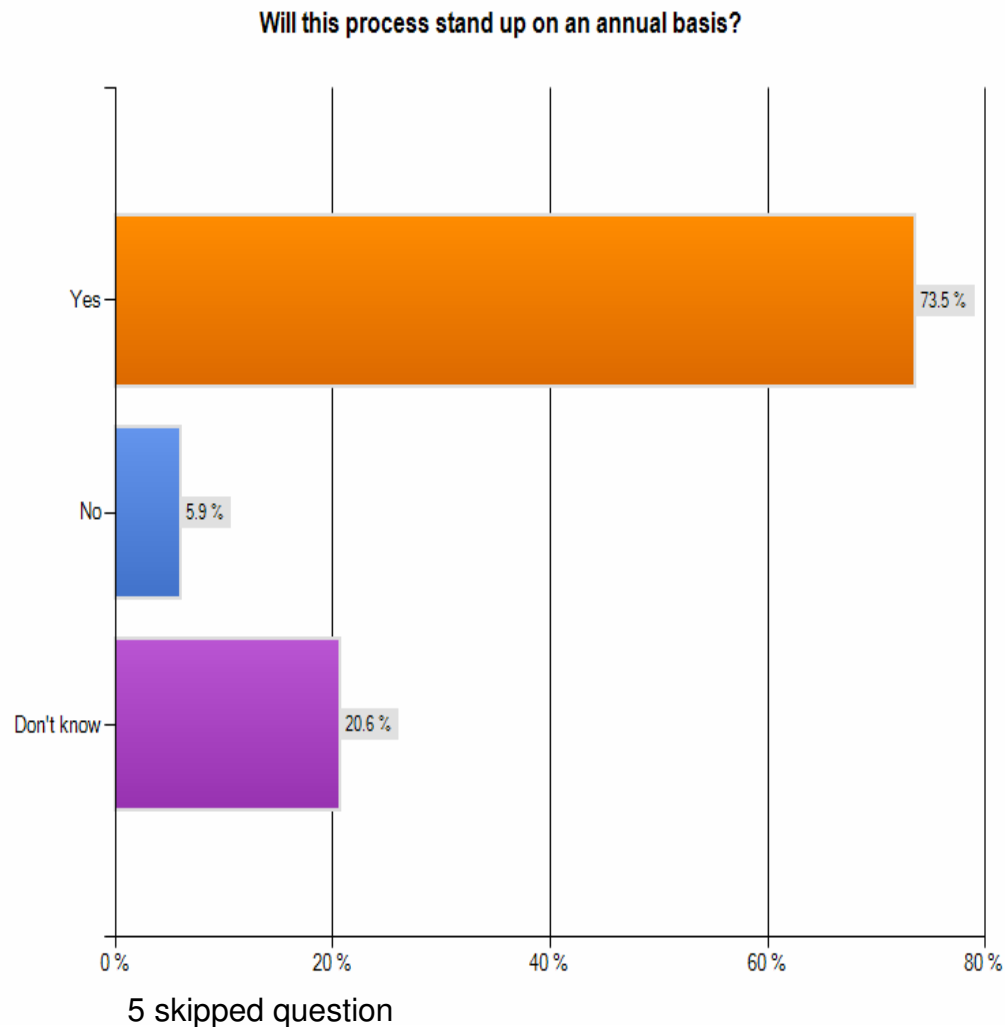
Comments;

- It seemed adequate for this year but as LINKs become more involved there may be a need for detailed feedback
- 500 word limit ensures that key points are identified.
- Say a maximum of 1000. Other links wanted and did say a lot more and some were published.
- Guidance should allow flexibility depending on local requirements

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Effectiveness of process

Will this process stand up on an annual basis?



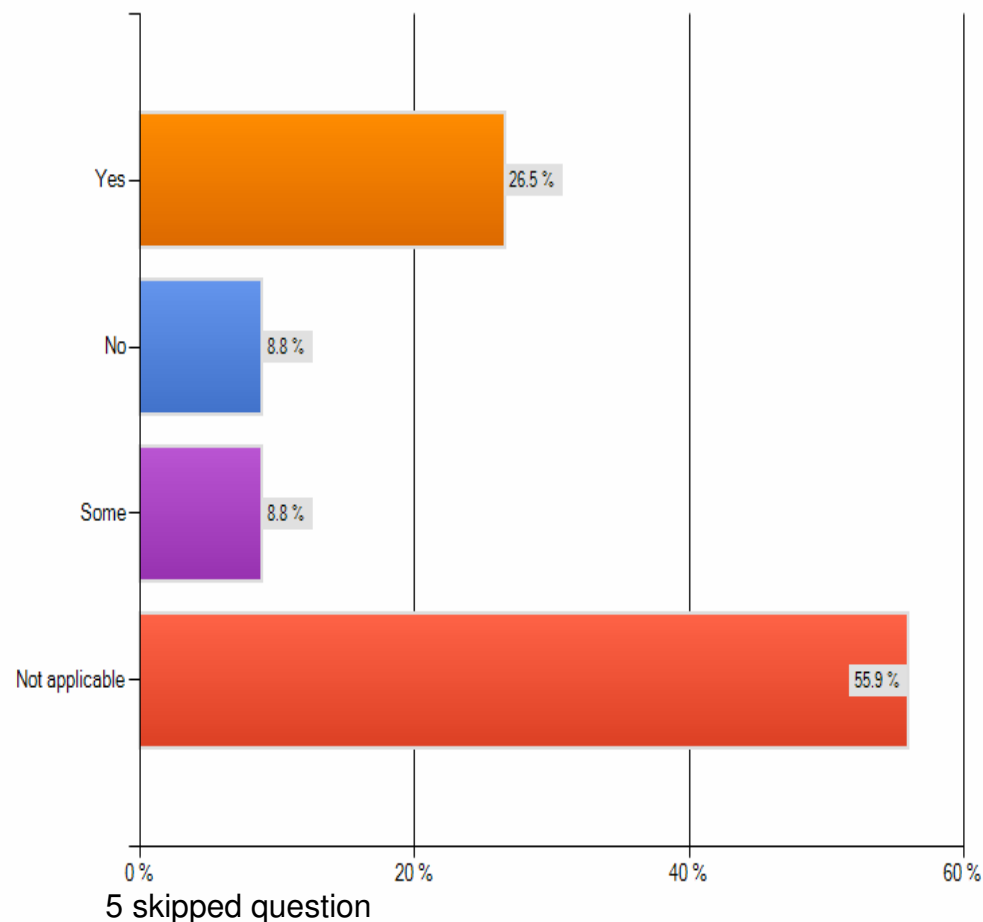
Comments;

- We feel that there needs to be ongoing engagement throughout the year with each trust in terms of their Quality Account to ensure that the LINK is able to inform the account in a timely manner.
- More work needs to be done to develop the style and content and to allow providers to be more imaginative in their presentation of information.
- As long as guidance does not change late in the cycle, this will be even more important when Community services and primary care begin develop their accounts.
- Only if it is enriched with informed comment and the feedback from this bears fruit.

If you are a LINK or OSC, did you feel all the Quality Accounts you received were relevant for you to comment on?



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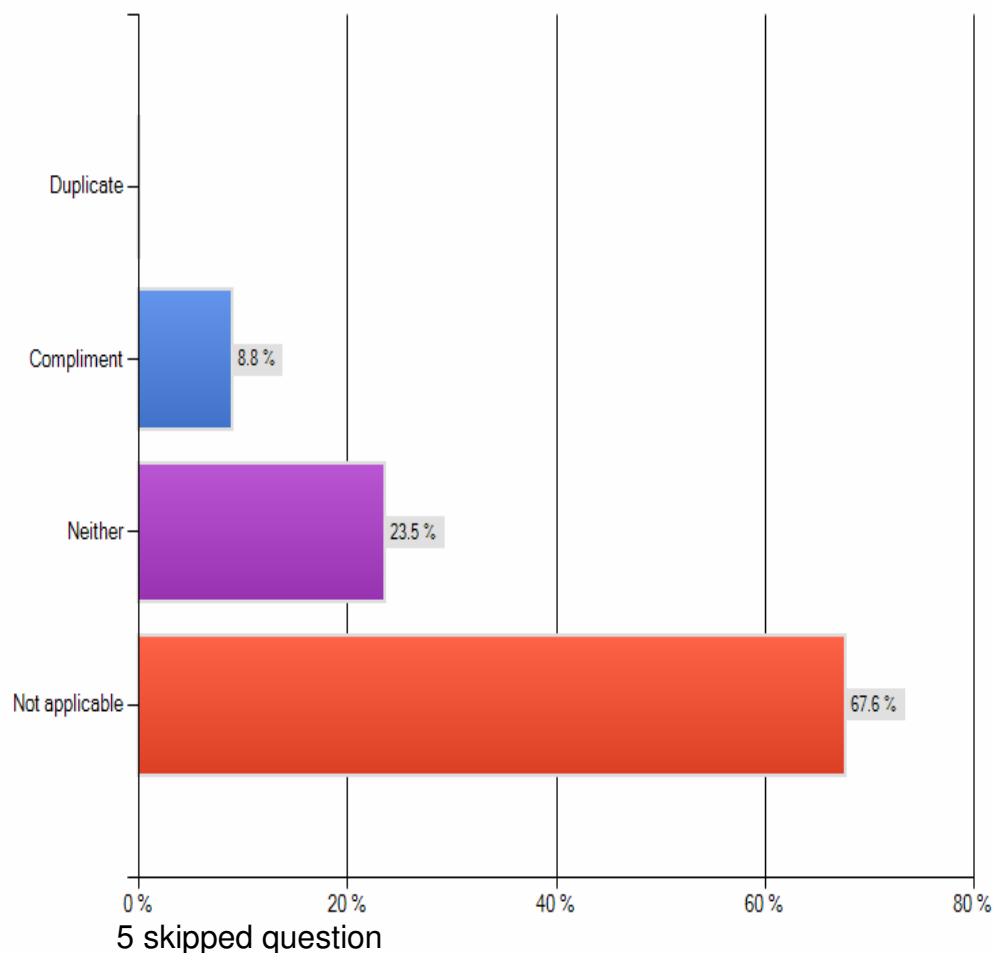


Comment;

- They should be sent to all LINKs that have significant numbers of residents from another county using the services of that provider so that the Quality Account is commented on by that LINK as well.
- Difficult when a provider has more than one LINK
- It is difficult to comment on national providers.

If you are a LINk, did this process duplicate or complement work with CQC?

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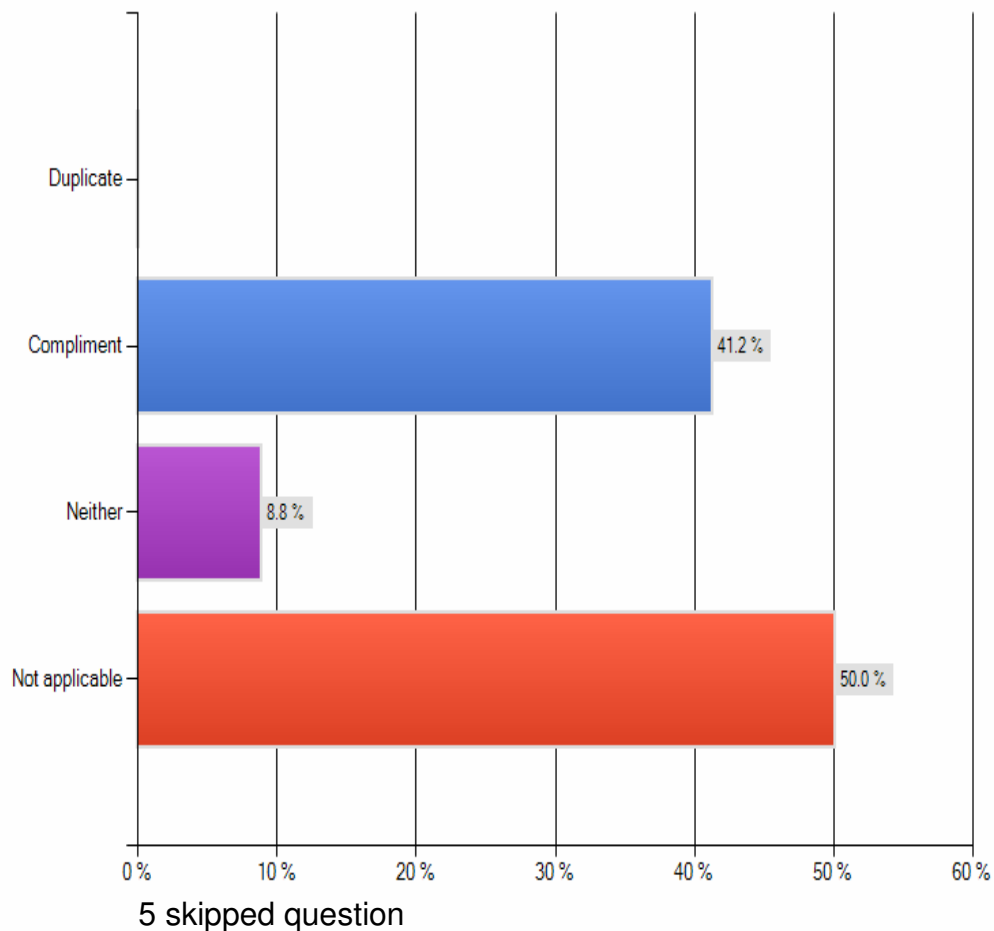
Comment;

- There needs to be some explanation about the relationship between CQC and Quality Accounts.
- The detail given in the Quality Accounts that we reviewed this year did not cover the same ground as our contact with the CQC

If you are a PCT, did this work duplicate or complement your work with World Class Commissioning?



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Comment;

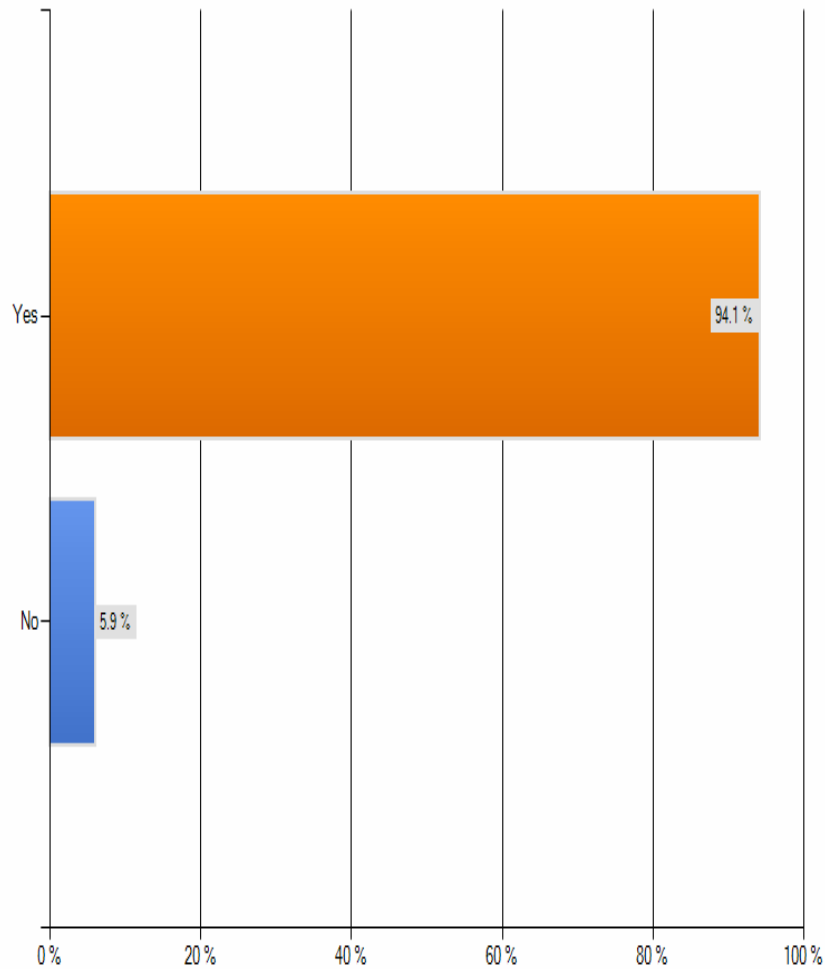
- As a commissioner we have well established monthly Quality Review meetings with Providers and this complimented that process. Importantly it put quality information into the public domain and ensured that Providers reflected on how they measure/report against quality

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Supporting materials

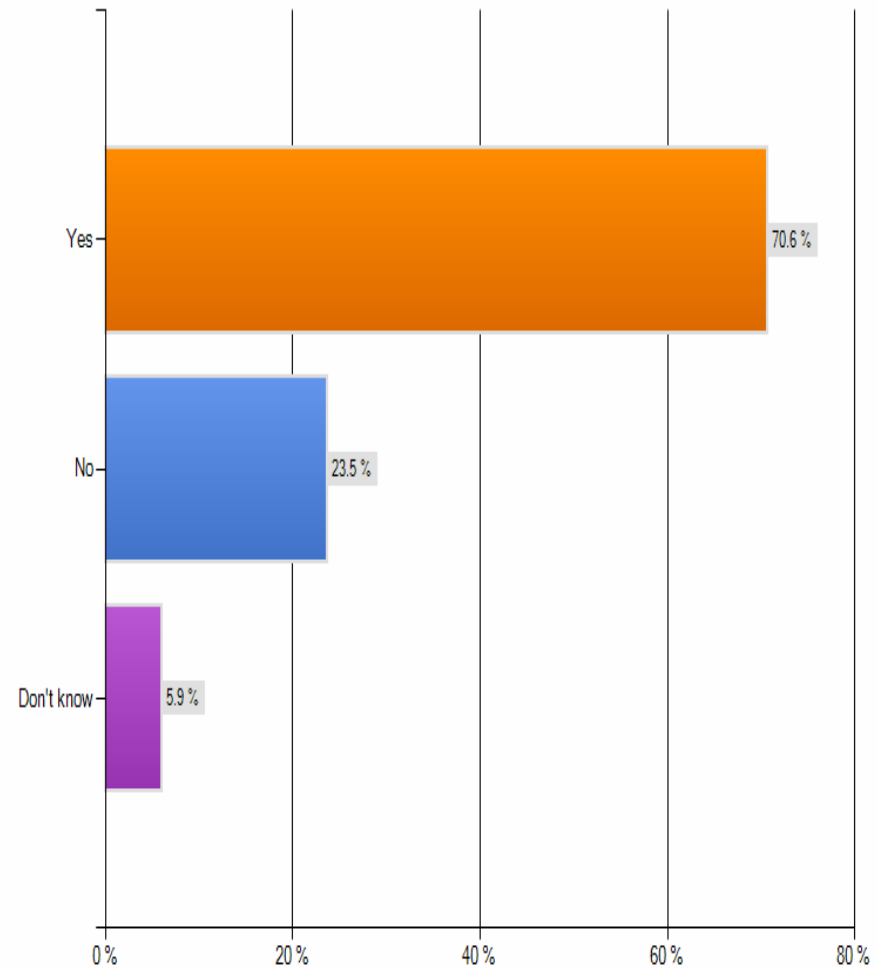
Did you understand your role as an assurer?

Did you understand your role as an assurer for Quality Accounts?



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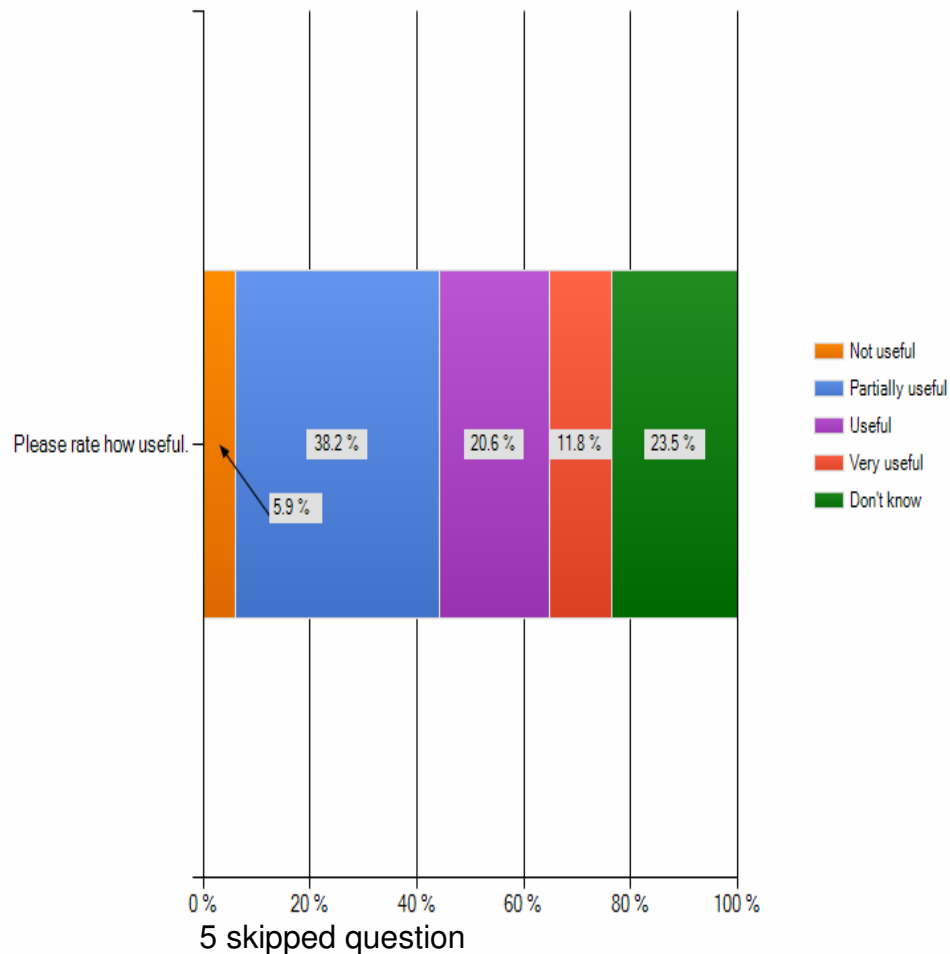
Did you use the DH toolkit?



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Did you find the toolkit useful?

How useful did you find the DH toolkit?

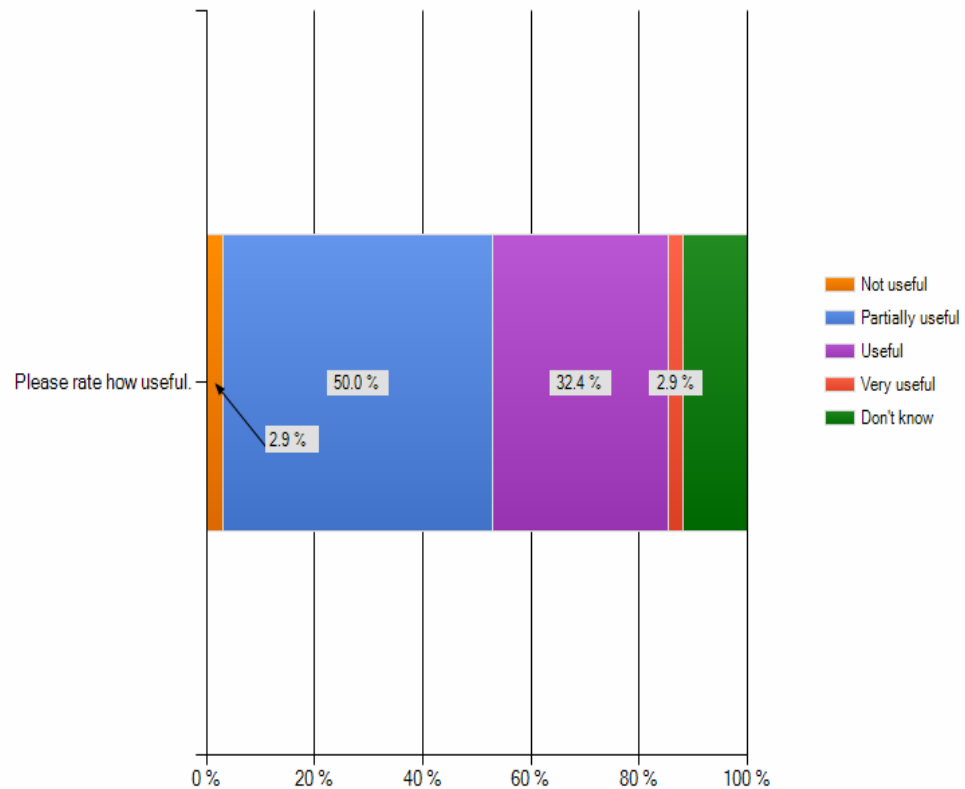


Suggestions for improvement;

- A LINK toolkit would have been useful to aid the assurance process.
- Clearer and earlier starting timeline and guidance from DH to aid PCTs and providers to start discussions and agree content early

Did you find the DH website useful?

How useful did you find the DH website section on Quality Accounts helpful?



Suggestions for improvement;

- Having the information available well in advance

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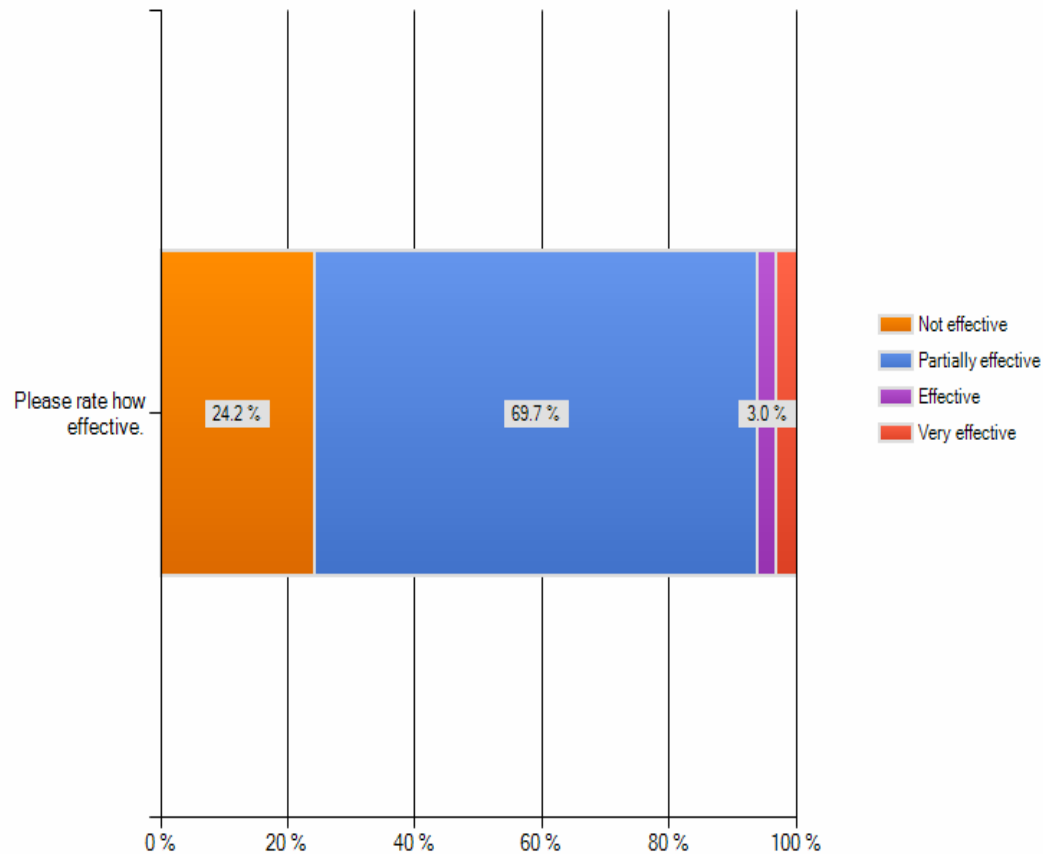
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Quality Accounts going forward

How effective have Quality Accounts been this year as a quality tool which improves services for the public?



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6 skipped question

How could Quality Accounts be a more effective tool in improving service quality?

- Inclusion of standardised template for action plans, timescales and named leads to address gaps/improvement requirements with year on year progress report against required action to be published.
- Also, inclusion of robust outcome measures as in NHS Outcomes Framework consultation document.
- 2010-2011 should be smoother and the impact on service quality improvements can be fairly assessed.
- it needs to be clear who has responsibility for regulating the accounts, and for the consequences of failing to adhere to the guidelines to be outlined and enforced.
- Clearly define who the audience for the accounts is. At the moment it feels like quality accounts are trying to cover too many audiences i.e. DoH, PCTs, LINKs, OSCs and the general public.
- Must be owned and led by clinicians to have best impact on improving quality.
- They need to be more readable by the general public.

How could your role in assuring Quality

Accounts be made more effective?

- Longer time frame between receiving report and publicising to allow greater scrutiny.
- More communication with Providers earlier in process on content of Quality Accounts.
- The priorities of Quality Accounts should be agreed between Trusts and LINks at the outset.
- It would be easier to submit comment on documents that are more focussed on a public and lay readership.



How could your role in Quality Accounts be made less burdensome but still be as effective?

- Have a virtual network with all those involved so that the number of meetings can be reduced and allow for a constant flow of information and feedback .
- A standardised template would make it easier to check and ensure that appropriate information was included/excluded.
- We have suggested that for the 2011 quality accounts providers organise a stakeholder day with representatives from the PCT, LINK, and OSCs.
- The increasing numbers of Quality Accounts to review will increase pressure on people's time to review.