

14 January 2010



Gateway No: 13393

To: Foundation Trust CEs, NHS Acute Trust CEs, NHS Mental Health Trust CEs, NHS Learning Disability Trust CEs, NHS Ambulance Trust CEs, LINK Chairs and members, OSC Chairs and members

CC: SHA CEs, PCT CEs, SHA Medical Directors

Dear Colleague,

QUALITY ACCOUNTS: Roles of Commissioning PCTs, Local Involvement Networks (LINKs) and local authority Overview and Scrutiny Committees (OSCs)

In *High Quality Care for All*, published in June 2008, Ministers set out the Government's vision for putting quality at the heart of everything the NHS does. The report set out that a key component of the new Quality Framework would be a requirement for all providers of NHS services to publish Quality Accounts: annual reports to the public on the quality of health care services they deliver. The aim of Quality Accounts is to improve public accountability and to engage boards in understanding and improving quality in their organisations.

Over the last year, the Department of Health has engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts and we have recently completed a consultation on our detailed proposals.

One important area that we have considered during this development phase is how to ensure that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview.

A key message from our engagement activity was that confidence in the assurance process is key to maximising confidence in the Quality Accounts themselves. Year-round stakeholder engagement during the process of producing a Quality Account was also seen as an important feature to ensure that Quality Accounts are locally meaningful and reflect local priorities.

As a first step, it is intended that providers will have to share their Quality Accounts prior to publication each June with:

- their commissioning PCT (or SHA)^{*}
- the appropriate LINK[†]
- the appropriate local authority OSC[‡]

It is intended that the commissioning PCT or SHA will have a legal obligation to review and comment on a provider's Quality Account, while LINKs and OSCs will be offered the opportunity to comment on a voluntary basis.

This means that commissioning PCTs, LINKs and OSCs will have important roles in the development of Quality Accounts and in maximising their success. We are writing to you now, following the successful completion of the Health Act in November which details the primary legislation for Quality Accounts, to give you advance warning of these important roles.

Timescale for introduction

It is intended that the legal duty to publish a Quality Account will be brought into force from April 2010. Providers will then be required to publish their Quality Account in June each year (starting in June 2010), reporting on the quality of their healthcare services for the previous financial year.

It is intended that Regulations will be made to come into force on the same date as the duty to set out the prescribed information, form and content of Quality Accounts as well as any exceptions to the requirement and the checking and publication process. This letter sets out some of the intentions behind the Regulations and should be used only as preliminary guidance allowing providers, commissioners, LINKs and OSCs to prepare for their roles. In order to comply with their legal duties all NHS bodies will need to refer to the final Quality Accounts Regulations and any associated guidance.

It is intended that for the first year the requirement to publish information relating to the quality of services will not apply to primary care services and community healthcare services. Providers that provide other services alongside primary care and/ or community healthcare will only need to produce a quality account for those other services. So for example, Mental Health Trusts that provide both acute and community healthcare will only report on the quality of acute healthcare services provided.

Requirements of Commissioning PCT

It is intended that the commissioning PCT (or SHA) for a provider will be required to

* The detail of which PCT (or SHA, for providers solely commissioned by an SHA) a provider should send their Quality Account to will be set out in the Regulations. For instance where all the NHS services that an organisation provides are provided under arrangements with one Primary Care Trust, they will send their Quality Account to that PCT. Or for example if an organisation provides NHS services to a number of PCTs which are all co-ordinated by one co-ordinating PCT, then they will send their Quality Account to that co-ordinating PCT.

This includes collaborative commissioning organisations where the PCT has delegated commissioning responsibility to them.

[†] This will be the LINK or LINKs in the local authority area in which the provider's principal office is located.

[‡] This will be the OSC in the local authority area in which the provider's principal office is located.

corroborate a provider's Quality Account by confirming in a statement, to be included in a provider's Quality Account whether or not they consider the document contains accurate information in relation to the services provided to it by the provider. In addition they would have to include in the statement any other information they consider relevant to the quality of NHS services provided by the provider for the year reported on.

Coordinating commissioning PCTs will be advised to check the accuracy of data provided in the Quality Account against any data they have been supplied with during the year and reviewed as part of a provider's contractual obligations. PCTs will not be expected to check data that a provider has included in their Quality Account that are not part of existing contract/performance monitoring discussions. The corroborative opinion that the PCT offers will be published in the Quality Account, and will cover issues that the PCT is in a position to comment on. It is not therefore a signing-off of the Quality Account - that remains the responsibility of the provider.

PCTs may wish to seek guidance from their SHA Quality Observatory on the interpretation of data published in providers' Quality Accounts.

Voluntary Role of Local Involvement Networks (LINKs) and local authority Overview and Scrutiny Committees (OSCs)

It is intended that providers will have to give both the appropriate LINK and OSC the opportunity, on a voluntary basis, to review and supply a statement, for inclusion in a provider's Quality Account. We would expect this statement to indicate whether they believe, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided and will be issuing guidance accordingly. Depending on local arrangements, an OSC may wish to leave this role entirely to the LINK (or vice versa) and this should be agreed between the two organisations.

Further advice on these roles is provided in Annex 1. We appreciate that for the first year of Quality Accounts those providing assurance over Quality Account will not have had the full financial year to work with providers in the Quality Accounts development process and that developing these new roles will be a challenge.

The Department is keen to learn from the first year of Quality Accounts and will seek feedback on the experiences of all involved to continuously improve the process year on year.

The intended requirements to be placed on PCTs and the roles envisaged for LINKs and OSCs, will form important elements of an assurance package for Quality Accounts that can be built on over time. Another element of the proposed assurance package is the self-certification from a senior employee of each provider that they are accountable for the content of the Quality Account. The National Quality Board (NQB) is currently reviewing possible additional levels of assurance and we will write to you about these at a future date.

Yours sincerely,

A handwritten signature in black ink that reads "Bruce Keogh". The signature is written in a cursive style and is underlined with a single horizontal line.

Professor Sir Bruce Keogh, NHS Medical Director, Department of Health

Queries and additional information

Any queries about the Department's work on Quality Accounts should be addressed to:-

Neil Townley
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5th Floor Skipton House
80 London Road
London SE1 6LH
Tel: 0207 972 5209
Email: QualityAccounts@dh.gsi.gov.uk

Annex 1 – Further information on the intended assurance roles and requirements of providers, commissioning PCTs, LINKs and OSCs.

Providers producing Quality Accounts

It is proposed that providers will be required to send a copy of their Quality Account to:

- their commissioning PCT
- the appropriate LINK(s)
- the appropriate local authority OSC

and to include statements supplied by the above stakeholders in their published Quality Account provided certain conditions are met, for example in relation to the length and content of such statements.

DH guidance will advise that in order for this process to run smoothly, providers should share their proposed content and the data that they plan to use at an early, separate, stage with commissioners, LINKs and OSCs and ideally this should be part of year-round ongoing discussions.

Early discussions and the sharing of drafts will allow stakeholders to raise any initial concerns with a provider's Quality Accounts. It will allow PCTs to prepare for their role in the assurance process of checking data accuracy (where data is available to them) and that the Quality Account fairly represents and interprets this data. The provision of contextual and background information will assist stakeholders in their consideration of the information provided in a Quality Account will also help LINKs and OSCs prepare for their roles.

It is intended that if providers do not receive a statement from their commissioner prior to publication, then they should publish their Quality Account without it in order to meet the deadline for publication.

Commissioning PCTs

It is proposed that PCTs will be directed (under the National Health Service Act 2006) to:

- confirm in a statement, to be included in a provider's Quality Account, whether or not they consider the document contains accurate information in relation to services provided to it and set out any other information they consider relevant to the quality of NHS services provided;
- take reasonable steps to check the accuracy of data provided in the Quality Account against any data they have been supplied with during the year (eg. as part of a provider's contractual obligations).

Any narrative provided should be published verbatim as part of a provider's Quality Account.

Providers should give PCTs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written (and published by the provider) if the PCT is of the view that the Quality Account is not representative and highlight any areas of concern.

DH guidance will advise that providers and commissioners discuss at an early stage, the providers proposed content of their Quality Account to ensure that it includes areas that have been identified as being local priorities.

Providers will determine the content of their Quality Accounts, including the use of indicators to describe the quality of their healthcare services. This means that a provider's Quality Account may contain content in addition to that used for performance monitoring. PCTs will not be expected to check the accuracy of any data that a provider has included in their Quality Account that are not part of existing contract/performance monitoring discussions.

PCTs may wish to seek guidance from their SHA Quality Observatory in the interpretation of data published in providers' Quality Accounts.

Before providing a statement on a provider's Quality Account, PCTs may wish to consult with other PCTs, regional specialised commissioning groups or acute commissioning hubs where substantial activity (for instance specialised services) is provided to patients outside their area.

Local Involvement Networks (LINKs)

It is proposed that providers will be required to send a draft of their Quality Account, to the appropriate LINK(s) and to include any statement supplied in their published Quality Account.

LINKs will be invited on a voluntary basis to:

- comment on a provider's Quality Account

LINKs might like to comment on the following areas:

- whether the Quality Account is representative
- whether it gives a comprehensive coverage of the provider's services
- whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

Any narrative provided should be published verbatim as part of a provider's Quality Account.

We recommend that LINKs should let the provider know if they do not intend to provide a statement.

Providers should give LINKs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written (and published by the provider) if the LINK is of the view that the Quality Account is not representative and highlight any areas of concern.

DH guidance will advise that providers and LINKs discuss at an early stage, the provider's proposed content of their Quality Account to ensure that the report covers areas of importance to the local community. To ensure that the local relevance of the Quality Account is maintained, a year-round dialogue between LINKs and providers is envisaged.

Before providing a statement on a provider's Quality Account, LINKs may wish to consult with other LINKs where substantial activity, for instance specialised services, is provided to patients outside their area.

Overview and Scrutiny Committees (OSCs)

Providers will be required through Regulations to send a draft of their Quality Account, to the appropriate OSC and to include any statement supplied in their published Quality Account.

OSCs will be invited on a voluntary basis to:

- comment on a provider's Quality Account

OSCs might like to comment on the following areas:

- whether the Quality Account is representative
- whether it gives a comprehensive coverage of the provider's services
- whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

Any narrative provided (maximum 500 words) should be published verbatim as part of a provider's Quality Account.

We recommend that OSCs should let the provider know if they do not intend to provide a statement.

Providers should give OSCs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written if the OSC is of the view that the Quality Account is not representative and highlight any areas of concern.

DH guidance will advise that providers and OSCs discuss at an early stage, the providers proposed content of their Quality Account to ensure that the report covers areas of importance to the local community. To ensure that the local relevance of the

Quality Account is maintained, a year-round dialogue between OSCs and providers is envisaged.

LINKs and OSCs are invited to comment on a provider's Quality Account on a voluntary basis. Depending on local arrangements, an OSC may wish to leave this role entirely to the LINK (or vice versa) and this should be agreed between the two organisations.

Before providing a statement on a provider's Quality Account, OSCs may wish to consult with other OSCs where substantial activity, for instance specialised services, is provided to patients outside their area.

Role of LINKs and OSCs in providing information to CQC

It is recognised that LINKs and OSCs already have an important role in providing information about a provider to CQC. This information was previously provided to the Health Care Commission in the form of an annual health check. LINKs and OSCs can now share information with CQC about NHS providers at any time during the year. This information will be used to inform the new system of registration, ongoing monitoring of providers and future quality assessments of their services. CQC will take into account statements made by a LINK/OSC as part of their review of the provider.