RCN Policy and International Department
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Ratings in health and social care

A short briefing on the Nuffield Trust Review

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Introduction

This briefing provides an overview of recent work on the merits of using aggregate or overarching ratings of providers in both health and social care. At the moment there is a range of information available on providers but there is no longer an aggregate rating for a provider overall. Currently the Care Quality Commission (CQC) as the quality regulator does not summarise their view of a provider other than to highlight whether a provider is compliant or not compliant with the essential standards of quality and safety. However, in the past there have been aggregate ratings, such as the star ratings. There is interest in whether such ratings could prove useful in today's health and social care system.

Context

The discussion about ratings comes at a moment when other areas of the healthcare system are being asked to generate information about how well they are meeting the needs and expectations of their users and populations.

Most recently the Francis review has highlighted a disconnect between service provision and feedback, be it complaints or constructive criticism; the immediate and direct result of this finding being the announcement of a new CQC post, Chief Inspector of Hospitals.

From 1 April 2013 all hospitals will be required to ask patients a question about whether they would recommend the service they have recently experienced and similarly ask staff if they recommend the service in which they work. This 'Friend and Family test', based on the Net Promoter Score, will be used to assess how well individual services are doing, and in some cases even connect with payments or penalties.

Also from 1 April, the current Patient Environment Action Team (PEAT) inspections will be replaced by Patient-led, or 'PLACE' inspections. These annual voluntary inspections of hospital environments and non-clinical services will bring together staff and lay representatives to assess individual hospitals, and the NHS information centre will publish the results.

The Nuffield Trust Review

The Nuffield Trust has been commissioned by the Secretary of State for Health to conduct a review that will consider whether aggregate ratings of provider performance should be used in health and social care, and if so how best this might be done.

The formal Terms of Reference for the review include:[1]

- to map the current system of assessing the quality and safety of care of providers of health and social care and the present system of accountability for quality of care;
- to identify the advantages and disadvantages of aggregate assessment of providers of health and social care;
- to identify in broad terms how best to combine relevant, current and historic data on quality (safety, effectiveness and user experience) and information from inspection to provide useful, credible and meaningful aggregate assessment for comparing the performance of

[1] Nuffield Trust, http://www.nuffieldtrust.org.uk/ratings-review/about

organisations providing health and social care. Key goals will be to use existing metrics, rather than require costly new data collection, and not to create extra burdens on providers;

- to suggest priorities for developing data and testing metrics in the short to medium term to allow better aggregate comparative assessment;
- to identify which organisation or organisations might be best placed to provide such aggregate comparative assessments.

Engagement with the RCN and Nursing

The Nuffield Trust was keen to speak to nurses as they are at the front line of both providing care to patients and service users, and many play key roles in terms of quality including being responsible for quality of care at the Board level, and dealing with inspectors from CQC.

The RCN hosted an engagement event on 8 February 2013 attended by a number of senior nurses and nurse leaders, (including a number of RCN members) and held under Chatham House Rules, to discuss three key questions:

1. Are aggregate ratings for health and social care providers a good idea?
2. How could aggregated ratings be done well, given past experience of such schemes?
3. Which organisation should be responsible for generating them?

The discussion covered many issues and a number of key themes emerged:

- There should be better information for the public and the challenges in providing it should not be used to prevent it being made available.
- An overarching indicator in health may be misleading simply because hospitals are diverse environments where there can be good and bad practice occurring alongside one another.
- Any ratings system must be balanced against the creation of more bureaucracy. This requirement may be helped in the long term by better use of IT, enabling more meaningful measures of quality, both in terms of ease of collection and reporting, but also in terms of frequency of updating.
- Quality of care is the responsibility of staff and the board, and this should not be confused with the regulators role, which is to provide assurance.
- Ideally, quality of care should be closely monitored and any warning signs that may indicate possible failings, such as high staff turnover and low staffing levels, should be immediately acted-on, with remedial action being taken before any regulator raises concerns.
- There is good practice in relation of quality improvement across the NHS, including peer review and use of safety cases. However, there is scope to learn and share across the NHS.
- Staff need to be supported by the Board if ratings are poor, in terms of communicating both with the public and patients what the ratings mean, but also in providing support for improvement.
- Whoever produces the rating, there must be honesty in their presentation and an acknowledgement of the strengths and weaknesses of the measures being used, and how they impact on the final published ratings.

- There are already a whole host of assessment and quality improvement initiatives, which take up time and energy, such as the new Friends and Family test and the PLACE inspections. Any further efforts need to recognise this 'busy' backdrop, and perhaps even re-focus on the measures that matter most.
- The regulator can only have partial sight of the day-to-day care delivered, and data can only show so much, so 'on the ground' observation must continue to play a role in assessing quality of care. Any rating needs to be context specific; quality of care in a person's home will be particularly difficult to assess and report on meaningfully.

What's next?

The Nuffield Trust report will be published in mid-March and we hope that the findings from the RCN workshop will inform both their report and any consequent decisions about whether and how to measure and present performance of health and social care providers in England.

Tell us what you think

This briefing intends to provide a policy perspective on the role of overarching ratings and the Policy and International Department would like to receive comments/feedback from as many members as possible on this important issue. Please email: policycontacts@rcn.org.uk

Further reading

Nuffield Review: http://www.nuffieldtrust.org.uk/ratings-review/about

Friends and Family test:

DH Information: http://www.dh.gov.uk/health/tag/friends-and-family-test/

RCN Briefing: http://tinyurl.com/bcdgv8w

PLACE Inspections: http://www.commissioningboard.nhs.uk/2013/02/19/place/