



**Kent Local Involvement Network (LINK): commentaries on Annual Health Checks/Quality Accounts – proposal to develop a methodology and provide support.**

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### **Background**

'High Quality Care for All' (2008) set the vision for quality to be the key organising principle of the NHS using a new quality framework. The new framework is expected to bring clarity to the definition and measurement of quality in healthcare, by ensuring that that priorities are identified correctly, that appropriate standards are set, that correct tools for measuring quality are available and that information on quality performance is published. Quality care has been defined as having three dimensions: safety, effectiveness of processes and outcomes and a positive patient experience. It is proposed that all healthcare providers working for or on behalf of the NHS should produce Quality Accounts (these replace Health Checks) which aim to provide the public with information on the quality of care from their local healthcare providers. Quality Accounts are expected to drive improvements in care and most healthcare providers will be required to publish Quality Accounts from April 2010 (to cover the financial year 2009-10) and onwards.

The objectives of Quality Accounts are to allow the public to hold providers to account for the quality of NHS healthcare services, for Commissioners and providers to agree priorities for improvement and for NHS Trust Boards and their non-NHS equivalents to ensure that they place quality at the heart of their planning and delivery.

Part of the Quality Account will be specified by the Department of Health, however, guidance on the format of this is expected by the end of 2009. It is likely that a greater part of the Quality Account will be locally determined to ensure that organisations can publish information against the strategic priorities they have identified for improvement. There will also be a core of nationally determined information which is likely to include information on quality that providers supply to the Care Quality Commission for performance assessment and registration purposes; information on quality indicators that may be needed by PCT's (for CQUIN) and information from clinical audits etc. In preparation for Quality Accounts, all Foundation Trusts in England have been asked to produce 'Quality Reports' (forerunner to Quality Accounts) during 2009.

To ensure that Quality Accounts can achieve these purposes, they need to cover the provision of NHS Healthcare services and contain information that is:

- A truthful and fair picture of the quality of services provided
- Meaningful and relevant to users of quality accounts
- Designed to allow for comparisons to be made
- Produced in a timely fashion
- Published in a way that promotes easy access for users

### **Role of LINK in the production of Quality Accounts**

LINK organisations will be provided with the opportunity to comment on the Quality Accounts in advance of them being published. In order for their commentaries to be effective they will need to possess a number of features. These include the commentary representing the consensus views of LINK members, use of robust evidence/information to back up their statements, contain examples of users experience to illustrate the points being made. In addition the limitations of the commentary will need to be reported and the commentary will need to be clearly structured.

Kent (and Medway) LINK have asked for academic support to develop a suitable method for collecting evidence, as well as, lay and patient views of the quality of care provided by the local NHS providers so that constructive, informed comments can be made.

## Objectives

1. To identify collect, analyze and report on quantitative evidence and information relating to each Trust's claims about their success in meeting individually identified and core targets related to the quality of care, quality improvement and regulator requirements etc.
2. To identify, analyse and report on existing qualitative data (e.g LINK reports, other public engagement reports etc) which provide information of value for commenting on Trust's Quality Accounts.
3. To establish groups/panels, to cover each of the individual Trusts, to act as proxy patients and service users of the individual Trust and gain their views on safety, effectiveness and patient experience of the relevant Trust.
4. To establish mechanisms for accessing hard to reach groups who are potential users/recipients of individual Trusts services and representative of the local community served by the Trust.
5. To draw together the data collected from each of the sources identified so far and to present it to LINK members in order to ensure that there is a consensus view.
6. To train LINK staff/members in the methods used to ensure that they have the skills and contacts etc for the future.

## Methods

### The work would be conducted in three stages.

**Stage one** will meet objective 1.

Contact would be made with the relevant personnel within each of the Trusts in Kent and Medway (East Kent NHS Trust, Medway Foundation Trust, Kent and Medway NHS and Social Care Partnership Trust, Maidstone and Tonbridge Wells NHS Trust, and SECAM) in order to map/scope out the areas that they are focusing on for their Quality Reports/Accounts. The relevant PCT will also be approached to ascertain their understanding of the providers' quality focus.

**Stage two** will meet objectives 2, 3, and 4.

Once the areas that each of the Trusts are focussing on are identified the following will be undertaken in parallel due to the tight timescale of the work:

1. Qualitative and quantitative data (related to the quality areas identified above) will be collected from the following sources:

- Published research, policy documents
- Local studies, local engagement projects
- 'Grey' literature

Published research will be accessed using a systematic approach to searching relevant data bases (within the University). For any relevant local studies/reports members of LINK will be co-opted to develop and support this activity in order to provide access to reports produced by LINK and other locally convened bodies, such as local councils, community groups etc.

Examples of evidence sources	Evidence type
<ul style="list-style-type: none"> <li>• HEI online bibliographic databases</li> </ul>	<ul style="list-style-type: none"> <li>• Research</li> </ul>
<ul style="list-style-type: none"> <li>• Local authorities               <ul style="list-style-type: none"> <li>○ health scrutiny committees</li> <li>○ other departmental committees</li> </ul> </li> <li>• Primary &amp; secondary care trusts</li> <li>• Local university department</li> <li>• Local voluntary/community/third sector organizations:               <ul style="list-style-type: none"> <li>○ volunteer services</li> <li>○ advice services</li> <li>○ advocacy services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Local research</li> <li>• 'Grey' literature</li> <li>• Evaluations/consultations</li> <li>• Perspectives/viewpoints</li> </ul>

2. Patient panels will be established for each Trust to act as proxy for patients using Trust services. There will be a panel each for in-patients and for out-patients. Up to ten main areas of each Trusts provision will be identified with particular reference to the areas that they are focussing on in their Quality Report/Accounts and three patients who have been in-patients in each of those areas in the last year will be identified. They will be recruited from existing LINK members, voluntary sector organisations and other relevant sources and will be purposively selected to provide balance in terms of specific characteristics such as gender, age, ethnicity etc. They will not be accessed via NHS databases or clinics etc as this may involve a protracted governance procedure. They will be asked to comment on the three quality dimensions: safety, effectiveness/outcomes and patient experience for the Trust they are covering. Data will be collected via telephone interviews and/or email. The equivalent panels for out-patients will also be set up. In both the in-patient and out-patient panels care will be taken to ensure that people who have used the ambulance service are included.

3. The demography for each Trust's catchment area will be examined and 'hard to reach' groups which are identified as living within the catchment will be identified – these are likely to include ethnic minorities, homeless people, drug users, gypsies and travellers, disabled people, people seeking asylum and those living in rural areas. In order to elicit the views of people from these minority groups, contact will be made with local voluntary or third sector providers who work with specific individuals and groups, as well as, with local faith based organisations. These organisations and providers will be asked about their experiences of accessing and using (or not being able to access/use) the Trust's services. Further, in order to provide specific information, for example, about maternity or mental health services, they may also be asked to suggest other contacts within their community who will be able to provide additional information. In order to engage sensitively and appropriately (for example taking account of gender sensitive issues) with 'hard to reach/seldom heard' groups data will be collected via individual interviews or if appropriate focus groups.

4. The data from all sources will be collated and analysed and a key messages, including patients stories, identified. This data will then be fed into stage 3.

**Stage 3** will meet objective five

Workshops will be held with LINK members (one in East Kent, one in West Kent and one in Medway to cover the relevant Trusts in these areas and one for the ambulance service and one for to cover the mental health trust) in which the findings from stages 1 and 2 (including information about where claims in Trust's Quality Accounts differ from the evidence we have collected) will be presented to attendees who will then discuss the results, aim to achieve consensus and provide a form of words for inclusion in the LINK commentary.

**Objective 6** will be met throughout by academic staff providing training, support and guidance for LINK staff and or members on how undertake the work and replicate it in future.

### **Timescale**

The time left for LINK to provide a commentary on Trust's Quality Accounts is approximately 3 months January 2010 – March 2010. However, the methods and procedures set up as part of this bid will be of value for future commentaries on Quality Accounts etc. It is suggested that for this year the methods used are considered to be a pilot for future years and that following the first round of input to Quality Accounts the 'methods' are refined and LINK members are provided with the knowledge, skills and tools to take this forward in future years.

**Month 1** - Contact with relevant personnel in each Trust to determine quality areas being focussed on. Background literature collected. Demographic characteristics of each Trust's patients identified. Relevant hard to reach groups identified. Patients for Trust panels identified

**Month 2** – All fieldwork conducted in parallel.

**Month 3** – Workshops with LINK members and input to commentaries

**Months 4 – 12** Refinement of methods, input to commentaries etc. Training of LINK members and development of a tool for long term use.

**Costs**

Academic input for months 1 – 3 Three members of staff one of which will work full time on project for the time period	£ 10,000
Ongoing academic support for months 4 – 12 One member of staff for 1 day a week or equivalent	£5,000
Research/project worker/admin support	£3,000
Travel and other costs	£2,000