Picker's response to CQC's 'Better regulation, better care' consultation

About Picker

Picker is an independent health and social care charity with expertise in understanding, measuring, and improving people's experiences of care.

We pioneered the patient experience approach, now widely adopted around the world, and advocate for the highest quality person centred care for all, always. We work with policy makers, providers, professionals, and patients and the public alike to influence, inspire, and empower the delivery of person centred care.

We are commissioned by the Care Quality Commission (CQC) and NHS England (NHSE) to design, deliver, and analyse the NHS patient survey programme, the cancer patient experience surveys (adult and under 16), and the NHS staff survey. We have also been commissioned by NHSE to deliver the National Neonatal Care Experience Survey.

If you have any questions about this response, please contact oliver.potter@pickereurope.ac.uk.

Response

Note: Yellow highlight denotes our response to multiple choice questions.

Question 1: To what extent do you agree that we should publish clear rating characteristics of what care looks like for each rating as part of our new assessment frameworks?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Question 2: To what extent do you agree with our proposed approach to developing assessment frameworks that are specific to each sector?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Question 2a: Do you have any comments or suggestions on how we should develop the sector-specific assessment frameworks?

We agree with the proposed approach to developing sector-specific assessment frameworks but would reiterate the importance of co-production with patients and service users, in addition to sector stakeholders, as part of their development. It will be essential to find a balance between

sector-specificity, while ensuring elements of commonality, to aid overall readability and comprehension. With this in mind, CQC should actively identify areas of commonality across the different sector-specific frameworks to help achieve the primary objective of creating an overarching approach that is easy for various audiences to understand and use.

Question 3: To what extent do you agree with our proposed approach to making our assessment frameworks clearer and removing areas of potential duplication?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Question 3a: Do you have any comments on the content of our current single assessment framework, or suggestions for how we should make our assessment frameworks simpler and clearer?

The current presentation of the assessment framework could be more accessible, as it presents a considerable amount of information in a format that is likely to be confusing to various stakeholder groups – namely, because information is spread across multiple pages and sections of the website.

To make the framework simpler and clearer, it would benefit from a visual representation to break down the information further. It would also be helpful to ground the statements in reality, providing examples to offer clarity to readers from various audiences. This is done on the 'What to expect from a good care service' page of the website, but this is not clearly signposted or referenced under the 'Guidance and regulation – Assessment' section.

More broadly, the five key questions that underpin the assessment framework could be clearer – particularly 'responsive', which currently includes the following as sub-categories:

- Person centred care
- Care provision, integration and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experience and outcomes
- Planning for the future.

An overarching heading of 'person centred and equitable', or similar, would be clearer and, furthermore, would ensure that the three elements of the widely-accepted and adopted definition of care quality – that is clinical effectiveness, patient safety, and patient experience – are all more clearly identifiable in the five key questions.

When reviewing individual service providers, there should also be an option to see a shortened definition of each of the five questions, either by hovering over an information icon, or by providing a summary in another format, depending on accessibility guidance and best practice. This would prevent users from having to navigate to different parts of the website to be reminded of what each key question assesses.

Question 4: To what extent do you agree that we should award ratings directly at key question level with reference to rating characteristics

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Question 4a: Do you have any comments or suggestions on our proposed approach to awarding ratings?

Rating characteristics should be co-designed with patients and service users, as well as professional stakeholders, and should aim to be understandable to a wide range of audiences, particularly as ratings are not published at quality statement level.

To ensure the credibility of ratings, it is important that the inspector workforce remains highly skilled, interpreting evidence and applying ratings consistently, and supported by appropriate training.

Question 5: Do you have any comments or suggestions for how we should support our inspection teams to deliver expert inspections, impactful reports and strong relationships with providers?

Experts by Experience are a welcome retained feature of the proposals, as is a commitment to co-production. However, it is important that people with lived experience feel their involvement is both meaningful and impactful.

It will be essential to continue to use a suite of evidence from various sources that prioritises peoples' experiences of health and social care services. Inspectors should be supported to understand the characteristics of different types of data, and how they can be used together, with tailored training in the use of different types of patient, user, and staff feedback.

Inspection reports should be made more accessible for a wider range of audiences, including simple changes to aid navigation, both on the HTML and PDF formats, including, for example, increased usage of headings, subheadings and bullet points, alongside visual elements.

There should be greater transparency about the influence of user voice during inspections and assessment, and a clearer, documented process explaining how user voice contributes to provider ratings. It is important that the feedback provided via patient surveys and wider feedback mechanisms, including complaints, is given equal value to live inspection observations, which provide a snapshot of care quality during the inspection period.

The 'For the public' section of the website should be improved to make it more accessible. It should outline, preferably visually, how the various elements of the assessment framework interact and assist inspectors in providing a rating for care providers.

Question 6: To what extent do you agree with the approach to following up assessments and the principles for updating rating judgements?

Strongly agree
Agree

Neither agree nor disagree
Disagree
Strongly disagree

Question 6a: Do you have any comments on our proposed approach?

With regard to routine planned inspections, it would be useful to include an explicit reference to positive and/or negative changes in patient experience metrics, particularly as patient feedback can act as an early warning indicator of wider issues and areas of concern. At present the proposed wording is more broadly about 'quality'.

Question 7a: To what extent would you support CQC in re-introducing an overall quality rating for NHS trusts and trust-level ratings of all 5 key questions?

Fully support
Mostly support
Partly support
Not support at all
I don't know

Question 7b: To what extent would you support CQC in no longer aggregating key question ratings to produce an overall rating for an individual hospital location?

Fully support
Mostly support
Partly support
Not support at all
I don't know

Question 7c: Do you have any comments to support your views, or suggestions for how we should award ratings for NHS trusts and independent hospitals?

We strongly support the re-introduction of overall quality ratings for all five key questions, however, we are not supportive of proposals to remove individual location ratings, as these provide important nuance, particularly where trusts operate across multiple sites and offer different services.

The public are more likely to identify and consider their local hospital as part of the public realm in their local community, instead of identifying with its wider organisational and governance structure as part of the NHS trust and foundation trust model. As such, continuing to award ratings at site-level would align better with how local communities engage and identify their local healthcare provider, instead of aligning with the system's technical jargon. The removal of individual location ratings also risks masking variation that can be seen within trusts, both with regard to examples of best practice and areas for improvement. It is common to see variation in patient experience at site-level and the Ten Year Plan for Health is clear in its commitments to empowering patients, amplifying their voices and providing meaningful choice: individual location ratings are fundamental to this and to the wider transparency agenda. Naturally this is particularly important for bigger trusts, which may operate several large, multi-service locations.

In our experience of working closely with NHS providers, we are regularly asked for more granular data at a site and/or service level for the national patient experience surveys that we deliver on behalf of CQC and NHS England. Providing access to more granular data allows patients to be

better informed and empowered in their choices related to accessing and using health and care services and allows providers greater insight into driving person centred service transformation.

Question 8: We'd like to hear what you think about the opportunities and risks to improving equality and human rights in our proposals. Do you think our proposals will affect some groups of people more than others (for example, those with a protected equality characteristic such as disabled people, older people, or people from different ethnic backgrounds). Please tell us if the impact on people would be positive or negative, and how we could reduce any negative effects?

Overall, the information shared about inspections and ratings could be more accessible, both in terms of the language used and the structure of assessment information on the CQC website and in the PDF inspection reports. In our view, a sector-specific approach to assessment, as outlined in these proposals, is likely to help with tailoring towards the different groups of patients and service users who access these services and it will be important to engage them as part of its design.

Not rating at quality statement level could result in the process being open to greater unintentional or unconscious bias, with more weight given to inspectors' professional judgements. To mitigate this, it will be important to place appropriate weight on various evidence sources and to provide explicit prompts.

Question 9: Do you have any other comments on our work, things we should consider, or suggestions for how we could improve?

While there is a wealth of robust patient experience data available on the CQC website, this data is not particularly clearly signposted: more could be done to direct attention to this feedback and to ensure that it is visible and accessible to website users. This should be prioritised for resolution, as these data are essential to the wider transparency agenda.

The Ten Year Plan for Health and the Dash review of the patient safety landscape, alongside Lord Darzi's investigation into NHS, are all clear that an amplified patient voice must be central to a reformed NHS that is 'fit for the future'. To make this a reality, providing greater clarity on how patient experience and voice are already built into the CQC assessment framework would be an important step forward, in addition to the changes we have proposed above, which would help to further embed patient voice into care quality assessment.