for patient safety and justice

action against medical accidents

Assessment Consultation
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Dear Care Quality Commission

Assessments for Quality 2010-2011 Consultation

Thank you for inviting us to take part in this consultation. Please accept my apologies for the late receipt of this response. I hope you can include it in your considerations none the less.

We do not propose to respond in detail to the plans which are more around detail of operation. We wish to restrict our comments to three broad areas where we feel our role as the country's patients' charity focussed on patient safety equips us to make a worthwhile contribution.

1 The need for more systematic, ongoing monitoring and follow up of important data

We were disturbed to learn that there was no systematic process for keeping tabs on whether trusts were meeting one of the 'core priorities' on patient safety – the timely implementation of patient safety alert recommendations. We are due to meet representatives of CQC shortly, but neither are we yet convinced that the CQC has followed up on information indicating widespread and longstanding failures to comply. Important indicators such as these, and mortality rates, need to be monitored on an ongoing basis and action taken to intervene where there are problems. It is not sufficient to wait until one of the bi-annual in-depth reviews, or until system failures such as Stafford have already occurred.

2 The need to be open and responsive to members of the public and other stakeholders raising serious concerns about registered providers of care

This was a major failing of the Healthcare Commission in relation to Stafford. We were concerned to find that the CQC website provides no encouragement to people to alert the CQC of potential serious failures, or information on how to do it. When we contacted the CQC to raise this issue, staff employed to deal with queries continually failed to

understand what we were asking about, and kept to a standard script pointing people to the local complaints procedure. We are due to meet with the CQC shortly about this, but it seems clear that better information for the public and training for CQC staff is needed.

We would also like to propose consideration of a system for health and social care as to that which operates with the Office of Fair Trading, of designated bodies being able to make "super complaints". This would allow bodies such as AvMA to be recognised as being able to raise such a complaint or concern, with the guarantee that the CQC would investigate and respond. Other bodies which may be appropriate to designate might include, for example, local authority scrutiny committees, and LINKs.

3 Clarification of the role of 'cost effectiveness' in the assessment process

We were surprised at how often "cost effectiveness" and "resources" were mentioned in the consultation document. We recommend that the CQC clarifies exactly what it means by taking cost effectiveness or resources into consideration in respect of assessing health and social care providers. It is our view that the CQC should concentrate on assessing organisations' compliance with standards purely and simply. The goal posts should not be moved because of changes to the availability of funding. Compliance, and patient safety in particular, must always be assessed objectively by the CQC without having judgement clouded by issues such as cut-backs and financial pressures. That is for others to take responsibility for. We assume that in setting standards, account has already been taken of the practicality of meeting them and that they are necessary.

We look forward to discussing your comments on the above.

Yours sincerely

Peter Walsh

Peter Walsh
Chief Executive