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Accountability in the NHS

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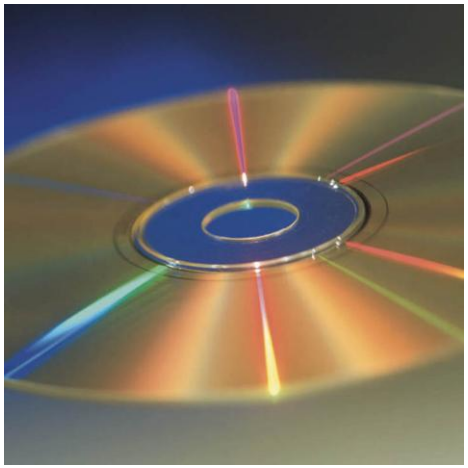
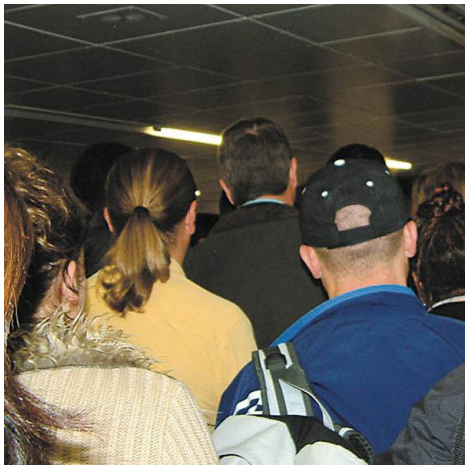
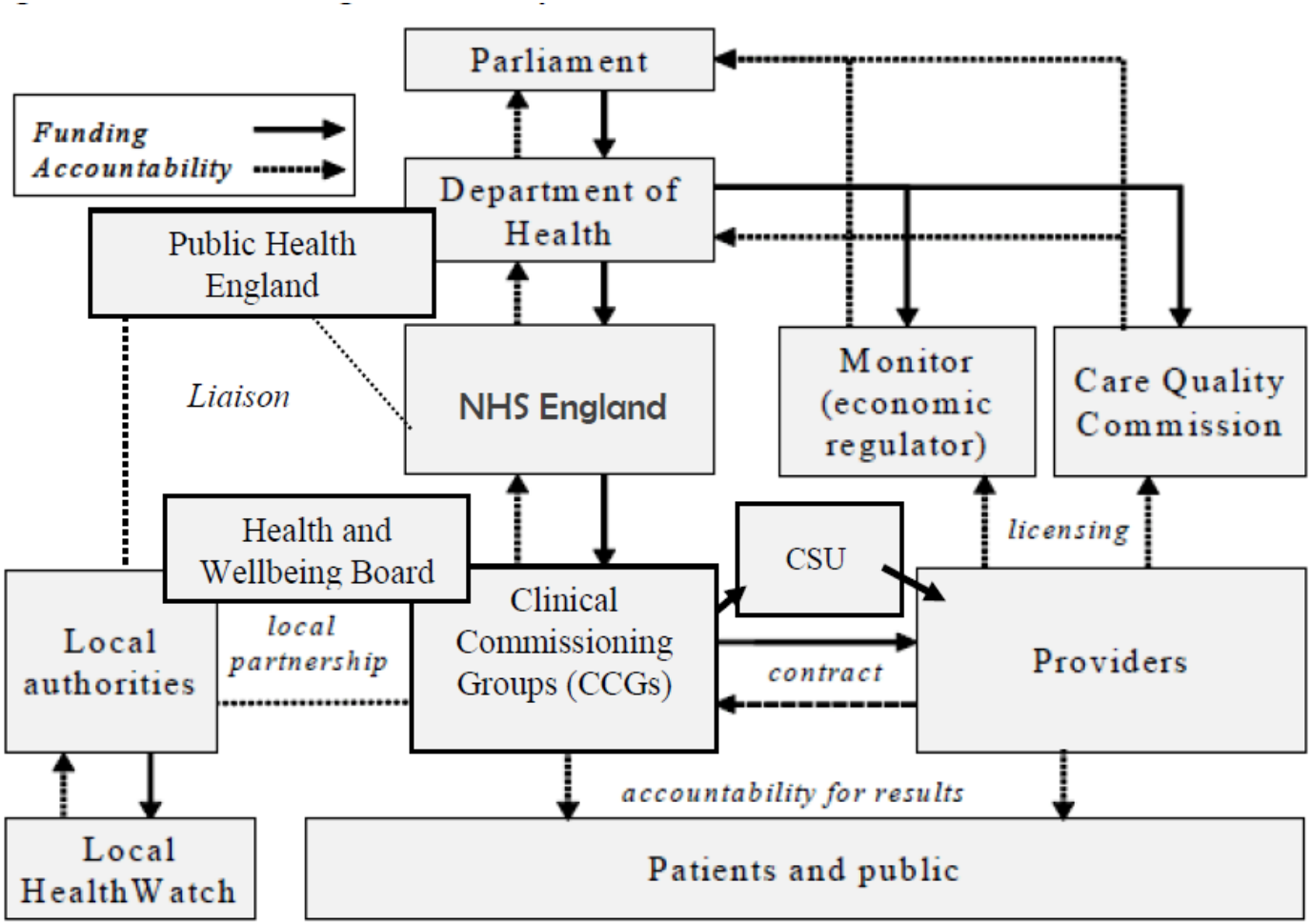




Outline

- Recent NHS reforms
- Accountability and performance
- Accountability and performance frameworks in the English NHS
- NHS Clinical Commissioning Groups – elements of accountability
- Performance measurement in the English NHS
- Links between accountability and performance measurement

“The Government’s reforms will liberate professionals and providers from top-down control. This is the only way to secure the quality, innovation and productivity needed to improve outcomes. We will give responsibility for commissioning and budgets to groups of GP practices; and providers will be freed from government control to shape their services around the needs and choices of patients. Greater autonomy will be matched by increased accountability to patients and democratic legitimacy, with a transparent regime of economic regulation and quality inspection to hold providers to account for the results they deliver.” (Department of Health 2010: paragraph 4.1)

The English NHS post 2013



Accountability or Performance?

- A key characteristic of “ New Public Management” has been the shift in public services from being organisationally accountable to democratic government to forms of accountability involving more direct provider-consumer connections.
- Central to this is a rhetoric that suggests:
  - greater accountability = improved performance
  - Performance measurement = accountability

The accountability/performance relationship

	Focus on quality of performance achievement		
Focus on quality of performance actions		LOW	HIGH
	HIGH	COMPETENCE	PRODUCTIVITY
	LOW	PRODUCTION	RESULTS

Accountability can involve performance measurement but is not always a necessary component and performance measurement is also an approach to practice improvement

The NHS Mandate

THE MANDATE – at a glance

The Mandate is structured around **five key areas**, which align with the NHS Outcomes Framework, as well as including additional direction on topics such as finance. *(This is only a summary – see the Mandate for details.)*

1. Preventing people from dying prematurely

We want England to become among the best in Europe at preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and health old age. Objectives include:

- supporting the earlier diagnosis of illness;
- ensuring people have access to the right treatment when they need it;
- reducing unjustified variation between hospitals in avoidable deaths;
- using every contact with NHS staff as an opportunity to help people stay in good health.

2. Enhancing quality of life for people with long-term conditions

We want the NHS to be among the best in Europe at supporting people to manage ongoing physical and mental health conditions, such as diabetes and depression, so that people can experience a better quality of life, and so that care feels much more joined up. Objectives include:

- involving people in their own care and treatment;
- the use of technology (e.g. ordering repeat prescriptions online);
- better integration of care across different services;
- better diagnosis, treatment and care of those with dementia.

3. Helping people to recover from episodes of ill health or following injury

The Board is being asked to highlight the differences in quality and results between services across the country in order to share best practice, and improve services.

- ensuring greater equality between access to mental and physical health services
- Improving transparency through publication of data, and involving local people in decision-making about services.

4. Ensuring that people have a positive experience of care

The Board is being asked to make sure we experience better care, not just better treatment, particularly for older people and at the end of people's lives. Objectives include:

- measuring and understanding how people feel about their care ("the friends and family test");
- ensuring vulnerable people receive safe, appropriate, high quality care;
- improving the standards of care and experience for women during pregnancy;
- supporting children and young people with specific health and care needs;
- providing good quality care seven days of the week;
- Improve access and waiting times for all mental health services, including IAPT.

5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

The Board is being asked to continue to reduce the number of incidents of avoidable harm and make progress towards embedding a culture of patient safety through improved reporting of incidents.

6. Freeing the NHS to innovate

We want to get the best health outcomes for patients through objectives that include:

- strengthening autonomy at the local level;
- promoting research and innovation;
- controlling incentives, such as introducing the quality premium for CCGs;
- leading the continued drive for efficiency savings, while maintaining quality, through QUIPP.

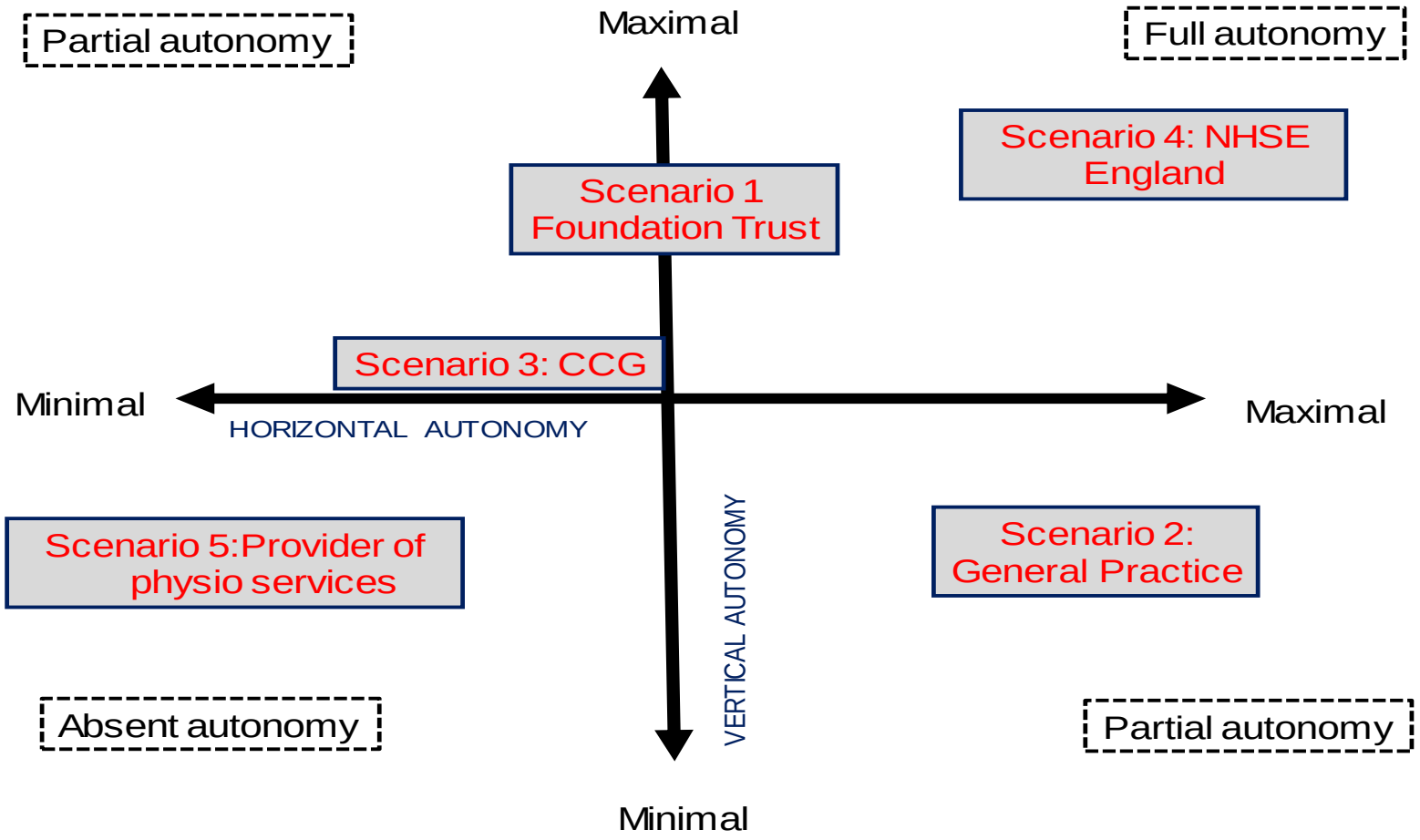
7. The broader role of the NHS in society

We want the Board to promote and support participation by NHS organisations and NHS patients in research, to improve patient outcomes and to contribute to economic growth. The Board must also seek to make partnership working a success.

8. Finance

The Board's revenue budget for 2013-14 is £95.6 billion. Its objective is to ensure good financial management and improvements in value for money across the NHS

Autonomy scenarios: hypothetical examples for providers



The NHS: a classic case of command and control?

- The *national* character of the health service is reinforced by:
  - central funding
  - an emphasis on shared values such as equitable access, universality, free access and comprehensiveness
  - professional conformity and common standards or conditions of service.
- But the NHS is formed of a series of *local* health services
  - responding to local needs and condition
  - working in partnership with other local organisations
  - Delivery locally organised care
- The NHS is characterised, in England at least, in increased horizontal and verticalorganisational fragmentation

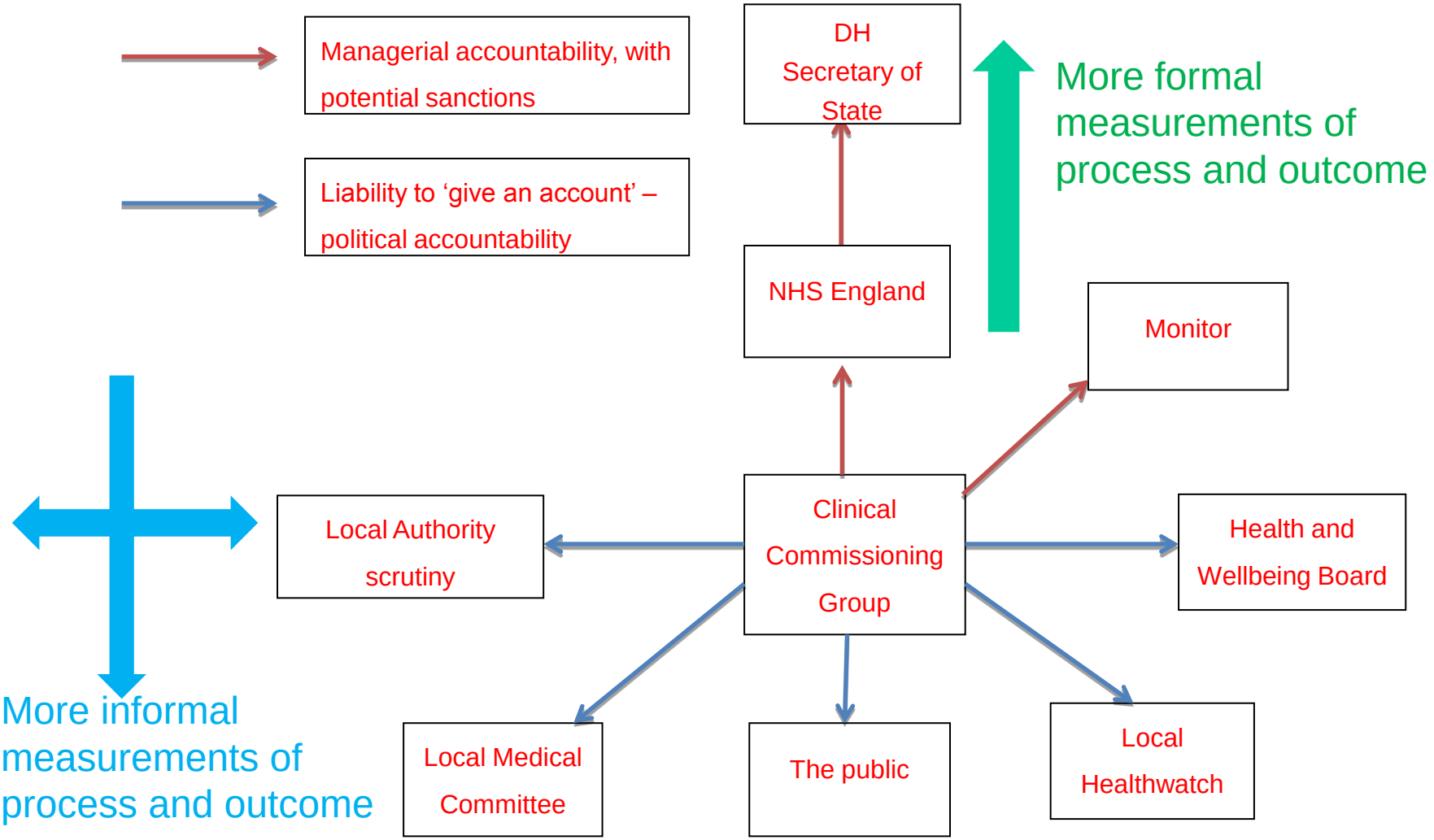
Levels of accountability: the English NHS

	Accountability	Performance measurement	Degree of autonomy
National	To Department of Health Government Parliament	NHS Mandate CQC	NHSE has high degree of autonomy
Regional	Local democracy		Local authorities have high autonomy
Local	To local people CCGs are membership organisations Contract relationships	Outcomes framework Contract performance indicators	CCGs have obstential autonomy tempered by local relations Providers have autonomy

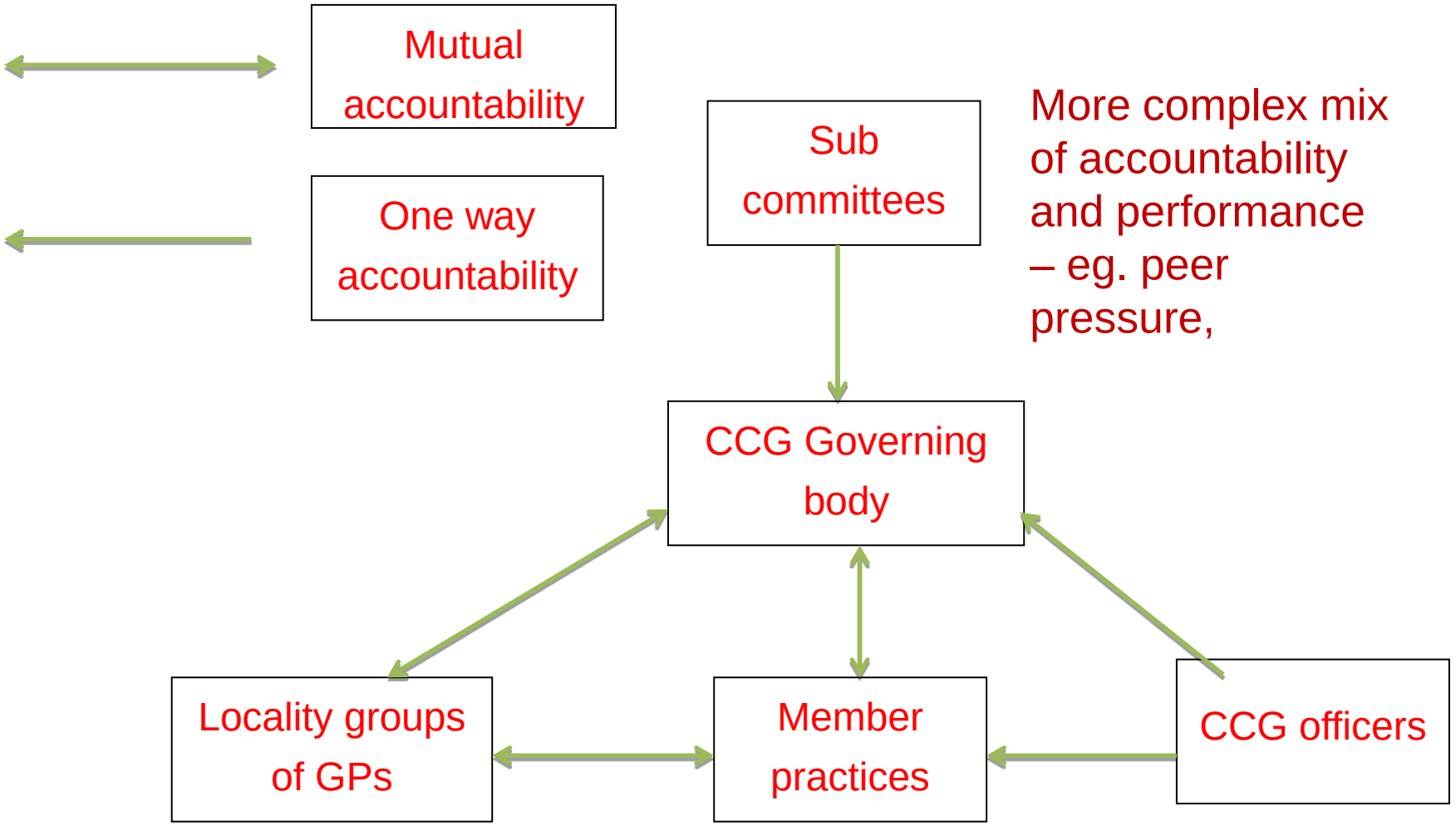
Accountability structures/processes

- Political accountability:
  - Parliament
  - Government
  - Local authorities
- Organisational accountability
  - Boards – executive/non-executive
  - Governance frameworks – formal processes
  - Members – eg GPs/practice and CCGs
- Professional accountability
  - Clinical governance

English Clinical Commissioning Groups – external accountability



English Clinical Commissioning Groups – internal accountability



What is good performance?

Distinguishing between formal and informal performance is useful:

- Formal performance (eg. activity or finance metrics) provides a safety net for poorly performing organisations but offers weak incentives for high performing organisations.
- Informal performance (eg. reputation, trust) substitutes for and/or complements formal performance, offering rich insights but lacking consistency.

Approaches to measuring performance

Performance measures can be separated into three broad areas:

1. Search properties - structural indicators such as inputs
   - Premises
   - Organisational settings
   - Resources
   - staff
2. Experience properties – process as experienced by user
   - Quality of care
   - Accessibility
3. Credence properties –
   - Technical skill
   - Competence in providing care

Different sectors

- Acute care
  - Clinical outcomes
  - Patient safety
  - Length of stay
- Primary medical care
  - Accessibility
  - Clinical outcomes
  - Continuity of care
- Community care
  - Continuity of care
  - Long-term continuous support
  - Social support
- Social care
  - Social support
  - Carer-service user relationship
  - Emphasis on self-determination

Different measures

- Physical setting
- Technical skills and knowledge
- Care performance

- Technical skills and knowledge
- Care performance
- Quality of life

- Care performance
- Quality of life
- Personal autonomy

- Quality of life
- Personal autonomy
- informal

Mapping indicators by sector

	Acute care	Primary care	Community care	Social care
Search properties	Important	Less important?	Variable	Variable
	Clearly defined inputs	Premises and facilities less relevant	Primarily staff activities and is context driven	Context driven such as people's own homes, informal care
Experience properties	Less important?	Important	Very important	Predominant
	Patient satisfaction, growing interest in PROMs	Continuity of care and relationships are relevant but difficult to measure	Quality of life and views of users hard to measure	Quality of life and views of users hard to measure
Credence properties	Key component	Very important	Important	Limited
		Some co-production	Co-production	Co-production

NHS England Outcomes Framework

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
- i Adults ii *Children and young people*

1b Life expectancy at 75
- i Males ii Females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease* (PHOF 4.4)
1.2 Under 75 mortality rate from respiratory disease* (PHOF 4.7)
1.3 Under 75 mortality rate from liver disease* (PHOF 4.6)
1.4 Under 75 mortality rate from cancer* (PHOF 4.5)
- i *One- and* ii *Five-year survival from all cancers*
- iii *One- and* iv *Five-year survival from breast, lung and colorectal cancer*

Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9)

Reducing deaths in babies and young children
1.6 i Infant mortality* (PHOF 4.1)
- ii Neonatal mortality and stillbirths
- iii *Five year survival from all cancers in children*

Reducing premature death in people with a learning disability
1.7 *Excess under 60 mortality rate in adults with a learning disability*

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions** * (ASCOF 1E PHOF 1.8)

Reducing time spent in hospital by people with long-term conditions
2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
- ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers** (ASCOF 1D)

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness **** (ASCOF 1F & PHOF 1.8)

Enhancing quality of life for people with dementia
2.6 i Estimated diagnosis rate for people with dementia* (PHOF 4.16)
- ii *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life****(ASCOF 2F)

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital* (PHOF 4.11)

Improvement areas

Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
- i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins
- v *Psychological therapies*

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 Proportion of people who recover from major trauma

Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service*** (ASCOF 2B)
- ii Proportion offered rehabilitation following discharge from acute or community hospital

NHS Outcomes Framework 2013/14

at a glance

Alignment across the Health and Social Care System

* Indicator shared with Public Health Outcomes Framework (PHOF)
** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)
*** Indicator shared with Adult Social Care Outcomes Framework
**** Indicator complementary with Adult Social Care Outcomes Framework and Public Health Outcomes Framework

Indicators in italics are placeholders, pending development or identification

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
- i GP services
- ii GP Out of Hours services
- iii NHS Dental Services

4b Patient experience of hospital care
4c *Friends and family test*

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator is under development*

Improving people's experience of integrated care
4.9 *An indicator is under development* *** (ASCOF 3E)

5 Treating and caring for people in a safe environment and protect them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b Safety incidents involving severe harm or death
5c *Hospital deaths attributable to problems in care*

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare associated infection (HCAI)
- i MRSA
- ii C. difficile

5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

Breaking down the indicators

	International comparisons	*Sub-national breakdown*				*Equality and Inequality Strands (National Only)*							
		Regional	CCG level	Local Authority	Provider	Deprivation (via postcode or area)	Socio-economic group (NSSEC)	Age	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation
1. Preventing people from dying prematurely													
1a Potential Years of Life Lost (PYLL) from causes considered amenable to health care i adults ii *children and young people*	P	P*	P*	P*	N/A	P	P*	P	N	N	P	N	N
1b Life expectancy at 75	Y	Y*	N	Y*	N/A	Y	P*	N/A	N	N	Y	N	N
1.1 Under 75 mortality rate from cardiovascular disease	Y	Y*	Y*	Y*	N/A	P	P*	Y	N	N	Y	N	N
1.2 Under 75 mortality rate from respiratory disease	Y*	Y*	Y*	Y*	N/A	P	P*	Y	N	N	Y	N	N
1.3 Under 75 mortality rate from liver disease	Y	Y*	N	Y*	N/A	P	P*	Y	N	N	Y	N	N
1.4. Under 75 mortality from cancer	Y	Y*	Y*	Y*	N/A	P	P*	Y	P	N	Y	N	N
1.4.i *One-year survival for all cancers*	Y*	P	P	P	N/A	P	P*	Y*	P*	N	P	N	N

Accountability and performance measurement

Accountability

- Holding to account
  - Responsibility
  - Sanction
- Openness
  - Being seen to be
- Supporting values
  - Solidarity
  - Comprehensiveness, universal, equity etc
- Important where there is more uncertainty

Performance

- Achieving system goals
  - Access
  - Target (policy) outcomes
- Efficiency
  - Best use of resources
- Effectiveness
  - Achieving (the best) outcomes
- Useful where things are measurable

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