

Response of the Royal College of Nursing to the Care Quality Commission's consultations on 'our approach to regulating dental, ambulance and independent healthcare services'

Introduction

With a membership of around 420,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

General comments

The RCN has taken a keen interest in the Care Quality Commission (CQC) since its introduction, and our members and corporate staff have taken part in a number of engagement exercises, working groups and task and finish groups in order to help the CQC to develop their approach to inspection.

Given this previous extensive engagement, and the fact that we have broadly endorsed the fundamental tenets of the CQC's inspection methodology and assessment framework, our comments on these consultations will largely focus on broad principles.

Specific themes in the consultations:

CQC's proposed approach to the regulation of independent healthcare providers

The independent sector is hugely diverse, with a variety of services delivered in a variety of settings, ranging from larger independent hospitals to individual healthcare practitioners working to deliver services alone. We agree with the CQC's assertion that the inspection and regulation regime for this sector will have to take into account this diversity and be flexible and proportionate in approach.

CQC's proposed approach for regulating independent acute hospitals

We note the CQC's proposals to largely model the regulating of independent acute hospitals on the regime already set out for NHS acute trusts. RCN concurs with the core proposals that judgements of providers' should be based on the agreed key

themes, namely that services are safe, effective, caring, responsive to people's needs and well-lead. We note also the proposal to use expert inspection teams and intelligent monitoring, as has been agreed for other provider sectors.

We support these principles, and the proposals that the size of inspection teams should be proportionate to the size and nature of the service being inspected. There is a difficult balance to strike between ensuring an inspection team is the right size to properly assess a provider, without being so large as to be overly burdensome and distracting to providers who are delivering services to patients (the RCN has received feedback from some providers who feel that on occasion, inspection teams have been a distraction to the delivery of patient services).

RCN shares concerns that data available in the independent sector may not be as plentiful or as easily comparable to data for NHS services, which raises issues around how the CQC can both assess performance and treat all providers with parity when they are inspected and rated. We support CQC's continued efforts to work with independent providers, commissioners, insurers and representative bodies to improve the availability of useful, meaningful data.

We broadly agree with the CQC's assessment of the aspects of the handbook for acute hospitals which should be consistent with the regime for independent acute providers. The RCN supports the development of tailored provider handbooks where there is a need, because we believe it is helpful to our members who can then focus on the handbook most relevant to their role. However, we accept that sometimes it is not desirable or practicable to create bespoke handbooks where the same broad principles apply for providers.

We note it is critical that there is clarity about how an independent provider will facilitate and provide onward management of patients' access to further services if things go wrong whilst receiving care with that provider.

Additional support for independent providers

The RCN would like to raise the importance of providing support to those providers where elements of the service are found to be in need of improvement. The independent sector does not always have access to the equivalent level of support, guidance and mentorship that NHS services do when things go wrong.

Approach to special measures

RCN suggests that thought is given to the development of taskforce teams to provide support and oversee improvement when providers are placed in special measures. We note, again, that NHS providers may be better placed to be supported by a range of financial and other measures, for example to support practice development.

Rating independent healthcare corporate providers

There should be a general assumption in favour of parity across provider sectors. It seems to be logical that corporate systems for quality governance at central level would have an impact on quality governance at individual locations. Therefore, whilst we can appreciate that determining ratings for this can be more complex for some independent providers, it would seem to be appropriate for the CQC to pursue a practical way to pursue this goal.

In the past, RCN has suggested that CQC phase the introduction of ratings, in order to make sure there is confidence in the methodology and that they are credible for a given service level, for example. This approach would seem to make sense in this case.

General comment on ratings

The RCN still has concerns about the use of ratings, particularly in the context of large organisations providing a variety of care. It is important to make sure that the public communication about how ratings are arrived at and what they mean, is effective. More information on our members' thoughts on ratings can be found in RCN's briefing *Developing Aggregate Ratings for the Acute Sector in England*¹.

We would also like to reiterate that staffing levels and skill mix (for nursing but also for other staff groups) are vitally important for safe care, and these need to feature strongly in the approach to ratings if they are to be meaningful to patients and not erode credibility of CQC.

CQC's proposed approach for regulating ambulance services

The RCN feels that there will be other organisations and individuals better placed to comment on the detail of the provider handbook for ambulance services. We do, however, have a number of general comments.

We believe that in relation to the appropriate period of time to complete an unannounced visit of an NHS ambulance service, 30 days may be too long.

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http://www.rcn.org.uk/_data/assets/pdf_file/0009/552474/30.13_RCN_Briefing_Developing_Aggregate_Ratings_for_the_Acute_Sector_in_England.pdf

On the matter of rating core ambulance services, we believe that it would be more helpful to do so based on the local operational areas. This would better capture the culture of the service than looking at sometimes very large, geographical areas.

One particular issue the RCN would like to raise is the importance of partnership working in this area, particularly with regard to working with Police and Crime Commissioners to ensure ambulance services are responsive to the needs of those in prisons and police custody. Areas of specific concerns that have been highlighted to RCN include the timeliness of ambulance responsiveness in these settings (including getting through gates etc.) and that police cars should not be considered appropriate vehicles for the transportation of physically or mentally unwell individuals from a place of detention.

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