National Quality Board

Rt Hon Andrew Lansley MP
Secretary of State for Health

29th June 2010

Dear Secretary of State,

NATIONAL QUALITY BOARD: NICE QUALITY STANDARDS

You have already signalled your wish to put NICE Quality Standards at the heart of your vision for an improved NHS. On behalf of the National Quality Board (NQB), I am writing to offer you our collective advice on how to maximise the potential of these Standards as a tool for driving quality improvement throughout the NHS and at its interface with social care.

The first three Quality Standards covering stroke care, dementia care and the prevention of venous thromboembolism will be presented to you on 30 June. In setting out an evidence based and authoritative view of what high quality care looks like across a pathway of care, these and all subsequent Quality Standards produced by NICE have enormous potential to become, in due course, an important tool for supporting the commissioning and provision of high quality services to patients.

Having overseen the development of Quality Standards for the last year, the NQB is also clear that they have the potential to become much more than just an evidence based description of what high quality care looks like. Through aligning other system tools and levers around NICE Quality Standards, we believe they could become a central, underpinning element of a whole quality improvement system for the NHS. We have therefore set out, in a short guide attached to this letter (Annex A), an explanation of what we mean by a 'NICE Quality Standard', and also a description of how we see the care system aligning around them in order to drive up service quality.

As you have made clear, Quality Standards will soon be commissioned from NICE by the NHS Commissioning Board for use by GP Commissioning Consortia, patients and provider organisations. We know that we can go further with these Standards and ensure that they support your vision of an NHS focussed on improving outcomes for patients. Although it is implicit that Quality Standards will support the delivery of better health outcomes, we think this should be made much more explicit as each Quality Standard is developed and the wider library of Quality Standards emerges over the next five years. We therefore recommend that NICE, with support from the National Quality Board, review the first three Quality Standards with a view to identifying the specific outcomes for patients they will support the NHS and, where relevant, the social care system in achieving. In future, of course, the outcomes should come first and the Quality Standards second.

NICE Quality Standards will help the NHS realise the Government's vision for an NHS that is focussed on outcomes that are themselves supported by the best available evidence. If the whole system can align around them, then they will have made quality the governing principle of the NHS. The Board would be happy to provide you with further advice on achieving this goal.

Yours sincerely

DAVID NICHOLSON
CHAIR, NATIONAL QUALITY BOARD

ANNEX

NICE QUALITY STANDARDS:
DRIVING QUALITY IMPROVEMENT WITHIN THE NHS AND ACROSS ITS INTERFACE WITH ADULT SOCIAL CARE

Introduction

1. On 30th June, the National Institute for Health and Clinical Excellence (NICE) will present to the Secretary of State for Health the first three of Quality Standards for health and social care - on the prevention of venous thromboembolism, on dementia care, and on stroke treatment and rehabilitation. A fourth, on specialist neonatal care, will follow shortly after. These Standards fulfil a need – first identified in the engagement process for the Next Stage Review – for credible and authoritative definitions of high quality care across pathways, to enable the NHS to deliver excellence. Over the next five years, NICE aim to produce a broad library of approximately 150 Quality Standards, covering all the main care pathways.

2. The National Quality Board (NQB) strongly endorses the inception of NICE Quality Standards and sees them as a major step forward in driving quality improvements across the NHS and at its interface with social care. Over the last year, the NQB has overseen the development of the policy underpinning NICE Quality Standards. This has included agreeing the definition of a Quality Standard, recommending the first four topics for Quality Standard production and considering how the whole NHS system might align around them in order to maximise their impact.

3. We believe that these evidence based, authoritative descriptions of what high quality care looks like across a pathway of care and in a format that can be understood by patients and the public have the potential to become a central, underpinning element of a whole quality improvement system for the NHS. However, their potential will be fully realised only if the whole system - from individual clinical teams right through to the national organisations responsible for the supervision, regulation and management of health and care services - aligns around them.

4. This short paper therefore sets out what NICE Quality Standards are and how they are developed. It then goes on to set out the NQB's view on how they need to align with other parts of the NHS system, supporting both local and national leadership for quality, in order to maximise their potential.

What are NICE Quality Standards?

5. NICE Quality Standards define high quality care within a particular care pathway. The definition of a NICE Quality Standard that emerged from the initial consultation with interested groups is set out in the box:

Box 1 – Definition of NICE Quality Standards

A NICE Quality Standard is a set of 5-10 specific, concise quality statements and associated measures that:

- act as markers of high quality, clinically cost effective patient care across a pathway or clinical area;
- are derived from the best available evidence from NICE guidance and other sources accredited by NHS Evidence; and,
- are produced collaboratively with the NHS and social care professionals, along with their partners and service users.

6. NICE Quality Standards set out what clinicians, clinical teams, healthcare organisations and commissioners should aspire towards, whilst making it easier for patients to understand what high quality care looks like. But they need to cover a broad range of topics, and not simply concentrate on the most obvious. The NQB's ambition for the NHS and adult social care is that every clinical team will be able to access a definition of high quality care for their key clinical pathways, set out in a broad library of Quality Standards that will be developed by NICE over the next five or so years.

7. NICE Quality Standards can therefore support clinical leadership, presenting the best available evidence in a clear and concise form, without taking away their freedom to make decisions that are in the best interest of their patients. By the same token, as the number of Quality Standards grows, so more and more patients will have greater confidence as to what excellence looks like which we hope will encourage greater clinical accountability and shared decision making processes.

8. NICE Quality Standards have been designed to act as markers across a whole pathway of care – or the journey that people with a specific condition go through in receiving care and treatment. This means that a NICE Quality Standard may include quality statements relating to different types of care, for example, primary care from GPs, acute care in hospitals, adult social care in care homes and community care at home or in community hospitals. Quality Standards will be reviewed and refreshed as required ever three to four years, in line with the NICE approach to revising guidance.

Status of NICE Quality Standards

9. NICE Quality Standards are not requirements, and nor therefore do they form part of any centrally driven performance management regime. They are advice to the Secretary of State that he can subsequently put to use in setting a standard for the NHS (in the future, this might be a standard set for the national commissioning body) to deliver against. This could include directing PCTs to "have regard" to them in planning and delivering services, as part of a general duty to secure continuous improvement in quality. In that case, these standards would be a relevant, but not the only, consideration that must be taken into account when a PCT is looking to secure continuous improvement in the quality of health care it provides or commissions from others. As the Standards are designed to drive up quality, they could therefore be used to help commissioners deliver more from within their existing resources.

How are NICE Quality Standards Developed?

10. The Standards are developed by NICE - the authoritative source of health and healthcare evidence and guidance for the NHS - and its partners. For those clinical areas that cross over into adult social care (eg. dementia), the Social Care Institute for Excellence (SCIE) work in partnership with NICE to produce the Quality Standard.

11. The production process for the first four NICE Quality Standards was a pilot to test the process and build on lessons learned. The potential of Quality Standards to drive improvement stems from the collaborative, evidence based process that NICE tested. The involvement of clinicians and Royal Colleges is a vital component. For each Quality Standard, NICE established a multidisciplinary topic expert group on the clinical area. The group included experts involved in developing NICE clinical guidelines on the clinical area, members of relevant Royal Colleges or professional organisations, leading practitioners and other interested parties such as patient and lay representatives, and commissioners. Each group then reviewed the available literature from accredited evidence sources, in order to identify the 10-15 characteristics of high quality care that define the Quality Standard for that topic.

12. Once these 10-15 provisional 'quality statements' were agreed by the topic expert group, NICE launched a public consultation to narrow them down to 5 to 10 final ones. Consultation and field testing ran for four to six weeks. This provided both clinicians in the field and patients with the opportunity to contribute to the development process, and the NQB support this approach. The topic expert group modified the quality statements and narrow them down to a maximum of 10. The final NICE Quality Standard would then be published alongside a range of supporting material to help people working in the NHS make the most of them as a tool for quality improvement.

13. A key part of the Quality Standard is the measure that accompanies each quality statement (termed a 'quality measure'). This includes advice on where or how to collect the information against it, to help organisations and commissioners in measuring and assessing their care against the NICE Quality Standard. Measures are drawn from those that already exist where possible and supplemented where required with high level indicators.

14. Mapping these Quality Standards against the broader Outcome Framework would also help show how they could directly support your priorities. For the first three Quality Standards, each of the quality measures is process based. However, given the focus on outcomes and the importance of Quality Standards supporting the work of the NHS Commissioning Board, the NQB will support NICE in exploring options for developing some outcome measures that might cover a part of the pathway.

15. Other material produced in support of the Quality Standards includes:

- advice to commissioners on how they might use the NICE Quality Standards and quality statements within it in, as part of the contract management process. This guidance will reiterate the definition of what Quality Standards are;

- information tailored for the public on what the NICE Quality Standard is and how it relates to the care they receive, based in part on feedback received from the public during the consultation on each Standard;

- clarification as to how the NICE Quality Standard fits with other key policies or priorities in the area, for example, national strategies, existing targets etc, as well as the relevant payments system(s);

- an assessment of the costs, benefits and other impacts of each Quality Standard, signposting the potential for maintaining quality and reducing cost;

- advice to professionals and service users on what to offer and what to expect to be offered under the auspices of the Standards.

How are topics for NICE Quality Standards identified?

16. The National Quality Board (NQB)[1] is tasked with providing leadership in the production and implementation of NICE Quality Standards. It has taken a close interest in the pilot phase, which saw the development of both the production process, and of the first four Quality Standards. The NQB is also responsible for advising Ministers about the choice of topics for NICE Quality Standards. The NHS Commissioning Board would seem the most likely future customer for this advice, once its role in standard setting has been determined.

17. In order to determine which topics should become NICE Quality Standards, leading to a broad library of topics, the NQB developed and consulted on a prioritisation process. The library will come from a long list of suggested topics. The selection of topics, and the order in which the standards will be developed, is based on evidence in the following areas:

- quality of care (including experience), and potential to improve quality;

- cost to and burden on the NHS; and

- prevalence, mortality and health burden on the population.

18. Other aspects, such as the equalities implications of a topic, will be considered as contextual information when making these decisions.

How do NICE Quality Standards fit with the rest of the NHS and adult social care?

[1] The NQB is a DH advisory committee responsible for overseeing quality in the NHS, chaired by the NHS Chief Executive. It is made up of those national organisations who are responsible for quality in the NHS, alongside leading experts and lay representatives.

19. NICE Quality Standards are being developed to enable clinicians and clinical teams to improve the quality of care being provided in the NHS. They will support commissioners, regulators and others with responsibility or drive up quality at local, regional national levels. They will also give patients confidence in their choice of treatment and in holding clinicians to account The National Quality Board is strongly committed to the potential of NICE Quality Standards to deliver improvements in quality through these mechanisms. There are obvious links with related initiatives, described below.

Quality Standards supporting local leadership

20. NICE Quality Standards describe what high quality care looks like in a concise, measurable and accessible way, which means that clinicians, patients and commissioners at a local level will be the principal drivers of change.

21. **Clinicians and clinical teams** – the aim is for all clinical teams to have access to NICE Quality Standards on the key clinical pathways that they deliver to patients. Individual clinicians and clinical teams with their local audit support colleagues should therefore be able to use NICE Quality Standards to self-audit and benchmark their performance against other clinical teams, as they will provide standardised points of reference across services. Quality Standards can therefore act as a catalyst for clinical performance.

22. **Service redesign** – When appropriate, NICE Quality Standards define how care might best be delivered across the pathway. These will inform the development and configuration of local services, including across the interface with adult social care, and help signpost what local QIPP plans should aim to achieve.

23. **Contracting** – Commissioners will be able use NICE Quality Standards to ensure they can commission a high quality service from providers of NHS and adult social care, and give a benchmark to hold them to account.

24. **Incentivising local quality improvement goals** – the Commissioning for Quality and Innovation (CQUIN) scheme was created to provide the national, regional and local NHS with incentives that they could deploy to drive quality improvement in particular clinical areas. The quality statements in NICE Quality Standards could define at least one success criterion in local CQUIN goals. Commissioners locally would therefore be able to be use the NICE Quality Standard on their local priority clinical area to inform their local CQUIN schemes.

Relationship with the work of the Care Quality Commission

25. The relationship between NICE Quality Standards and the health and adult social care regulator, the Care Quality Commission, requires clarity. Although some individual statements may describe essential aspects of care, the statements in totality define high quality care and are separate in this respect from registration requirements. The CQC has three principal regulatory tools at its disposal:

- registration, where organisations are required to meet the essential requirements of quality and safety in order to be able to provide services to people;

- special reviews and studies[2], where the CQC examines particular trends or themes in health and social care; and

- periodic reviews, where the CQC assesses performance against national priority indicators set out in the operating framework.

26. As NICE Quality Standards describe high quality care, there is no direct relationship between the NICE Quality Standards and registration. The legislation requires that CQC's judgements about compliance with registration should be based firmly on the essential levels of quality and safety set out in registration requirements and not guided by judgements on compliance with a NICE Quality Standard.

27. For the second of the CQC's tools, where the CQC undertake special reviews on specific clinical areas, the CQC will base their review on the relevant NICE Quality Standard. For example, if the CQC were to conduct a special review into the quality of dementia services, they would base their review around the new NICE Quality Standard on dementia care.

28. For the third, CQC can call upon NICE Quality Standards to help them make informed judgements about compliance with the Operating Framework, but only of course if the Framework reflects the Standards.

Quality Standards supporting national leadership

29. National NHS leadership has a role in setting the policy framework for NICE Quality Standards, and in promoting awareness of NICE Quality Standards amongst the NHS, adult social care, and the public. More specifically, there are other actions that can be taken at a national level which will maximise the impact and utility of NICE Quality Standards, ensuring that they fulfil their potential as a major driver of quality improvement.

30. **Incentivising quality improvement by using certain NICE Quality Standards to set national CQUIN goals –** At a national level, CQUIN has been used to incentivise improvements in the four pathways where NICE Quality Standards are being piloted. CQUIN goals could be increasingly based on NICE Quality Standards where they are available. However, all NICE Quality Standards will not necessarily be accompanied by CQUIN goals.

[2] Where the CQC undertake special reviews on specific clinical areas, the CQC will base their review on the relevant NICE Quality Standard. For example, if the CQC were to conduct a special review into the quality of dementia services, they would base their review around the new NICE Quality Standard on dementia care. CQC might not use all of the QS statements because reviews look at the full range of performance (high and low) and could look at a wider 'pathway'/scope of service than described in the Quality Standard.

31. **NICE Quality Standards underpinning the development of payment mechanisms** – tariffs – including best practice ones - are introduced where there is clear evidence that a particular activity, treatment or practice is the most effective. Given that NICE Quality Standards describe what high quality care looks like, where best practice tariffs are introduced, they could be based on the NICE Quality Standards.

32. **Organisations reporting compliance with NICE Quality Standards** – reporting tools such as Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. These – and similar reports for commissioners – could include a section on compliance with NICE Quality Standards.

33. **Using NICE Quality Standards as the basis of clinical service accreditation schemes** – the NQB has sponsored the development of a core model of accreditation by the Academy of Medical Royal Colleges (AMRC) for clinical services to use in their existing accreditation schemes or when developing new ones. As part of this core model, accreditation schemes will use the relevant NICE Quality Standards as the definition of high quality care, and so the standard that services will need to demonstrate performance against to be accredited.

Conclusion

34. Quality Standards will:

- support clinicians in providing the best available evidence in a clear and concise format, without affecting their ability to make decisions in the best interests of their patients;
- empower patients, putting power and control into their hands around choice and clinical accountability;
- support local commissioners, whether PCTs or, in the future, GP consortia, in commissioning high quality services, without losing their ability to commission innovatively; and,
- in future, support a NHS Commissioning Board, and align with the proposed Outcomes Framework for the NHS.