Commissioning for Standards

Barnet CCG current position against standards 123-144

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Standard			**Current CCG Position**
123	Responsibility for monitoring delivery of standards and quality	GPs need to undertake a monitoring role on behalf of their Patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of Outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.	The CCG has put a structure in place to actively engage with GPs and their patients on a continuous basis. This builds on structures that the CCG has had in place previously. Each GP has an opportunity to gather feedback within each consultation; a patient feedback system is under development to allow the information gathered by GP's in consultation to be feedback into a systematic way into the quality and risk system of the CCG. The CCG has a schedule of planned communication and engagement events as well as a patient participation system which allows patients and GPs to come together on a regular basis and discuss experience and concerns with care.

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			The CCG's Clinical Quality and Risk Committee, chaired by a GP Board Member supported by the Clinical Director for Quality and Governance, together they have overall responsibility for and oversight of clinical quality issues; the Quality committee as a sub committee of the board, also has a role to report areas of serious risk or concern to the Audit Committee, and both bodies report directly to the CCG Board. The Director of Quality and Governance chairs the quality contract monitoring meetings which are in place with our main local acute and community providers, Royal Free Hospital Trust, Royal National Orthopaedic Trust and Central London Community Healthcare Trust and is responsible for the clinical review and sign off of all serious incidents. The Quality and Governance Director acts as Clinical Quality Chair and is

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			the strategic lead for quality within the CCG as well as championing Quality with all GP members. In addition the Clinical Director has agreed to use the role to champion quality in primary care as well as commissioned services, at regional and national levels; The CCG will look to further refine the role not only of the Quality Director but also the role of all GP members in relation to their monitoring role within the action plan.
124	Responsibility for requiring and monitoring delivery of enhanced standards	The commissioner is entitled to and should, wherever it is possible to do so, apply a fundamental safety and quality standard in respect of each item of service it is commissioning. In relation to each such standard, it should agree a method of measuring compliance and redress for non-compliance. Commissioners should consider whether it would incentivise compliance by requiring redress for individual patients who have received sub- standard service to be offered by the provider. These must be consistent with fundamental standards enforceable by the Care Quality Commission.	The Quality Strategy for the CCG approved in August 2012 (currently under review) emphasises the CCG 's recognition of the importance of establishing a shared understanding of quality and safety, and it's commitment to embedding quality throughout the commissioning process. To this end, the CCG will ensure that the quality standards set within the contracting process are aligned to

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			the strategy and outlining specific objectives to ensure that the quality standards for all contracts contain measures and reporting requirements in respect of patient experience, complaints, patient safety incidents, serious incidents. The CCG has always had quality standards in contracts, which Trusts currently provide assurances against. In light of the new standards the CCG aims to ensure that the existing quality standards are consistent and that reporting requirements against these are embedded into the contracts with providers for 2013-2014. We will ensure that they are reflective of CQC requirements and best practice.
125	Responsibility for requiring and monitoring delivery of enhanced standards	In addition to their duties with regard to the fundamental standards, commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards. They can incentives such improvements either financially or by other means designed to enhance the reputation and standing of clinicians and the	As stated above the CCG has had quality standards around central areas such as patient safety, patient experience and clinical effectiveness in contracts. In light of the recommendations the standards

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		organisations for which they work.	for contracts will be revised to build on the current best practice and further develop these standards into new areas such as safe staffing, integrated care, care and compassion and collaborative working.
	Preserving corporate memory	The NHS Commissioning Board and local commissioners should develop and oversee a code of practice for managing organisational transitions, to ensure the information conveyed is both candid and comprehensive. This code should cover both transitions between commissioners, for example as new clinical commissioning groups are formed, and guidance for commissioners on what they should expect to see in any organisational transitions amongst their providers.	Robust structures are in place in relation to the facilitation of safe transition. The transition arrangements for PCTs into CCGs were set and are monitored by the Department of Health. However the CCG recognises that this current transition was very complex posing risks to the System. To this end, Quality was and is being monitored carefully during this period. In relation to organisational transitions between providers these are covered and governed by the CCGs policies on procurement. The CCG will input into any work undertaken by the NCB in relation to a code of practice for transition.

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127	Resources for scrutiny	The NHS Commissioning Board and local commissioners must be provided with the infrastructure and the support necessary to enable a proper scrutiny of its providers' services, based on sound commissioning contracts, while ensuring providers remain responsible and accountable for the services they provide.	The CCG has recognised the responsibilities it has in relation to the proper scrutiny of providers and has purchased the full support package from the Commissioning Support Unit. In addition to this, recognising the importance of scrutiny, the CCG has put in place a Quality and Performance Team that is shared with NEL CSU which is reflective of patient flow within those areas. This team will provide added value to the scrutiny of performance and quality within commissioned services and act as an expert resource for the CCG- ensuring the implementation of the strategic vision for quality. This team is partly in place now and working to ensure that the contracts for 2013-2014 are sound and robust. The CCG strategic plan and quality strategy sets out the CCGs ambition to do things differently, to commission for a culture of change

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			improvement, for CCGs to be a more visible presence at the trusts becoming involved in clinical audits, commissioning walk rounds and spot visits and sitting on internal governance committees within providers. This "hands on" approach will enable closer scrutiny and further development of the "critical commissioner" role the CCG intends to foster.
128	Expert support	Commissioners must have access to the wide range of experience and resources necessary to undertake a highly complex and technical task, including specialist clinical advice and procurement expertise. When groups are too small to acquire such support, they should collaborate with others to do so.	The CCG has a specific objective which highlights the importance of specialist clinical expert advice in the development and monitoring of contracts. The CCG has clinical leads with specialist skills in different specialist areas that act as part of this specialist advice. The CCG has recognised this need through the authorisation process and structured itself in a way to ensure that it has the expert resource available in relation to the areas of commissioning that the CCG is responsible for. Some of this has

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			been sourced through collaborative arrangements across North and East London through the Commissioning Support Unit and some of this specialist expertise has been kept within the CCG.
129	Ensuring assessment and enforcement of fundamental standards through contracts	In selecting indicators and means of measuring compliance, the principal focus of commissioners should be on what is reasonably necessary to safeguard patients and to ensure that at least fundamental safety and quality standards are maintained. This requires close engagement with patients, past, present and potential, to ensure that their expectations and concerns are addressed.	The CCG has and will maintain and develop quality standards in contracts in line with the Quality Strategy. Providers are asked to provide assurance against these standards. Some of the assurances that the CCG receives are copies of internal reports, assurances from commissioner visits to the Trust, and involvement and membership of provider's internal governance committees. The CCG has processes in place currently using traditional methods alongside modern media to engage with and gain feedback and input from patients and the public. This history of patient and public engagement is well established within the CCG and mechanisms are being developed and embedded in

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			the organisation to ensure that all views captured are considered and fed in to each stage of the commissioning and c contracting cycle.
130	Relative position of commissioner and provider	Commissioners – not providers – should decide what they want to be provided. They need to take into account what can be provided, and for that purpose will have to consult clinicians both from potential providers and elsewhere, and to be willing to receive proposals, but in the end it is the commissioner whose decision must prevail.	The CCG's role is to improve the health of the local population through its commissioning activity, and as a CCG has stressed the importance of commissioning for improved outcomes. It will requires providers to deliver such outcomes and provide services which are safe and of high quality. The CCG as a small organisation works with those providers to develop a shared vision, which is particularly mobilised through the Clinical Integrated Care Board, chaired by the CCG with members from provider trusts. This board has a shared vision for integration and quality, and providers work with the CCG to develop outcomes that are meaningful to patients. The CCG recognises the

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			strength of collaborative working with partners across the health and social care system and works towards having a joint vision for quality outcomes and patient care. The CCG holds the accountability and makes the final decisions on all commissioning decisions but this collaborative approach ensures all decisions are clinically led and provide high quality and safe patient care. The CCG will consider how to further advance quality improvement in developing the action plan.
131	Development of alternative sources of provision	Commissioners need, wherever possible, to identify and make available alternative sources of provision. This may mean that commissioning has to be undertaken on behalf of consortia of commissioning groups to provide the negotiating weight necessary to achieve a negotiating balance of power with providers.	In line with the CCG's policies in relation to procurement the CCG undertakes procurement processes that are in line with the requirements as set out by the Co-operation and Competition Panel. The CCG has collaborative arrangements in place with other CCGs currently based on patient flow. These arrangements will continue. The CCG recognises the importance of ensuring that any alternative

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			providers meet the strong quality standards that are currently in all NHS contracts and that all procurement processes are underpinned by the principles of patient choice.
132	Monitoring tools	Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period: • Such monitoring may include requiring quality information generated by the provider. • Commissioners must also have the capacity to undertake their own (or independent) audits, inspections, and investigations. These should, where appropriate, include investigation of individual cases and reviews of groups of cases. • The possession of accurate, relevant, and useable information from which the safety and quality of a service can be ascertained is the vital key to effective commissioning, as it is to effective regulation. • Monitoring needs to embrace both compliance with the fundamental standards and with any enhanced standards adopted. In the case of the latter, they will be the only source of monitoring, leaving the healthcare regulator to focus on fundamental standards.	As stated in section 127 above, the CCG has recognised the responsibilities it has in relation to the proper scrutiny of providers and has purchased the full support package NEL Commissioning Support Unit –as well as putting in place a shared Quality and Performance Team This team will provide added value to the scrutiny of performance and quality within commissioned services and act as an expert resource for the CCG- ensuring the implementation of the strategic vision for quality. This team is partly in place now and working to ensure that the contracts for 2013-2014 are sound and robust. The CCG also has a Quality Strategy

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			and operational plan in place, with a robust Performance Framework which sets the strategic direction in relation to how quality and performance will be monitored, improved and reported to the Governing Body. The CCG Clinical Quality Committee has the delegated authority in relation to the oversight and scrutiny of quality. This committee reports any areas of risk or exception to the CCG Governance Committee and Board. We will be looking to review our monitoring, audit and scrutiny processes in the action plan which will follow.
133	Role of commissioners in complaints	Commissioners should be entitled to intervene in the management of an individual complaint on behalf of the patient where it appears to them it is not being dealt with satisfactorily, while respecting the principle that it is the provider who has primary responsibility to process and respond to complaints about its services.	Current legislation enables CCGs to do this currently. The CCG also receives assurances from all providers in relation to how they handle complaints, a quarterly summary of all complaints including a trend and theme analysis

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			of this.
134	Role of commissioners in provision of support for complainants	Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services for complaints against providers.	The CCG will await the response from the government in relation to this and comply with any new governmental guidance
	Public accountability of commissioners and public engagement	• Commissioners should be accountable to their public for the scope and quality of services they commission. Acting on behalf of the public requires their full involvement and engagement: • There should be a membership system whereby eligible members of the public can be involved in and contribute to the work of the commissioners. • There should be lay members of the commissioner's board. • Commissioners should create and consult with patient forums and local representative groups. Individual members of the public (whether or not members) must have access to a consultative process so their views can be taken into account. • There should be regular surveys of patients and the public more generally. • Decision-making processes should be transparent: decisionmaking bodies should hold public meetings. Commissioners need to create and maintain a recognisable identity which becomes a familiar point of reference for the	From April 1st 2013 the CCG became the publicly accountable body responsible for commissioning services for the local population. In relation to the specific points within this recommendation the CCG's current position is as follows:- • The CCG has a membership system, which operates across three areas of Barnet borough, North, West and South the areas come together as part of the overall NHS Barnet arrangement • There is lay membership on the CCG Board, including a lay member with specific responsibility for patient and public engagement. • The CCG consults with patient forums, both through Health Watch

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		community.	and Patient and Participation Groups(PPG's), and also through more specific forums as part of its service reform and redesign activities. • Surveys of patients and the wider public will take place; as well as other opportunities being taken to elicit feedback and views. • The CCG Board meets in public. The CCG Quality Strategy also has a specific objective in relation to transparent Commissioning that links into the organisational communication and engagement strategy. This objective speaks to the CCG's desire to be open and honest in everything it does, and with every decision made. It is also recognised that this is an area which will be reviewed further as part of the forthcoming action plan.
136	Public accountability of commissioners and public	Commissioners need to be recognisable public bodies, visibly acting on behalf of the public they serve and with a sufficient infrastructure of technical support. Effective local commissioning	As stated above, the CCG becomes the accountable commissioning body from 1st April. NHS Barnet CCG

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	engagement	can only work with effective local monitoring, and that cannot be done without knowledgeable and skilled local personnel engaging with an informed public.	while in place worked towards this aim using both traditional methods alongside modern media to engage with and gain feedback and input from patients and the public. There are also a number of well established CCG Patient Participation Groups and a Patient Circle of advisors to the CCG. This objective clearly sets out the direction of travel for the CCG and this will be reflected in the action plan the CCG develops.
	Intervention and sanctions for substandard or unsafe services	Commissioners should have powers of intervention where substandard or unsafe services are being provided, including requiring the substitution of staff or other measures necessary to protect patients from the risk of harm. In the provision of the commissioned services, such powers should be aligned with similar powers of the regulators so that both commissioners and regulators can act jointly, but with the proviso that either can act alone if the other declines to do so. The powers should include the ability to order a provider to stop provision of a service	The CCG has levers described in contracts presently that give it certain powers of intervention; guidance and legislation in relation to safeguarding children and vulnerable adults also give CCGs such powers to intervene. The CCG has a developing early warning system with an escalation process that triggers any interventions at the appropriate time and level. These interventions can involve measures such as service

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			improvement plans, unannounced commissioner walk rounds and inspections of providers to the decommissioning of services. The CCG has used these powers of intervention and will continue to do so when and where there have been any concerns in relation to substandard or unsafe care.
138		Commissioners should have contingency plans with regard to the protection of patients from harm, where it is found that they are at risk from substandard or unsafe services.	The CCG is able with smaller providers to ensure that there are contingency plans in place for provision, and to be deployed when significant patient safety issues have been identified that are unable to be mitigated in a timely manner. This recommendation provides a challenge in relation to the provision of care by larger providers and ensuring contingency plans are in place in relation to these; and this will be reflected in the action plan the CCG develops.
139	The need to put patients first at all times	The first priority for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring that fundamental	The CCG hold 'Quality Care' delivery at the heart of what it does, throughout the Quality Strategy the

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		patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with.	CCG describes the importance and the ethos of putting the patient at the centre of everything we do. This strategy was approved by the Board in August 2013 in light of the Francis recommendations the strategy will be updated to outline the quality standards which have been set for all contracts in respect of patient experience, complaints, patient safety and serious incidents. The CCG has always had quality standards in contracts, against which Trusts currently provide assurances.
140	Performance Managers working closely with regulators	Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider.	The CCG holds the patient at the centre of everything it does and commits to sharing pertinent information in relation to patient safety, quality and performance with relevant regulatory bodies. The CCG will work collaboratively across the health and social care system and is linking into the new architecture of quality monitoring that is emerging including the local and regional Quality Surveillance

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			Groups being established by the NCB which will include representatives from Monitor and CQC within its membership.
141	Taking responsibility for quality	Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	The CCG would welcome an open dialogue with CQC and Monitor in relation to this recommendation and this aspiration will be reflected in the action plan the CCG develops.
142	Clear lines of responsibility supported by good information flows	For an organisation to be effective in performance management there must exist unambiguous lines of referral and information flows, so that the performance manager is not in ignorance of the reality.	The CCG is currently looking at what information it holds and has access to in relation to quality. It recognises its role both to assure itself of quality and safety in the services which it commissions, and also to work with member practices and the NCB Area Team to secure improvement in quality and safety in primary care. It is recognised that given the qualitative nature of quality information that this is an area that needs further development and this will be reflected in the CCG action

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			plan.
143	Clear metrics on quality	Metrics need to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.	The CCG has always had quality standards in contracts, against which Trusts currently provide assurances; the reporting requirements against these in the contracts with providers for 2013-2014 are reflective of CQC requirements and best practice. The CCG is currently looking at what information it holds and has access to in relation to quality; and, as stated above, it is recognised that this is an area that needs further development and this will be reflected in the CCG action plan.
144	Need for ownership of quality metrics at a strategic level	The NHS Commissioning Board should ensure the development of metrics on quality and outcomes of care for use by commissioners in managing the performance of providers, and retain oversight of these through its regional offices, if appropriate.	Within the CCG Quality Strategy the CCG articulated a specific aim and objectives in relation to the development of quality in primary care. The CCG recognises that to achieve this ambitious aim it will need to work closely with the NCB Area Team. The CCG will input into any work undertaken through the NCB in

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			relation to quality standards and this will be reflected in the CCG action plan.