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NHS Board Chief Executives

Date: 6 April 2006
Your Ref:
Our Ref:

Enquiries to: Colin Brown
Direct Line: 0131 623 4317

Email: Colin.Brown@nhshealthquality.org

Dear Colleague

HDL (2005)41: Quality of Clinical Care Provided by the Independent Healthcare Sector – Future NHS QIS Arrangements Including Review of Anaesthesia Services

1. Introduction

I wrote to you on 17 January 2006 (a further copy is enclosed for ease of reference) to provide guidance from NHS QIS regarding the implementation of HDL(2005)41 and our plans to extend future performance assessment reviews to include arrangements for NHS patients receiving treatment in the independent healthcare sector. A number of NHS Boards already have arrangements with independent sector providers and there is scope for further engagement in the future.

2. Context

As well as providing assurances concerning the quality of services provided to NHS patients in the independent healthcare sector, the outcome of this work will assist in helping independent sector providers (which fall to be regulated by the Care Commission) demonstrate compliance with the requirements of the regulations and the National Care Standards which relate to NHS QIS standards. This will ensure that the Care Commission and NHS QIS together support the overall monitoring and review of the quality of care offered in the independent healthcare sector in Scotland.

NHS QIS is supporting the implementation of HDL(2005)41 by extending the topic and service specific reviews; and the clinical governance and risk management reviews of NHS Boards to include those NHS services which are secured from the independent healthcare sector.

Overall, there are three monitoring and review arrangements which relate to the independent healthcare sector in Scotland (lead organisations are given in brackets):

- through the regulatory regime within which independent healthcare sector providers which fall to be regulated by the Care Commission are required to operate. This includes a requirement to meet all relevant NHS QIS standards explicitly stated within National Care Standards for independent healthcare services published by Scottish Ministers (Care Commission has lead responsibility);
- through the contractual arrangements which NHS Boards have in place with independent sector providers which specify that the services delivered should meet the quality standards that would apply in the NHS (NHS Boards have lead responsibility); and
- through NHS QIS topic and service specific performance assessment reviews; and the forthcoming clinical governance and risk management reviews of NHS Boards our scope will extend to services secured from independent healthcare sector providers in respect of NHS patients, where relevant, and will include scrutiny of the governance arrangements for the provision of services to NHS patients by independent healthcare sector providers (NHS QIS and NHS Boards have joint responsibility).

This letter provides further guidance to NHS Boards on the arrangements which are being put in place by NHS QIS concerning the final bullet point above. NHS QIS recognises that the context in which NHS Boards provide and secure services is evolving and we intend to ensure that our overall approach takes these arrangements into account.

We will communicate and work closely with the Care Commission which has statutory responsibilities in relation to those providers which fall to be regulated by it to ensure that NHS QIS standards are applied fully in the independent healthcare sector. We intend to ensure that our findings are made available to the Care Commission where there may be wider issues with regard to the provider's registration and in respect of non-NHS patients.

3. Purpose

The purpose of this letter is to:

- explain how we intend to ensure that the arrangements which NHS Boards have with providers from the independent healthcare sector are incorporated into NHS QIS review arrangements;
- request your assistance in ensuring we have an accurate picture of the involvement of independent healthcare sector providers in the NHS in Scotland (we are aware of the sensitivities relating to commercial confidentiality and it is not our intention to ask NHS Boards to provide commercially sensitive information); and
- describe our plans for reviews of anaesthesia services in independent hospitals in Scotland in conjunction with NHS Boards under the auspices of HDL(2005)41.

4. Action Required

NHS Boards are asked to:

- note that, where relevant, future NHS QIS reviews will include consideration of services secured for NHS patients from the independent healthcare sector;
- ensure arrangements with independent providers are fully reflected in NHS QIS self assessments and reviews;
- secure the co-operation and involvement of independent sector providers in these arrangements; and
- provide information regarding arrangements with independent sector providers (by 5 May 2006).

5. Future NHS QIS Arrangements to Incorporate Independent Healthcare Sector Providers which Provide Services in Respect of NHS Patients

The NHS QIS *Clinical Governance and Risk Management National Standards* peer review visits will begin in May 2006 and the accompanying self assessment framework has been issued to NHS Boards. Through the self assessment framework, NHS Boards have been requested to provide evidence in support of the assurances required by HDL(2005)41 regarding the quality and safety of services provided to NHS patients in the independent healthcare sector. The peer review visits will provide the opportunity for further consideration of the submissions from NHS Boards. My letter of 17 January 2006 described the range of issues which are likely to be covered during the peer review visits.

We recognise the importance of assuring the quality and clinical safety of the services provided to all NHS patients (and non NHS patients) in Scotland, including those provided by the independent healthcare sector through arrangements with NHS Boards.

Accordingly, we plan to adopt a similar approach to that described above for other NHS QIS standards and reviews (where applicable), so that any arrangements which an NHS Board has with the independent healthcare sector will be included within the scope of the review. In planning future reviews we will determine the need to undertake site visits to independent sector providers' facilities in conjunction with NHS Boards. We are also considering the arrangements which should apply to short term contracts; and those arrangements which involve the provision of services from mobile units.

The report you will receive in future following any visit will include feedback on the services you are commissioning from the independent sector, where appropriate. This report will also be provided to the Care Commission.

Our review team managers will discuss the arrangements which will apply to particular NHS QIS standards and reviews with respective NHS Boards to ensure that a proportionate approach is developed.

6. Review of Anaesthesia Services in the Independent Healthcare Sector

Under the requirements of HDL(2005)41 and the National Care Standards anaesthesia services in the independent acute hospitals in Scotland (all of which, we understand, undertake NHS work) are required to meet NHS QIS standards.

We are planning to review the provision of anaesthesia services in the independent acute hospitals in Scotland as an addendum to the recent round of anaesthesia reviews across NHS Boards. Therefore, as a separate, one off exercise, we will visit each of the independent sector providers which deliver anaesthesia services to NHS patients and provide a report for each of the NHS Boards which has a contractual arrangement with the provider. NHS QIS held an information day for all of the independent hospitals in November 2005.

Our intention is to commence the review visits in September 2006 and complete them by April 2007. NHS QIS reports will be issued to the respective NHS Boards following the peer review visits. It will be for individual NHS Boards to take any follow up action through their own governance arrangements and through contract management arrangements with the provider.

The approach being adopted for the review of independent healthcare providers against the NHS QIS anaesthesia standards reflects the outcome of development work undertaken with the Care Commission, including a pilot review visit undertaken at Ross Hall Hospital in Glasgow.

In order to minimise the burden on NHS Boards we are in the process of arranging visits to each of the independent hospitals directly. The standard NHS QIS review methodology will provide the basis for the reviews, although it will be applied proportionately given the scale of activity in the independent sector. The independent sector providers are, currently, undertaking the required self assessment.

We should be grateful if NHS Boards would ensure the co-operation and the participation of the independent healthcare providers with which they have contracts in these review arrangements. In addition we will be contacting local NHS QIS liaison co-ordinators with further information regarding the practical arrangements for these visits. NHS Boards will be provided with an opportunity to send a representative as an observer on the review visits to providers with which they have contractual arrangements.

7. Involvement of Independent Healthcare Sector Providers

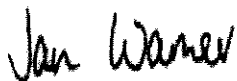
In order that we can build an accurate picture of the arrangements between NHS Boards and independent healthcare sector providers could you please arrange for the attached pro forma to be completed and returned by 5 May 2006. We will ask, periodically, for updates, but would be grateful if NHS Boards would keep us informed of any new developments.

If you require any further information, or if you have any comments on this letter please contact Colin Brown on 0131 623 4317 or by email to: colin.brown@nhshealthquality.org.

I am grateful for your assistance.

Kind regards.

Yours sincerely



Jan Warner
Director of Performance Assessment and Practice Development

cc : NHS QIS Executive Team
John Connaghan, SEHD
Andrew Macleod, SEHD
Gillian Christie, SEHD
NHS QIS Liaison Co-ordinators
Jacquie Roberts, Care Commission
Susan Brimelow, Care Commission
Sue Neilson, Care Commission
David Whiteoak, Scottish Independent Hospitals Association
Sally Taber, Independent Healthcare Forum
Sandra Campbell, NHS Tayside

Encs:

- Proforma
- Letter of 17 January 2006



- Pro Forma

NHS QIS Reviews & HDL (2005)41: Quality of Clinical Care Provided by the Independent Healthcare Sector

Please complete Parts A to C below

Part A

Completed by:

Name	
Position	
NHS Board	
Date	

Please return to:

colin.brown@scotland.gsi.gov.uk

Tel: 0131 623 4317

Fax: 0131 623 4299

Deadline: 5 May 2006



Part B

Please identify independent healthcare providers with which the NHS Board has arrangements for the provision of services to NHS patients as at 30 April 2006

See guidance notes below

Provider ¹	Specialties ²	Type of Facility/Service Provided ³	Duration of Agreement ⁴

Part C

Please identify any independent healthcare providers with which the NHS Board has had arrangements for the provision of services to NHS patients in the previous 12 months. This section should only include contracted activity which has been completed:

Provider ¹	Specialties ²	Type of Facility/Service ³	Duration of Agreement ⁴

Guidance Notes

¹ The organisation providing the service and the site e.g. BMI Ross Hall Hospital, Glasgow

² This section should describe the main specialties and a broad description of the procedures and services provided e.g. orthopaedics/primary hip replacements

³ This section should state if the facility is an independent hospital or clinic, a mobile unit, or if services, staff and equipment are provided to existing NHS facilities

⁴ If fixed term – how long; or identify if it is a rolling contract, call-off contract or spot purchase arrangement