Cambridge Health Network

To rate or not to rate, that is the question

8th May 2013

Dr Jennifer Dixon, CEO, Nuffield Trust

David Prior, Chair, CQC

@CamHNet

evidence for
better health care

nuffieldtrust

Review of aggregate assessment of providers of health and social care in England ('Rating Review')

Upping performance: Some key external roles

REGULATOR
(enforcement)

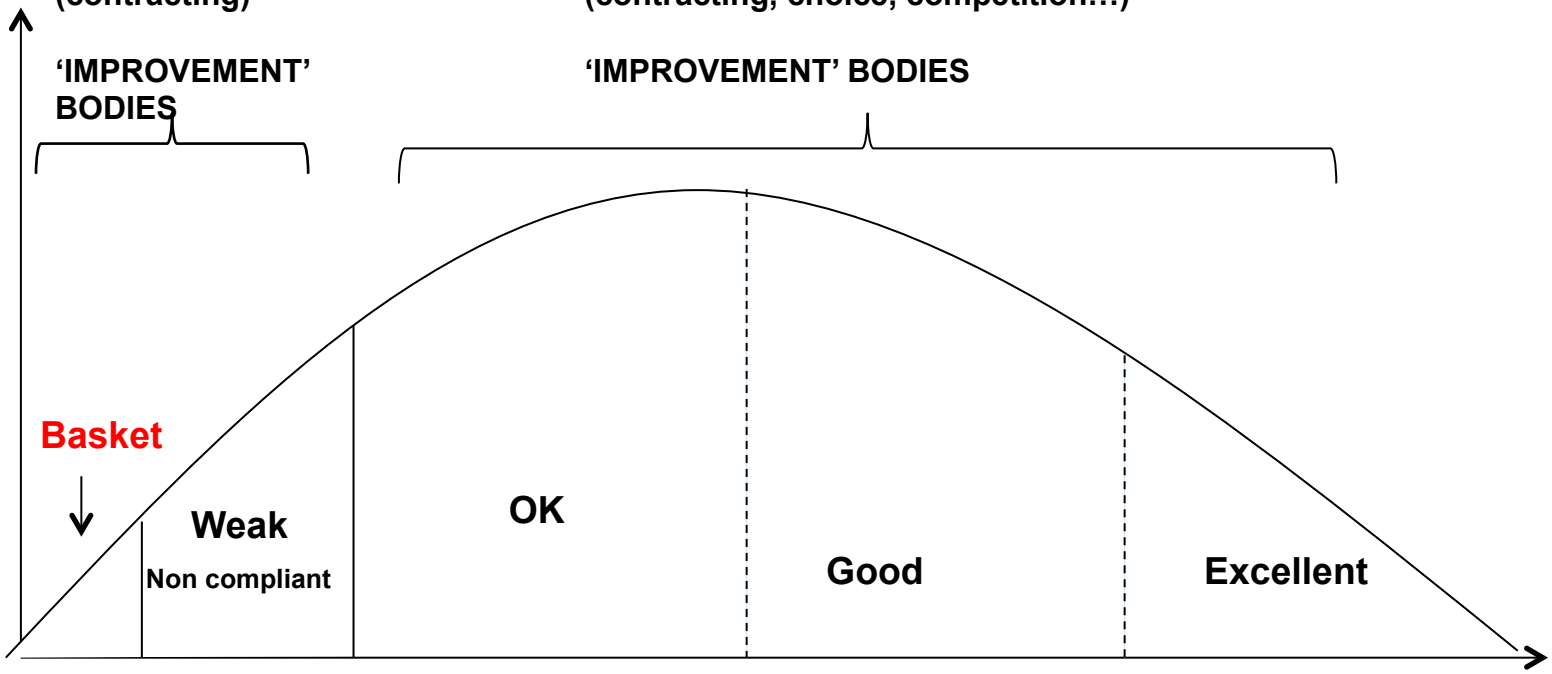
COMMISSIONING
(contracting)

'IMPROVEMENT' BODIES

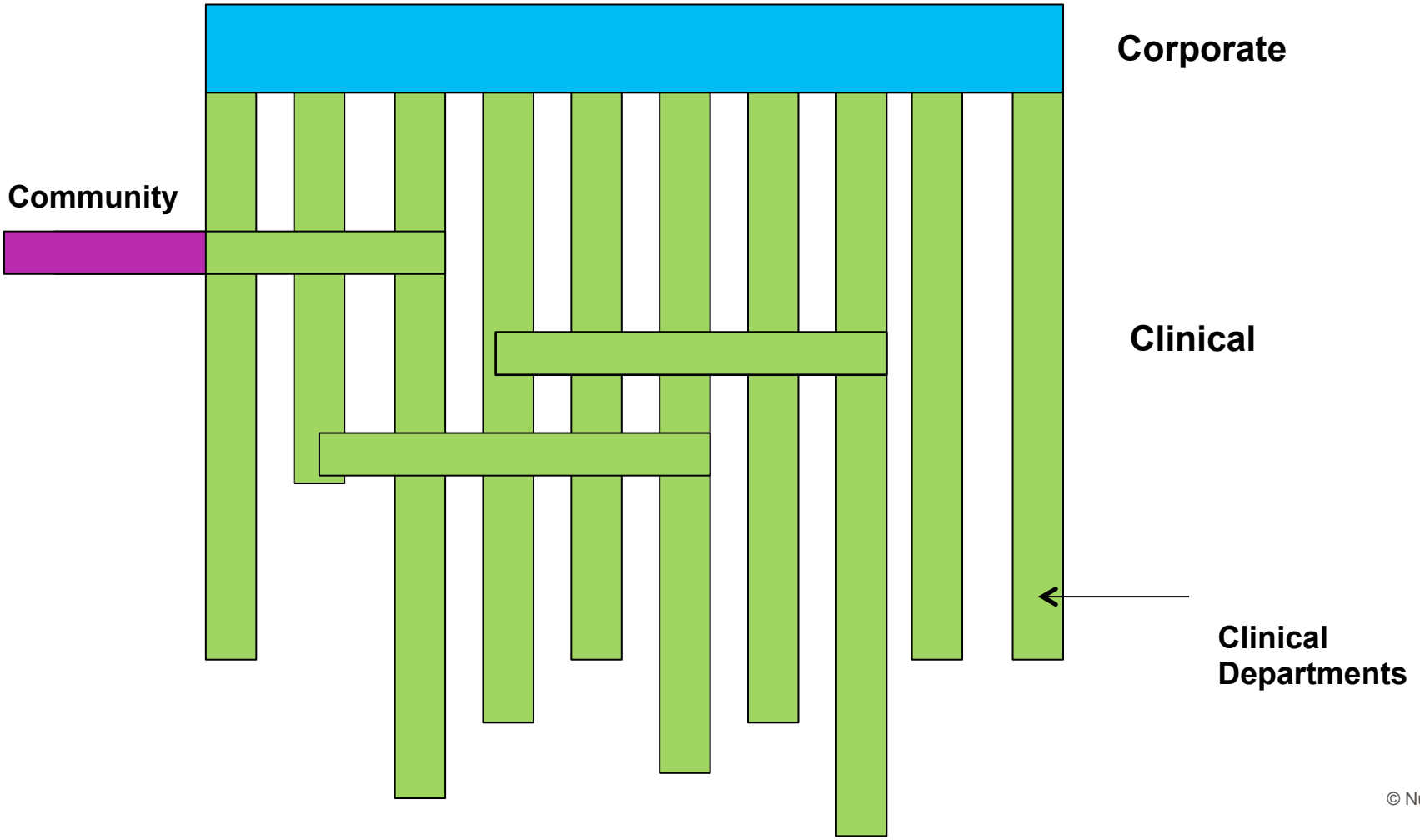
RATER
(a mirror plus define and report examples of good practice)

COMMISSIONING
(contracting, choice, competition…)

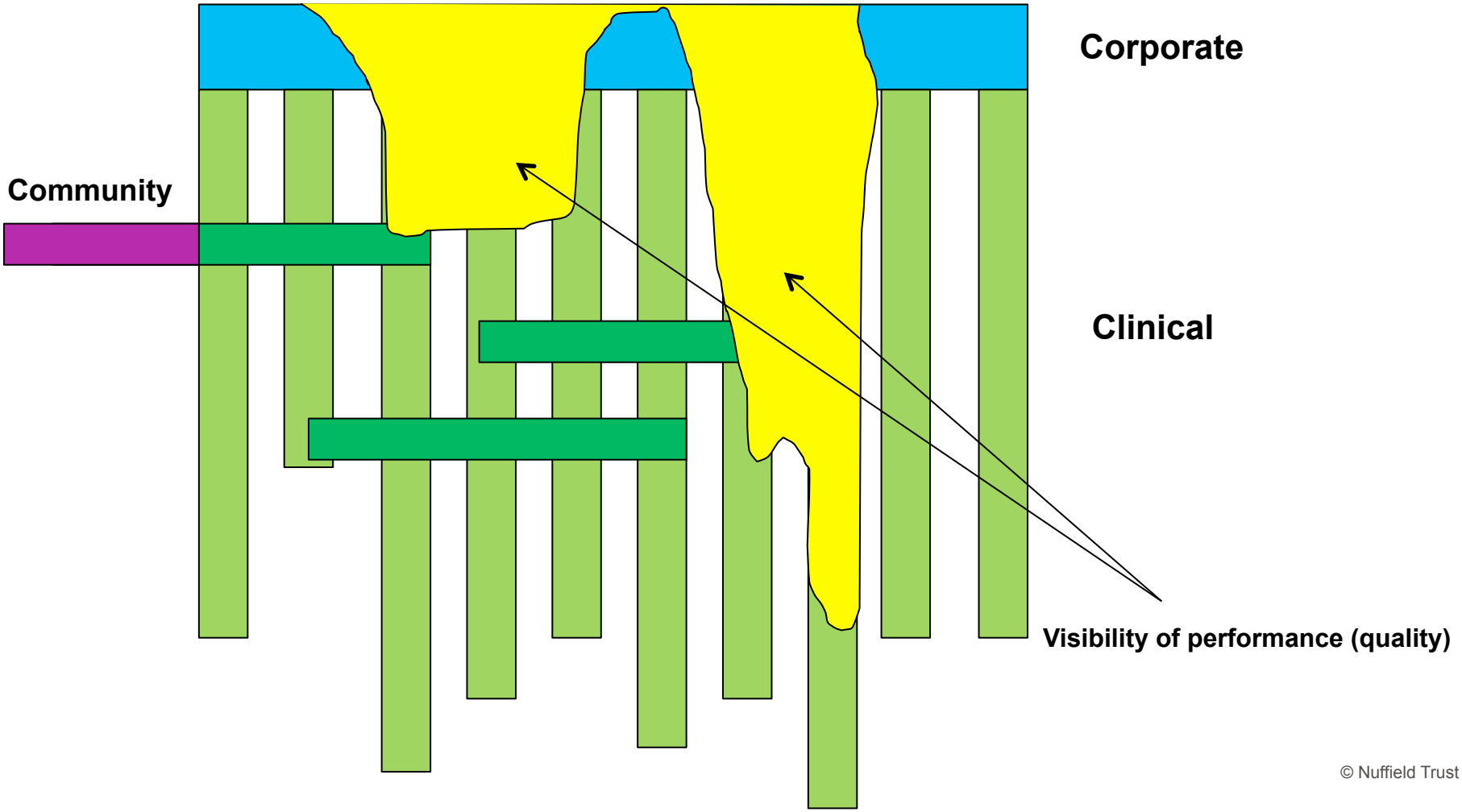
'IMPROVEMENT' BODIES



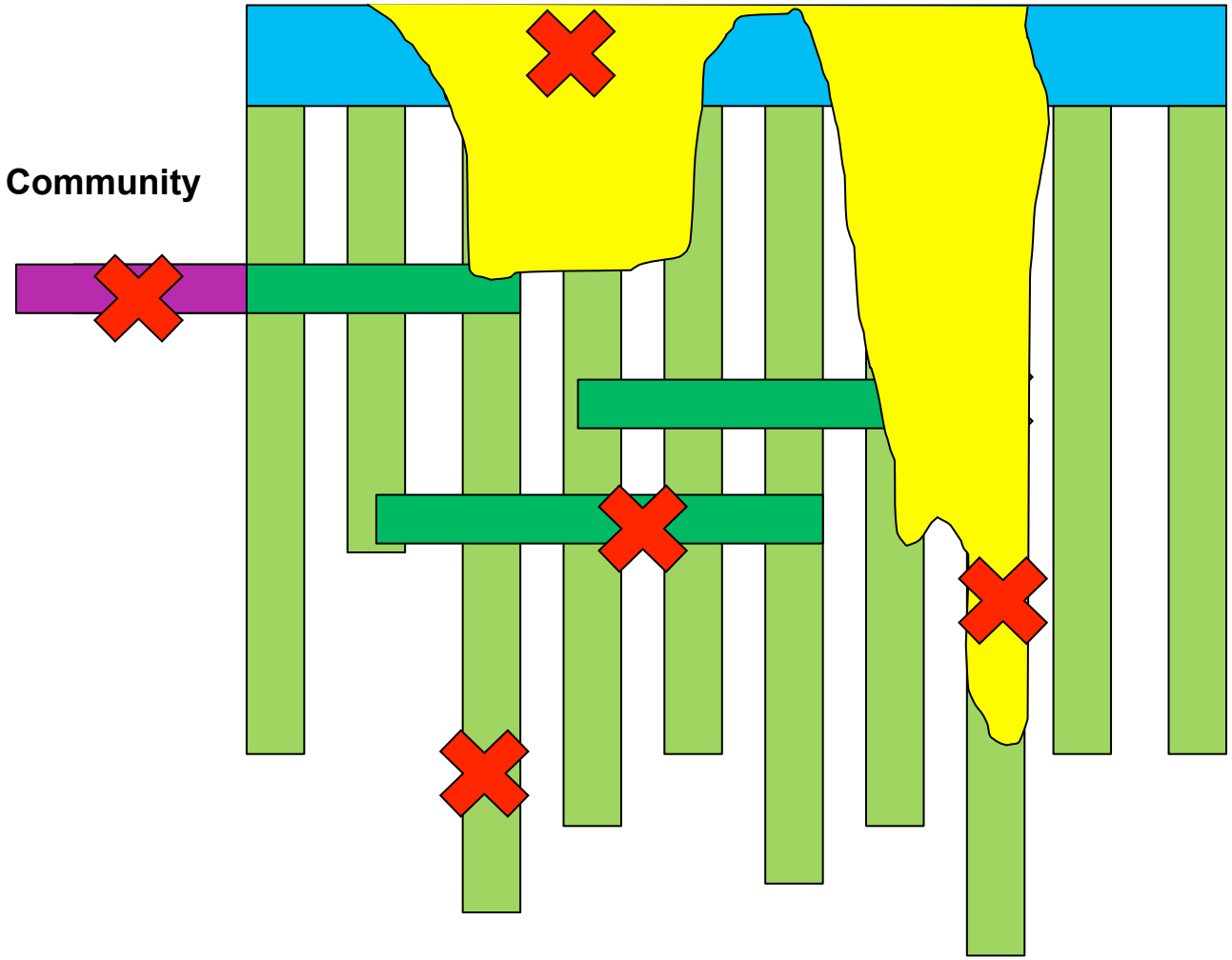
Performance in complex organisations is heterogeneous: a hospital



And an external body (yellow) can only see so much via a 'rating'



So failure in quality may not be easily spotted



Failure in the good

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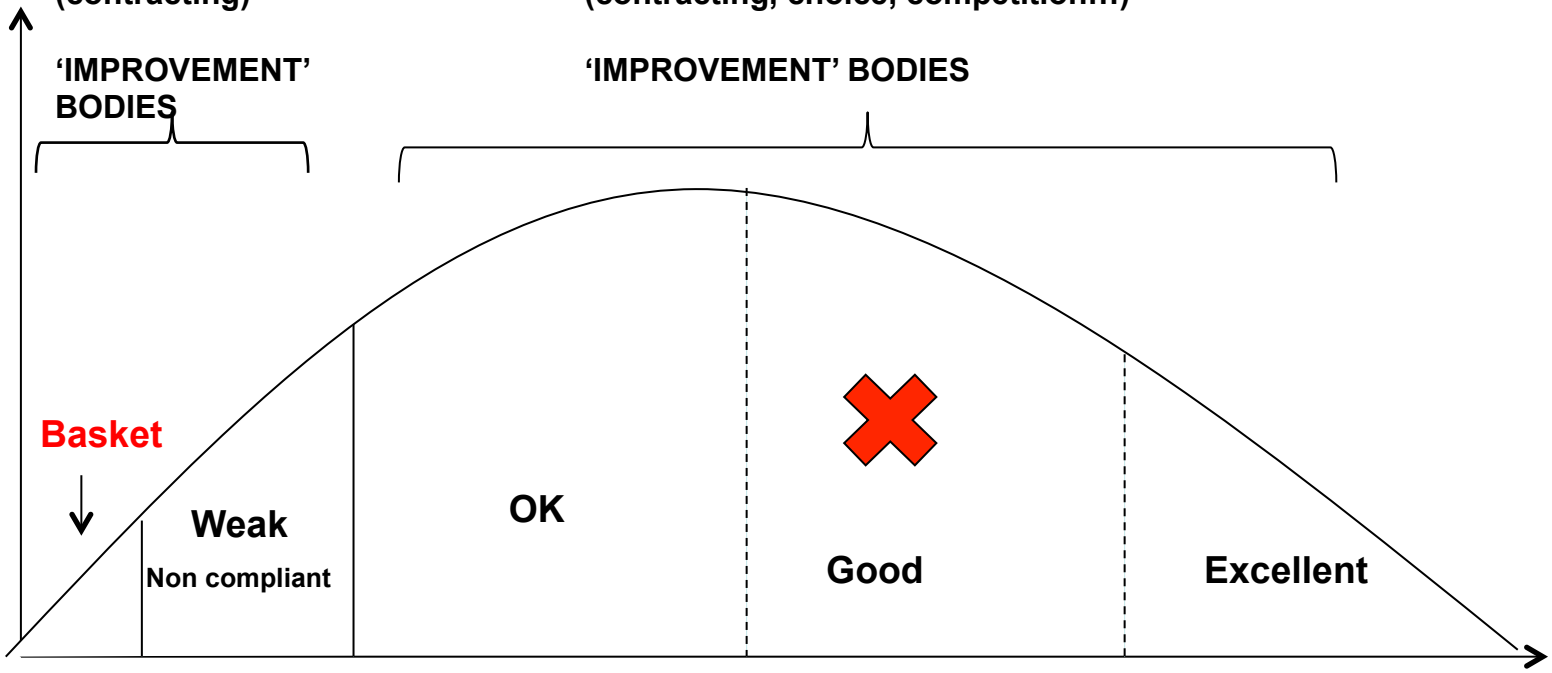

evidence for
better health care

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March 2011

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To rate or not to rate?

David Prior
Chairman, CQC

Cambridge Health Network
8 May 2013

What can ratings do?

- Hold a mirror up to increase **accountability**
- Address **asymmetry of information** where professionals know more than users and quality comparisons are complex – improving **choice**
- Spur to **improve** quality – for the poorest to chase the best and improve performance
- **Track falling** performance dispassionately and apolitically – even before ratings published – to identify and **prevent failures**

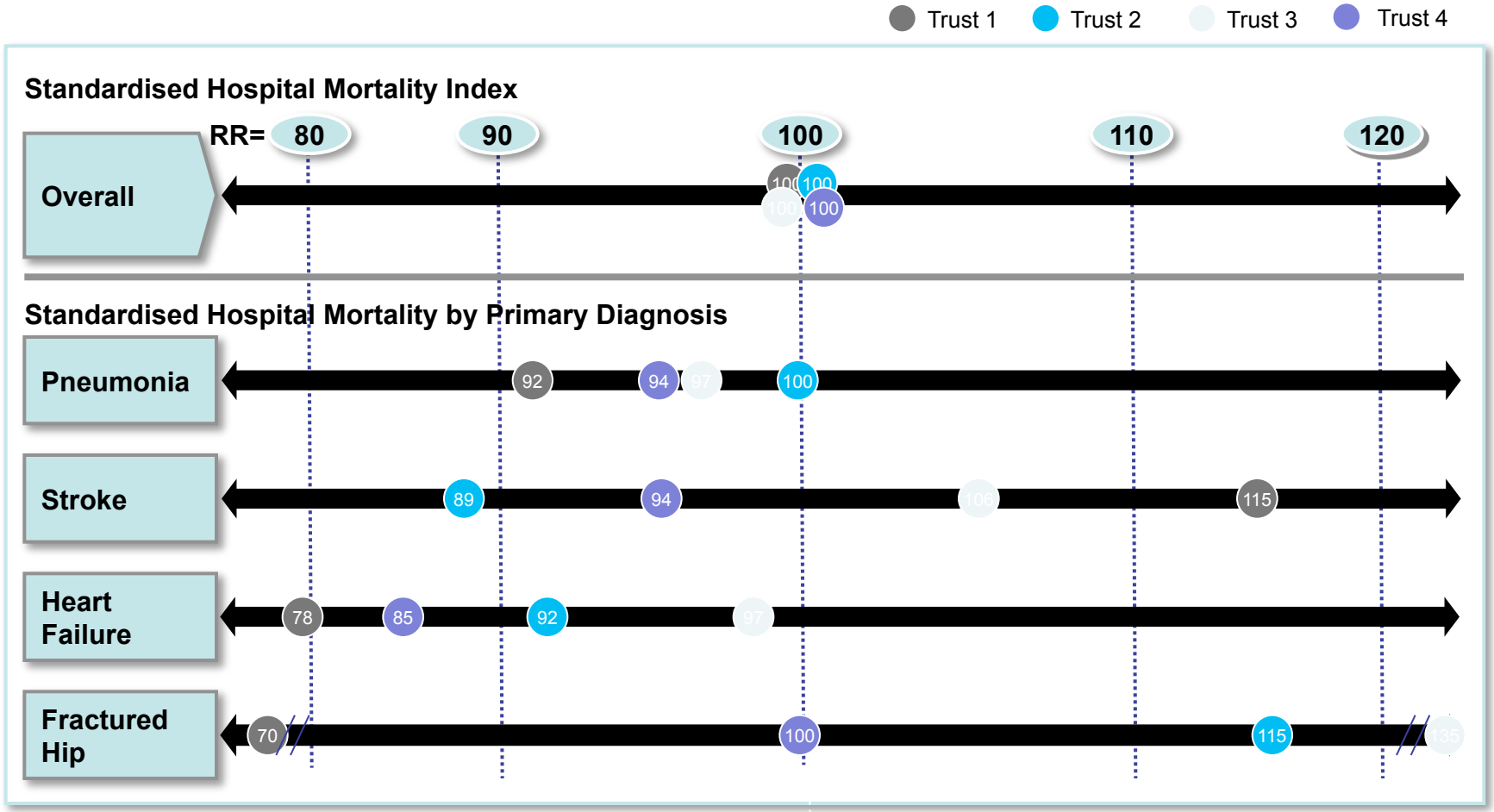
What can ratings do?

- Set **fee levels** and be used as **marketing** tool (social care and independent health care) – allowing market forces to take effect
- Provide trusted, comprehensive but high level **reassurance** to the public at provider level

What are the potential pitfalls of ratings?

- Potentially laborious distraction for managers
- Providers rely on the external rating rather than effective internal assessment and feedback
- Long intervals between ratings may not reflect progress or backward steps
- Confidence can be affected where there is little choice of provider
- Too high level for larger services to reveal full understanding of specialty or ward issues

Overall performance can obscure variation in services



1 SHMI measures the degree to which actual deaths compare to expected mortality rates given hospital admission profile . RR= 100 means that actual levels mortality is equal to expectations.

SOURCE: Dr Foster Hospital Guide 2012. East Midlands Quality Observatory, 2012

The answer is yes

- Institutional aggregated rating with caveats
- Speciality rating as information becomes available

What questions should we ask?

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs?

How will we do it?

- Chief inspectors
- National teams
- Clinical and management secondees
- Information from surveillance ‘smoke alarm’ metrics

- Starting late 2013

David Prior

Chairman

CQC

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Thank you to Deloitte for hosting us this evening.

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