

NATIONAL QUALITY BOARD

OECD Healthcare Quality Review

A paper from the Strategy Group, Department of Health and the NHS Outcomes Analysis Team, NHS England

Annex

A – Background information from the OECD

Summary

1. The Organisation for Economic Co-operation and Development (OECD) has invited the Department of Health (DH) to fund a Healthcare Quality Review of England.
2. The OECD Quality Reviews are a series of evaluative reports, co-funded by the relevant countries, which provide an assessment of the systems a country has in place to deliver high quality care. The reports highlight good practice and make recommendations for practical improvements, informed by learning from other countries.
3. This paper:
 - provides the National Quality Board (NQB) with a discussion of benefits and issues of the proposed Review, and
 - provides further background from the OECD (**Annex A**).

Recommendations

4. NQB members are asked to:
 - support in principle that DH commissions the review from the OECD,
 - note plans to provide a further paper to seek NQB advice on the topics covered by the Review,

- provide initial views as to what topics would be useful for the OECD Review to cover and as to timing of the Review.

Background on OECD Quality Reviews

5. OECD Quality Reviews generally produce a 100 page document, as follows:
 - Chapter One of the report provides 10-15 page summary assessment and recommendations, aimed at a general as well as a professional audience.
 - Chapter Two provides a description of the health care system and the framework for quality assurance, such as clinical standards and care pathways, accreditation of providers, regulation and inspection. It also considers workforce issues such as continuous professional development, and issues relating to financing of care.
6. Chapters Three to Five cover:
 - one system issue (such as care co-ordination, health inequalities),
 - one health care sector (such as primary care, hospital care)
 - one disease area (such as diabetes, stroke).
7. Countries work with OECD to commission the review and set topics of interest for the final three chapters (see Annex A for further examples). OECD's intention is to undertake reviews of around 10-12 countries, producing country reports on each of them. Following this, a final cross-country summary report is produced that will draw lessons from all of the reviews.
8. Countries work with OECD to commission the Review, and OECD are responsive to issues arising at the time of commissioning the review. However, OECD has full editorial control in publishing the reports.
9. Although the reports necessarily touch on clinical quality, the focus is on the quality assurance framework.

Proposed England Quality Review

10. If agreed, the whole cost of the England Quality Review would be €200k, of which the Department of Health is asked to contribute half, the other half paid for by the

OECD.¹ This contribution should be considered in light of two outputs: firstly, the individual country report, and secondly the cross-country summary, of which England would be one of a cohort of up to 12 countries. To commission our own international comparative evaluation of this sort would be more costly.

11. There is flexibility in determining the topics of focus for the review (Chapters Three to Five), although primary care has come up to be a common chapter across all reviews and there would be benefit in the England Review covering this sector for comparative purposes.
12. We would make most effective use of the output by setting clear commissioning objectives, focusing on areas of the system that would benefit from a credible external perspective. OECD would seek advice on which topics would be of most relevance. Topics examined in recent OECD Quality reviews are provided in Annex A. Ideally, OECD want to identify areas where England has policies:
 - i. which are not working and ought to improve;
 - ii. which are working very well and from which other countries can learn, or
 - iii. which are innovative and worthy of greater attention, regardless of whether they are successful or not.
13. For this reason, we are seeking expert advice from the National Quality Board to gather cross-system agreement for the objectives and topics of the Review.

Discussion

Benefits

14. Reports published for Denmark, Israel and Korea, and underway in Sweden and Turkey, have been seen to be a useful way of bringing about action on particular areas where countries have identified a need for improvement, or would benefit from an outside perspective.

¹ To note: The Foreign and Commonwealth Office (FCO) is responsible for core funding and budget negotiations with the OECD.

15. There could be significant benefits from a Quality Review by this international organisation with expertise on identifying best practice in comparative countries. This could help to further strengthen our efforts to improve the quality infrastructure in the medium term.

Timing & Issues

16. The OECD proposes the Review of Healthcare Quality in England to take place in late 2014 and to publish a report in 2015. OECD officials would be willing to adjust the timetable to respond to our needs, for example to avoid coinciding publication with the run up to the 2015 election.

17. As this is a relatively high level report, there is a potential issue that it could provide similar advice to the more detailed reports on quality by Francis, Keogh and Berwick - at a time when action from those reports is underway, or even still in a planning phase. For example, CQC's new regulatory framework would not have had time to bed down before late 2014 or early 2015.

Mitigations

18. Whilst preliminary OECD work could begin in late 2014, it may help to delay OECD's publication to later in 2015 or possibly early 2016. By this time, the reformed healthcare system and new regulatory approach will be established and a birds-eye perspective of the quality assurance system could provide a useful tool for improvement.

19. OECD officials are aware of the question around timing and in principle they are willing to adjust the timetable. We can mitigate the possible duplication issue by providing the OECD with relevant information from earlier reviews.

The NQB is asked to:

- support in principle that DH commissions the review from the OECD,
- note plans to provide a further paper to seek NQB advice on the topics of the Review,
- provide initial views as to what topics would be useful for the OECD Review to consider and as to timing of the Review.

Next Steps

20. Should you agree to support the Review in principle, officials would discuss plans further with OECD and submit a more detailed paper to the National Quality Board to test potential topics for the Review.
21. Ministerial clearance would also be sought before a final decision is made to commission the report, subject to funding being available via DH.

Strategy Group, Department of Health
20 September 2013



ANNEX A: BACKGROUND INFORMATION FROM THE OECD

OECD Quality Reviews

1. At a time when ever more information is available about the quality of care in different area of health systems, both within and across countries, what policy makers need to know is what policies and approaches work best in improving care. OECD Quality Reviews seek to examine what works and what does not work in different countries – both to benchmark the efforts of countries and to provide advice on reforms to improve quality of care.
2. The OECD review team is typically made up of four senior OECD economists and two clinical experts, who carry out a week-long visit to the country to interview key individuals, healthcare staff and hear from patient groups.
3. OECD Quality reviews are generally a 100 page document, with a 10-15 page assessment and recommendations that speaks to a general as well as a professional audience. OECD's intention is to undertake reviews of around 10-12 countries, producing country reports on each of them, and then a final summary report that will draw lessons from all of the reviews.
4. OECD has already undertaken reviews of South Korea, Israel and Denmark. Turkey and Sweden will be published in 2014. Norway, Japan and the Czech Republic will follow, and OECD are discussing arrangements with Australia, Italy, and a few others.
5. OECD Quality Reviews are generally structured around 5 chapters:
 - A first chapter that provides the OECD's assessment and recommendations to improve quality of care policies.
 - A second chapter that provides an overview of quality of care policies across England's health care system. This will profile information and quality strategies and policies such as accreditation of health care services, quality improvement programmes, managing patient experiences, medical education and the use of information technology.
 - Three chapters focusing on specific topics of interest.

6. There is considerable flexibility in determining the topics of focus for the three other chapters of the review, although of the three, primary care has come up to be a common chapter across all reviews. OECD's intention is to seek advice on which topics would be of most relevance. As examples, topics that we have examined in recent reviews are listed as follows:

Summary of topics

- South Korea: Strengthening primary care; hospital financing and pay-for-performance; and cardiovascular care.
 - Israel: Primary/community care; inequalities in health and healthcare; and the quality of diabetes care.
 - Denmark: Primary care and continuity of care/coordination; hospital specialisation; equity in health and health care.
 - Turkey (to be published Q3 2014): Primary care and care coordination; hospital care; the role of payment arrangements for driving quality.
 - Sweden (to be published Q4 2014), Primary care and care coordination, stroke and hip fractures, and long-term care.
 - Norway (to be published Q1 2015) Primary care and care coordination; intermediate care between community and hospital care; mental health.
 - Czech Republic (to be published Q2 2015): Prevention; data infrastructure for performance assessment; diabetes care.
 - Italy (to be published Q2 2015): primary care/community care and continuity of care; quality and decentralised governance; health workforce and quality.
 - Australia (to be published Q2/3 2015): Primary care; the use of safety and quality standards; quality of remote and rural care.
 - Japan (to be published Q3/4 2015): Primary care; hospital care; and mental health.
7. Examples of recommendations in reports already published include:
- strengthening the information infrastructure underpinning quality in primary care
 - making better use of existing data collections
 - introducing measures to strengthen patient voice,

- monitoring health risk factors for low-income groups
- maximising opportunities for medical research.

Timing

8. Quality of Care Reviews are generally undertaken over the course of a 6-9 month period from the receipt of the questionnaire through to the publication of the final report. The OECD Health Division is happy to discuss timing that is mutually convenient.

9. To begin the Review, OECD requires written confirmation of the country's agreement to pay €100,000. For England, this cost would be covered by DH and covers half the costs of the review, with the OECD contributing the other half.

10. Contact officials at the OECD are Ms Francesca Colombo and Niek Klazinga

OECD Country Healthcare Quality Reviews